



Re: Cardiac DOT Medical Examination Clearance

Dear Doctor,

Your patient _____ DOB _____
(patient name)

is applying for a DOT medical card. He/She has told Eastern Med, LLC that they have a cardiac history of

(Cardiac Condition)

I, _____
(Printed Physician's Name)

Acknowledge my patient is stable from a cardiac standpoint to drive a commercial motor vehicle. In addition, I am providing with this letter a copy of (his/her) most recent stress test.

I understand that the Department of Transportation recommends that drivers of commercial motor vehicles receive a stress test every two years, for any driver with a history of heart attack, angina, post-PCI, stenting or angioplasty. In addition it is recommended that a yearly test is done if the driver has had bypass surgery beginning five years after the date of surgery. If the most recent stress test is greater than the time period specified above then based upon my professional opinion a stress test (is / is not) indicated at this time.

I am acknowledging the statement by checking one of the boxes below:

A stress test **is** indicated at this time _____
(Physician's Initials)

A stress test **is not** indicated at this time _____
(Physician's Initials)

Physicians Address: _____

Physician's Signature

Date

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