

**VANDERBILT HEALTH AT MNPS HEALTH CARE CENTERS**

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**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 \_\_\_\_\_  
 Patient Print Name \_\_\_\_\_

Date \_\_\_\_\_

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 \_\_\_\_\_  
 Physician Print Name \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Date \_\_\_\_\_

PLEASE FAX TO OUR \_\_\_\_\_ LOCATION AT FAX NUMBER \_\_\_\_\_