

VANDERBILT HEALTH AT MNPS HEALTH CARE CENTERS

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COMMERCIAL DRIVER CERTIFICATION DETERMINATION – CARDIOVASCULAR ASSESSMENT

Exam Date _____
 DOT Driver _____
 DOB _____

The above individual has presented to the clinic for a Commercial Driver Fitness Determination in accordance with U.S. Code of Federal regulation 49 CFR 391.41. During the examination, the following was noted:

Driver Consent for Release of Medical Information

I, _____, hereby authorize the release to MNPS Health Care Centers for the following information.

- ___ All medical records and reports
- ___ Medical information on cardiovascular diagnosis
- ___ Latest lipid panel
- ___ Latest blood pressure readings
- ___ Electrocardiograms, Echocardiograms, and Exercise Treadmill Test (Nuclear Stress Test if applicable)
- ___ Other _____

Patient Signature _____ Date _____
 Patient Print Name _____

Statement of Personal Physician

According to the U.S. Code of Federal Regulation Title 49 part CFR 391.41 (b)(4) states "A person is physically qualified to drive a commercial motor vehicle if that person: *Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure*".

I have read the above and understand the regulation and guidelines pertaining to the cardiovascular disease. I verify that the above individual has no disqualifying cardiovascular disease and is not at risk for sudden incapacitation that would affect the ability to safely operate a commercial vehicle.

PLEASE INCLUDE DOCUMENTATION TO SUPPORT THIS STATEMENT.

Physician Signature _____ Date _____
 Physician Print Name _____
 Specialty _____
 Phone _____
 Address _____

PLEASE FAX TO OUR _____ LOCATION AT FAX NUMBER _____