

MRN: _____

Date form is due: _____



**Initial Return to Work
Percutaneous Coronary Intervention (PCI)**

Department of Transportation (DOT) regulations state that a person is qualified to operate a commercial motor vehicle after PCI if that person “has no 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.”

For individuals undergoing recent PCI, regulations recommend a two-month waiting period if the PCI was therapy for unstable angina or acute MI. Certification is dependent upon examination and approval by the treating cardiologist, asymptomatic, no injury to the access site, and tolerance of all cardiovascular medications. Satisfactory completion of an ETT to at least 6 METS is recommended within 3-6 months post-PCI.

Full FMCSA guidelines are available electronically at: <http://www.fmcsa.dot.gov/rulesregs/cardio.htm>

Patient consent for release of Medical Information

I, _____ hereby authorize the release of medical records and reports to Lancaster General Health Occupational Medicine.

Patient Signature _____ Date _____
Date of Birth: _____

Statement of Treating Physician

This patient had PCI for _____ MI, _____ unstable angina, _____ stable angina on (date) _____.

Stress testing with documented workload capacity of > 6 METS is required within 3-6 months of PCI in order to continue to operate a commercial motor vehicle.

Date of stress test _____

I verify that this individual meets the criteria for return to work after PCI as described above. There is no imminent risk for syncope, adverse effects from medications or end organ damage that would likely affect ability to safely operate a commercial motor vehicle. This individual has received counseling with regards to the need for regular monitoring and has been compliant with recommendations for management.

Please list medications and dosages prescribed:

Physician Name/Signature _____ Date _____