

## **DOT Medical Clearance: PULMONARY VALVE STENOSIS**

### **DOT Physical Exam Medical Clearance**

**Patient** \_\_\_\_\_

**Date** \_\_\_\_\_

**DOB** \_\_\_\_\_

The above driver has presented for a DOT medical certificate to drive a commercial motor vehicle. Per Federal Motor Carrier Safety Administration medical guidelines, we ask for your professional opinion to determine if the driver is medically cleared to operate a commercial motor vehicle and that s/he meets the following FMCSA medical guidelines for drivers with a history of **PULMONARY VALVE STENOSIS**:

#### **FMCSA GUIDELINES FOR PULMONARY VALVE STENOSIS**

Any of the following prohibit certification:

- Driver is symptomatic (dyspnea, palpitations, syncope)
- Pulmonary valve peak gradient > 50 mm Hg in presence of normal cardiac output
- RV pressure > 50% systemic pressure
- Greater than mild RVH
- Greater than moderate pulmonary valve regurgitation
- Main pulmonary artery diameter > 5 cm

Post - Balloon valvuloplasty there is a minimum 1 month waiting period

Post - Surgical valvotomy there is a minimum 3 month waiting period

The demands of a commercial driver include loading/unloading heavy cargo, tarping trailers, coupling/uncoupling trailers, inspecting brake lines and putting on tire chains and require perceptual skills to monitor a complex driving situation and judgment skills to make quick decisions in addition to the ability to control an oversize steering wheel, shift gears using a manual transmission, maneuver a vehicle in crowded areas, enter and exit the cab frequently, and the ability to climb ladders on the tractor/trailer.

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If the driver **meets** the above requirements and your recommendation is that the driver can operate a CMV safely, please sign and date below.

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

If the driver **does not meet** the above requirements and your recommendation is that the driver **cannot** operate a CMV safely, please sign and date below.

\_\_\_\_\_  
**Provider's 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**

**PRINT PROVIDER'S NAME** \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

**Return this letter to the patient's medical examiner by fax/email:**

\_\_\_\_\_

**Thank you for your assistance.**