



DOT Medical Clearance Request

Angina Pectoris

In accordance with Federal Motor Carrier Safety Administration (FMCSA) guidelines, we respectfully request your professional opinion regarding this driver's ability to safely operate a commercial vehicle given their history of **Angina Pectoris**.

PATIENT NAME	DATE OF BIRTH

FMCSA Guidelines — Angina Pectoris

Angina Classification & Stability:

- Whether the driver's angina is **stable** — precipitated only by predictable circumstances such as exertion, emotion, or extremes in weather, with no angina at rest
- How long the driver has been free of rest angina or any change in angina pattern
- Whether the driver is currently symptomatic

Treatment & Compliance:

- Whether the driver's treatment has been shown to be adequate, effective, safe, and stable
- Whether the driver tolerates all cardiovascular medications without adverse effects
- Whether the driver demonstrates compliance with the ongoing treatment plan and is knowledgeable about their medications

The following findings are disqualifying under FMCSA regulations:

- **Unstable angina — characterized by rest angina, changes in frequency or duration, or decreased response to medication**
- **Rest angina or any change in angina pattern within the past 3 months**
- **Intolerance to cardiovascular medications**
- **Unsatisfactory or abnormal ETT results prior to planned return to commercial driving**

Commercial Driver Physical Demands

Commercial motor vehicle operation places substantial physical demands on drivers that extend well beyond the act of driving. Drivers are routinely required to load and unload cargo, couple and uncouple trailers requiring full range of motion to climb, grip, and pull, lift and install tire chains weighing between 35 and 90 pounds, and tarp open trailers requiring lifting motions of 50 to 100 pounds — often after extended periods of sitting without a stretching period. In addition to these labor demands, drivers must maintain sustained perceptual alertness, control an oversized steering wheel, operate manual transmissions, maneuver large vehicles in confined spaces, and safely enter and exit the cab, which is physically comparable to climbing a ladder. These combined physical and cognitive demands should be carefully considered when determining this driver's fitness for commercial driving duties.



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Provider Certification

- ☐ **CLEARED** — The driver meets the above requirements and in my clinical opinion is medically cleared to safely operate a commercial motor vehicle.
- ☐ **NOT CLEARED** — The driver does not meet the above requirements and in my clinical opinion cannot safely operate a commercial motor vehicle at this time.
- ☐ **CLEARED WITH DISCRETION** — The driver does not meet one or more guidelines; however, in my clinical opinion the driver is safe to operate a commercial motor vehicle for the following reason(s):

PROVIDER NAME (PRINT)

SPECIALTY / TITLE

DATE

PROVIDER SIGNATURE

ADDRESS (CITY, STATE, ZIP)

PHONE / FAX

This form must be completed and signed prior to the scheduled examination date. A physician office stamp is strongly recommended to validate the authenticity of this document. Incomplete or unstamped forms may delay the certification process. Thank you for your cooperation in supporting the safe operation of commercial motor vehicles on our nation's roadways.

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