



US Department
Of Transportation
Federal Motor Carrier
Safety Administration

1200 New Jersey Ave., SE
Washington, DC 20590

Dear Applicant:

Thank you for your interest in the Federal Diabetes Exemption Program. The information in this letter and the accompanying materials need to be read carefully. The applicant is responsible for providing all required information. The following information is required to be submitted:

1. Applicant Information Checklist;
2. Signed copy of the Medical Examination Report (completed by the Medical Examiner);
3. Signed copy of the Medical Examiner's Certificate (completed by the Medical Examiner);
4. Endocrinologist Evaluation Checklist;
5. Vision Evaluation Checklist;
6. Copy of your driver's license and motor vehicle record.

How does the applicant apply for an exemption from the diabetes standard?

A. Medical Examiner

The applicant must be examined by a medical examiner, as defined in 49 CFR 390.5. The examiner can be a physician, (MD, DO), advanced nurse practitioner, physician assistant, or chiropractor if allowed by their state regulations to certify drivers. This examination **STARTS** the exemption process. The applicant **MUST** take the Certifying Medical Examiner Evaluation letter to the appointment with the medical examiner for him/her to review prior to performing the examination. The medical examiner will have copies of the United States Department of Transportation Medical Examination Report Form and the Medical Examiner's Certificate. The applicant must meet all medical standards and guidelines, other than diabetes, in accordance with 49 CFR 391.41 (b) (1-13).

Other than the use of insulin to treat their diabetes, any other medical problem or condition that prevents the applicant from being certified by the medical examiner must be corrected **BEFORE** the rest of this application is completed. Therefore, the endocrinologist and vision evaluations **SHOULD NOT** be completed until the medical examiner certifies the applicant. The applicant must submit copies of the completed medical examination report and medical examiner's certificate. The certificate should indicate that the driver is certified **ONLY IF** the driver has a diabetes exemption. The certificate is not valid until the insulin exemption is obtained from Federal Motor Carrier Safety Administration (FMCSA).

B. Endocrinologist Evaluation Checklist

The applicant must be examined by a physician who is a board-certified or board-eligible endocrinologist. The applicant must take the Endocrinologist Evaluation Checklist and glucose logs to the appointment. The endocrinologist must complete all parts of the checklist and review the patient's 5 year medical history. The applicant must submit the endocrinologist's signed letterhead, a completed checklist, and any additional reports outlined in the checklist to the exemption program.

C. Vision Evaluation Checklist

The applicant must have a vision examination by an ophthalmologist or optometrist. An applicant with **diabetic retinopathy MUST be evaluated by an ophthalmologist**. The applicant must take the Vision Evaluation Checklist to the appointment. The ophthalmologist or optometrist must complete all parts of the checklist. The applicant must submit the optometrist/ophthalmologist's signed letterhead and a completed checklist to the exemption program.

Please note that **ALL** medical evaluations are only valid for 6 months from the date performed. Applicants will be required to submit a new examination if the current examination expires during the application process.

D. Additional Applicant Information

The applicant must provide a completed Applicant Information Checklist, a readable photocopy of both sides of the driver's license, and a current motor vehicle record.

Additional medical information may be required, based on review of the information submitted. Prior to submitting the application, please review all information and make sure that each checklist is **completely filled out and that all required information is included**. Application review will be delayed if the information submitted is not current or if it is incomplete. Mail all information to:

**Federal Diabetes Exemption Program
1200 New Jersey Ave., SE
Room W64-224
Washington, DC 20590**

The application may be faxed to 703-448-3077. However, original documents **must** be mailed to the above address.

What Happens After a Completed Application Is Submitted?

FMCSA will review the application and notify the applicant if additional information is required or missing. Please note, as stated above, that additional medical information may be required. Once the application is complete, FMCSA will determine applicant eligibility for this program.

