Workplace Health & Wellness
Main Office
4 Lifemark Drive
Sellersville, PA 18960
P: 215-453-4941 | F: 215-453-4719

GRAND VIEW HEALTH
WORKPLACE HEALTH & WELLNESS

Workplace Health & Wellness
Harleysville Office
270 Main Street, Ste. 102
Harleysville, PA 19438
P: 215-453-4941 | F: 215-453-4719

DOT Physical: Cardiovascular Disease – Provider Letter/Status Report

RE: _____ DOB: _____

Dear _____,

Your patient is scheduled for a medical examination for certification as commercial driver under Federal Motor Carrier Safety Administration (FMCSA) regulations. Due to a history of cardiovascular disease, we are requesting that the following information be provided from the treating health care provider. We appreciate your assistance in providing the necessary documentation.

_____ _____
Occupational Health Examiner Date

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Please complete below and fax to Workplace Health & Wellness at 215-453-4719

PLEASE INCLUDE ALL RECENT TESTING

How long have you been treating this patient? _____

What is the patient's current diagnosis and date of onset? _____

_____

Please list current medications and dosages: _____

_____

Is your patient's condition considered stable? Yes ___ No ___

If no, please explain: _____

_____

In your medical opinion, is this person able to safely operate a commercial motor vehicle?

Yes___ No___

If no, please explain _____

_____

Signature: _____ Date: _____

Physician Name: _____ Phone: _____