Date: [Date]

To: [Employer Name / Medical Examiner Name]
Company: [Company Name]
Fax/Email: [Contact Information]

RE: Cardiology Clearance for Commercial Driver Fitness
Patient Name: [Driver Full Name]
Date of Birth: [Date of Birth]
Driver's License Number: [DL Number]

To Whom It May Concern,

The above-named patient has been under my care for the following cardiac condition: [Diagnosis/Reason for Evaluation].

As of [Date of Evaluation], I have completed a comprehensive clinical evaluation, which included: [List tests, e.g., Stress Test, Echocardiogram, EKG].

Based on my clinical findings and current FMCSA (Federal Motor Carrier Safety Administration) guidelines, I provide the following assessment:

- The patient is stable and asymptomatic.
- Current medications [List Medications] do not interfere with the safe operation of a commercial motor vehicle.
- The patient meets the cardiovascular physical qualification requirements for commercial driving.
- Left Ventricular Ejection Fraction (LVEF) is measured at: [Percentage, if applicable].

Clearance Status:
The patient is medically cleared to return to work as a commercial driver without restrictions. I recommend a follow-up evaluation in [Number] months.

Please contact my office at [Phone Number] if you require further documentation or clinical details.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
Board Certified in Cardiology
[Clinic/Hospital Name]
[Phone Number]