Date

Dr. Name

Address

City State Zip

Re: \_\_\_\_\_\_\_\_\_\_\_\_, DOT Medical Exam for Commercial Driving

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

The above driver came to our clinic for a DOT medical certificate to drive a commercial motor vehicle. Before qualifying the driver, we ask for your assistance in determining if they have met the necessary medical criteria for drivers with a history of mitral valve stenosis.

Although we must obtain and consider the opinions of the treating physician, it is our responsibility to make the final driving status determination.

Please check all that apply.

* Driver is asymptomatic
* Driver has properly healed from surgical repair of the mitral valve **OR** surgery is not needed at this time
* The driver is not experiencing dyspnea, fatigue, orthopnea, and/or paroxysmal nocturnal dyspnea
* Driver has been compliant with treatment program
* Treatment has been shown to be adequate, effective, safe, and stable

Additional comments:

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Please sign and date below.

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

Signature Date

Thank you for your assistance.