

CARDIAC DISEASE:

#52	Symptomatic bradycardia (<50 bpm)	Due to your history of symptomatic bradycardia (NVIC 04-08 problem #52), please submit an exercise rhythm strip. If unable to achieve a heart rate greater than 100 beats per minute or double the resting heart rate, then 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate are required. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#52a	Pulse <50 on physical exam	Due to your documented pulse of ____ on your physical examination, please submit an evaluation performed by your primary care physician or cardiologist, to include any prior history of bradycardia, current clinical status and symptoms, and treatment regimen, if applicable. Please submit the results of an EKG, and, if clinically indicated, a 24-hour Holter monitor. All information requested should be within the past twelve months unless otherwise noted.
#52b	Irregular pulse	Due to your history of irregular pulse and premature ventricular contractions, please submit a 12-lead electrocardiogram with rhythm strip and formal interpretation by your treating provider. All information requested should be within the past twelve months unless otherwise noted.
#53	Left bundle branch block	Due to your history of left bundle branch block (NVIC 04-08 problem #53), please submit a cardiology consultation with complete cardiac history, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Submit results from 24-hour Holter monitor if previously performed. All information requested should be within the past twelve months unless otherwise noted.
#54	Right bundle branch block	Due to your history of acquired right bundle branch block (NVIC 04-08 problem #54), please submit a cardiology consultation with complete cardiac history, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.

#55	Implanted pacemaker	Due to your history of implanted pacemaker (NVIC 04-08 problem #55), please submit a cardiology consultation with complete cardiac history, chest x-ray, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Also required is an evaluation of pacemaker function to include full description of device type and documentation of underlying rate and rhythm with the pacer disabled or at its lowest setting, programmed pacemaker parameters, surveillance record, and exclusion of myopotential inhibition and pacemaker induced hypotension, power pack data including beginning of life (BOL) and elective replacement indicator/end of life (ERI/EOL). All information requested should be within the past twelve months unless otherwise noted.
#56	Premature atrial contractions	Due to your history of premature atrial contractions (NVIC 04-08 problem #56), please submit a cardiology consultation, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#57	Premature ventricular contractions	Due to your history of premature ventricular contractions (NVIC 04-08 problem #57), please submit a cardiology consultation, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#58	2nd degree AV block Mobitz I	Due to your history of second degree AV block Mobitz I (NVIC 04-08 problem #58), please submit a cardiology consultation, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#59	2nd degree AV block Mobitz II	Due to your history of second degree AV block Mobitz II (NVIC 04-08 problem #59), please submit a cardiology consultation, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.

#60	3rd degree AV block	Due to your history of third degree AV block (NVIC 04-08 problem #60), please submit a cardiology consultation, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#61	Preexcitation syndrome	Due to your history of preexcitation syndrome (NVIC 04-08 problem #61), please submit a cardiology consultation, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#62	History of radiofrequency ablation	Due to your history of radiofrequency ablation (NVIC 04-08 problem #62), please submit a cardiology consultation with complete cardiac history, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#63	History of supraventricular tachycardia (3 or more consecutive non-ventricular ectopic beats)	Due to your history of supraventricular tachycardia (NVIC 04-08 problem #63), please submit a cardiology consultation addressing complete cardiac history, treatment plan with medications/side effects, current functional status, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#64	History of syncope, greater than one episode, within the last 5 years	Due to your history of syncopal episodes (NVIC 04-08 problem # 64), please submit a cardiology consultation, neurology consultation, 24-hour Holter, and bilateral carotid ultrasound. All information requested should be within the past twelve months unless otherwise noted.
#65	History of atrial fibrillation within the last 5 years	Due to your history of atrial fibrillation (NVIC 04-08 problem # 65), please submit a cardiology consultation addressing complete cardiac history, treatment plan with medications/side effects, current functional status, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.

