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, the FMCSA requires that we obtain your assistance in determining if the driver is safe to operate a commercial motor vehicle and that they meet FMCSA medical guidelines for drivers with a history of mitral valve repair.

Current FMCSA guidance is that CMV drivers can be certified to drive for one year if they have satisfied a post-surgical 3 month waiting period and:

1. early post-operative evaluation (required) indicates adequate repair and the extent of any residual regurgitation. (2D echocardiography w/ Doppler and if necessary transesophageal echocardiography).
2. Driver is asymptomatic
3. meets asymptomatic mild, moderate or severe mitral regurgitation qualification requirements (page attached)
4. have clearance from a cardiovascular specialist who understands the function and demands of commercial driving (putting on snow chains, loading, unloading, throwing/removing a tarp, brake inspection), that the driver can safely operate a CMV.
5. does not have a current diagnosis of CHD or CVD and exhibiting syncope, dyspnea, collapse, or symptoms that interfere with the safe operation of a CMV.
6. has had no thromboembolic complications
7. does not have atrial fibrillation
8. does not have pulmonary hypertension
9. Driver with *Prosthetic valve replacement* must NOT have:
	1. Persistent symptoms
	2. LVEF less than 40%
	3. Post-procedure thromboembolic complications
	4. Inadequate anticoagulation (Adequate = INRs monthly with values 2-3)
	5. Echocardiography is indicated in the event of concerns about LV function, prosthetic valve dysfunction, perivalvular leaks, or new murmurs.

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 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 must have and 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.

**Description of Table Columns**:

Certification = Contains requirements for the current certificate to drive

 Yes= may be certified to drive, other requirements may apply

 No= may not be certified to drive if certain symptoms are present, other

Recertification= Contains requirements that may apply across multiple years

 Annual= Driver’s certificate is limited to one year.

