VANDERBILT HEALTH AT MNPS HEALTH CARE CENTERS

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Mt. View	3812 Murfreesboro Road, Antioch, TN 37013	Phone (615) 259-8755	Fax (615) 641-2280
West	655 Colice Jeanne Road, Nashville, TN 37221	Phone (615) 259-8755	Fax (615) 646-9190

COMMERCIAL DRIVER CERTIFICATION DETERMINATION – HYPERTENSION 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
___ Most recent blood pressure readings
___ Current HTN treatment _____
___ Electrocardiograms and stress test
___ 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)(6) states "A person is physically qualified to drive a commercial motor vehicle if that person: *Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely*".

BP MEASUREMENT	CERTIFICATION
140-159 / 90-99	1 year maximum
160-179 / 100-109	One time certification for 3 months maximum
>180 / >110	Disqualified

I have read the above and understand the regulation and guidelines cited. I verify the individual has no current diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely. The condition and medications at the clinical dose should not pose imminent risk to the ability of my patient to drive a commercial vehicle safely.

Physician Signature _____ Date _____

Physician Print Name _____

Specialty _____

Phone _____

Address _____

_____

PLEASE FAX TO OUR _____ LOCATION AT FAX NUMBER _____