RoadReadyMed

DOT Medical Clearance Request

Supraventricular Tachycardia (SVT)

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 **Supraventricular Tachycardia (SVT)**. Per 49 CFR §391.41(b)(8) and §391.41(b)(12) and the 2024 FMCSA Medical Examiner's Handbook, this condition is recognized as effectively disqualifying due to the risk of sudden loss of consciousness or excessive daytime sleepiness that may impair the safe operation of a commercial motor vehicle. The medical examiner requires specialist documentation prior to making a certification determination.

PATIENT NAME	DATE OF BIRTH

FMCSA Guidelines — Supraventricular Tachycardia (SVT)

Note: Per the 2024 FMCSA Handbook (§4.13.1.7), SVT is evaluated case-by-case. The medical examiner must assess whether the arrhythmia is well-controlled, whether symptoms (palpitations, presyncope, syncope) have occurred during operation of a vehicle, and whether the treatment regimen is compatible with safe CMV operation.

For certification, please confirm:

- Confirmed SVT type (AVNRT, AVRT, atrial tachycardia, or other) documented by ECG, Holter, or event monitor; date of initial diagnosis
- Current treatment status: rate or rhythm control medications, catheter ablation (date and result), or observation — specify which applies
- For ablation: procedure date, documented success or failure, and any recurrence since the procedure
- Driver is currently asymptomatic or symptom burden is minimal — no episodes of presyncope, syncope, or incapacitating palpitations within the past 12 months
- Current antiarrhythmic or rate-control medication regimen reviewed — medications at prescribed doses are unlikely to cause sedation, bradycardia, or psychomotor impairment
- Most recent ECG and/or ambulatory monitoring results confirming absence of sustained SVT, pre-excitation, or conduction abnormality

The following are disqualifying:

- Recurrent, symptomatic SVT with presyncope or syncope within the past 12 months
- Pre-excitation syndrome (e.g., WPW) with documented rapid anterograde conduction and high risk of ventricular fibrillation if not treated
- Antiarrhythmic medication with significant proarrhythmic risk, bradycardia, or CNS side effects at current doses that impair safe vehicle operation
- SVT refractory to treatment — rate not adequately controlled and symptoms persist despite pharmacologic or ablative therapy
- Associated structural heart disease or cardiomyopathy that is independently disqualifying under FMCSA cardiovascular standards

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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.

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):

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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. **RoadReadyMed.com**