Renwick Tucker, D.C. 6064 Apple Tree Drive. Suite 5. Memphis, TN 38115

Telephone (901) 565-0025 Fax (901) 389-3617



Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOT Commercial Motor Vehicle Driver Medical Exam

 (Print Driver’s Name & Date of Birth)

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Print Treating Doctors Name)

The above driver is attempting to acquire a DOT medical certificate to drive a commercial motor vehicle. Before being qualified to drive, FMCSA medical guidelines require us to ask for your assistance to determine if the driver is safe to operate a commercial vehicle and that they meet the following FMCSA medical guidelines for drivers with a history of Supraventricular arrhythmia or atrial fibrillation.

1. Atrial Fibrillation or Flutter:
	1. 1 month anticoagulated adequately when DX is:
		1. Lone atrial fibrillation
		2. Atrial Fibrillation as cause of stroke or risk for stroke
		3. Atrial Fibrillation following thoracic surgery
	2. 1 month post-isthmus ablation if DX is atrial flutter:
		1. Arrhythmia successfully TX
		2. Clearance by electrophysiologist
2. 1 month asymptomatic/treated asymptomatic and DX is:
	1. atrioventricular nodal reentrant tachycardia
	2. atrioventricular reentrant tachycardia
	3. Wolff-Parkinson-White syndrome (w/no atrial fibrillation)
	4. Atrial tachycardia
	5. Junctional tachycardia
3. Multifocal Atrial Tachycardia:
	1. Asymptomatic- symptoms controlled, secondary cause no exclusionary
4. Heart rate is controlled
5. Prevention of emboli is effective and tolerated
6. Clearance from a CV specialist who understand the functions and demands of commercial driving (ability to perform heavy work)
7. Condition may not cause:
	1. Loss of consciousness
	2. Compromised cerebral function
	3. Sudden death resuscitation
8. Complies with anticoagulant therapy:
	1. Monthly INR deemed adequate (2-3)
9. Has an annual evaluation by a CV specialist who understands the functions and demand of commercial driving.

If the driver meets the above requirements, and your recommendation is that the driver can operate a CMV safely, please sign and date below and return this letter to our office by fax.

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Signature Date

If the driver does not meet the above requirements and it is your opinion that the driver should be allowed to drive a commercial vehicle, DOT medical examiners may use discretion if there is sufficient medical reasoning for why the guidelines should not be followed. Should this be the case, please identify in the area below which guideline is not met, and the medical reason the driver is safe to drive. Then sign in the area provided and return a copy to our office.

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Signature Date

FMCSA regulations state that although the DOT Medical Examiner should consider the opinions of treating physicians, the DOT Medical Examiner is responsible for making the final determination of driver status. Please contact our office if you have any questions or concerns.

Thank you for your assistance.