#66	Chronic atrial fibrillation	Due to your history of chronic atrial fibrillation (NVIC 04-08 problem # 66), please submit a cardiology consultation addressing complete cardiac history, treatment plan with medications/side effects, current functional status, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.
#67	Paroxysmal/lone atrial fibrillation	Due to your history of paroxysmal atrial fibrillation (NVIC 04-08 problem # 67), please submit a cardiology consultation addressing complete cardiac history, treatment plan with medications/side effects, current functional status, 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.
#67a	Irregular heart beat	Due to irregular heart beat noted on your CG-719K Form (Merchant Mariner Credential Medical Evaluation Report), additional information is required. Please submit a complete cardiac evaluation from your treating provider to include diagnosis (using ICD-9), review of cardiac history, date of diagnosis, management to date, previous and planned procedures, current treatment plan, use of anticoagulation, medications and any medication side effects experienced by the mariner. Please submit copies of all pertinent diagnostic reports; Holter monitor report, echocardiogram with assessment of ejection fraction and graded exercise stress test (GXT). All information requested should be within the past twelve months unless otherwise noted.
67b	Palpitations	Due to your history of palpitations, please submit a cardiology consultation addressing your complete cardiac history, specific diagnosis for your palpitations, treatment plan with medications/side effects, and current functional status. Please submit copies of all pertinent diagnostic reports, including 24-hour Holter monitor, echocardiogram report, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.

#68	History of angina pectoris	Due to your history of angina pectoris (NVIC problem# 68), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from hospital admission/discharge summaries, and any cardiac catheterization reports. Also submit a 2-D M-mode echocardiogram with Doppler flow study, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#69	History of myocardial infarction	Due to your history of coronary artery disease with myocardial infarction(NVIC 04-08 problem #69), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from hospital admission/discharge summaries, and any cardiac catheterization reports. Also submit a 2-D M-mode echocardiogram with Doppler flow study, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate no sooner than 1 month post event, 6 months for CABG. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#70	History of atherectomy; CABG; PTCA; rotoblation or stent	Due to your history of coronary artery disease with _____ (NVIC 04-08 problem #70), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from hospital admission/discharge summaries, and any cardiac catheterization reports. Also submit a 2-D M-mode echocardiogram with Doppler flow study, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate no sooner than 1 month post event, 6 months for CABG. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#71	Hypertension, systolic BP > 160 or diastolic BP > 100, with or without medication	Due to your history of hypertension (NVIC 04-08 problem # 71), please submit a report from your treating physician to include an ECG, serum chemistries, lipid profile, urinalysis, current treatment, and serial blood pressure readings documenting improved systolic and diastolic control of less than 160/100 mm/Hg. All information requested should be within the past twelve months unless otherwise noted.

#72	History of valvular disease, nonspecified including murmur	Due to your history cardiac valvular disease (NVIC 04-08 problem # 72), please submit a cardiology consultation with complete cardiac history addressing specific diagnosis, current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.
#73	Aortic and mitral regurgitation	Due to your history _____ insufficiency (NVIC 04-08 problem # 73), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.
#74	History of valve replacement	Due to your history _____ valve replacement (NVIC 04-08 problem # 74), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless otherwise noted.
#75	History of valvuloplasty	Due to your history _____ valvuloplasty (NVIC 04-08 problem # 75), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please submit INR values if clinically applicable. All information requested should be within the past twelve months unless

		otherwise noted.
#76	History of heart transplant	Due to your history of heart transplantation (NVIC 04-08 problem #76), please submit a cardiology consultation with complete cardiac history addressing current cardiac function/status, current treatment plan with all medications, and any associated complications from treatment or condition. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. Please address any associated limitations that may be expected to interfere with the performance of required mariner duties. All information requested should be within the past twelve months unless otherwise noted.
#77	Cardiac decompensation or cardiomyopathy	Due to your history of _____ (NVIC 04-08 problem #77), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any evidence of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#78	Congenital heart disease accompanied by cardiac enlargement, ECG abnormality or evidence of inadequate oxygenation	Due to your history of _____ (NVIC 04-08 problem #78), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any evidence of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.

#79	CHF, hypertrophy or dilatation of the heart	Due to your history of _____ (NVIC 04-08 problem #79), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#80	Pericarditis, endocarditis or myocarditis	Due to your history of _____ (NVIC 04-08 problem #80), please submit a cardiology consultation with complete cardiac history addressing current cardiac function, current treatment plan, and any history of embolic phenomena, arrhythmias, structural abnormalities, or ischemia. Please submit results from a 2-D M-mode echocardiogram with Doppler flow study, 24-hour Holter monitor, and a graded exercise stress test with perfusion scan performed by standard Bruce protocol to at least 8 METS (exercise time of 7.5 to 8 minutes) and 85% maximum predicted heart rate. Pharmacologic stress tests are not acceptable. All information requested should be within the past twelve months unless otherwise noted.
#81	Antitachycardia devices or implantable defibrillators	Generally not waivable.