If the applicant is eligible for an exemption, FMCSA is required to publish the applicant request for exemption in the Federal Register twice; this includes a 30 day period for public comment and notification of the Agency's final decision. The notice discloses the applicant's full name, age, basic information related to the applicant's insulin use to control diabetes, and the type of driving license held; however, the notice does not include any detailed personal information, such as the applicant's address, employer, medical records, or driver's license number.

If granted, the Federal exemption is valid for CMV operation within the United States and does not exempt the applicant from foreign requirements, such as Canada and Mexico.

If the Applicant Does Not Meet Eligibility Criteria

If FMCSA determines that the applicant does not meet program eligibility criteria, a decision letter will be mailed directly to the applicant outlining the reason that the Agency is unable to grant the exemption from the Federal diabetes standard.

How Long Does the Process Take?

FMCSA is required to complete the application process within 180 days from the date all required information is submitted by the applicant.

What Is Required of the Driver After an Exemption Is Granted?

The exemption certificate and requirements are sent to the exempted applicant by certified mail. FMCSA can issue an exemption for a maximum of 2 years. Quarterly and annual medical monitoring and reporting are conditions of the exemption from the Federal diabetes standard of 49 CFR 391.41(b)(3). The driver will receive the necessary forms from FMCSA and will be responsible for compliance. Additionally, the driver is required to reapply for renewal every two years, and, as with monitoring, the responsibility of reapplication rests with the driver. The driver must have yearly medical re-certification examinations.

If you have questions related to the application process outlined in this document, please call 703-448-3094.

Sincerely yours,

Mary D. Gunnels
Chief, Physical Qualifications Division

Enclosures

The applicant is required to submit a copy of these documents along with the examination paperwork from the endocrinologist and the ophthalmologist/optometrist to be reviewed by FMCSA for the determination of qualification for the Federal diabetes exemption.

If you have questions, please call 703-448-3094 or e-mail us at medicalexemptions@dot.gov. When calling, please leave a message on our automated system for the Federal diabetes exemption program. A program representative will return your call.

Regulatory Criteria on Physical Qualifications for Commercial Drivers

A person is physically qualified to drive a commercial motor vehicle if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a skill performance evaluation certificate;
2. Has no impairment of: a hand or finger that interferes with prehension or power grasping; or an arm, foot, or leg that interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or any other significant limb defect or limitation that interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or has been granted a skill performance evaluation certificate.
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
5. Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely;
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease that interferes with his/her ability to control and operate a commercial motor vehicle safely;
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
9. Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the driver's ability to drive a commercial motor vehicle safely.
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

11. First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid.
12. Does not use a controlled substance identified in 21 CFR 1308.11 *Schedule I*, an amphetamine, narcotic, or any other habit-forming drug, unless prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that it will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
13. Has no current clinical diagnosis of alcoholism.

Applicant Checklist

1. Driver Information

Name (First, Middle Initial, Last): _____

Street Address: _____

City: _____ State: _____ ZIP code: _____

Mailing Address, if different from above:

City: _____ State: _____ ZIP code: _____

Telephone number: (____) _____ - _____

Mobile phone number: (____) _____ - _____

Fax number: (____) _____ - _____

Sex (check one): Male Female

Date of birth (MM/DD/YYYY): _____

Social Security number: _____ - _____ - _____

2. Current Employment

Employer's name (If applicable): _____

Employer's address: _____

City: _____ State: _____ ZIP code: _____

Employer's telephone number: (____) _____ - _____

Employer's DOT or ICC#: _____

Do you currently drive for this employer? (Check one): YES NO

3. Statement of Qualification

Prior to signing this statement, please review the Regulatory Criteria on Physical Qualifications for Commercial Drivers attached to the Endocrinologist Medical Evaluation Checklist.

Note: “otherwise qualified” or “hold a valid medical exemption” means that you meet the physical qualifications standards to drive a Commercial Motor Vehicle (CMV) (except for diabetes) or that you have an exemption or a skill performance evaluation certificate.

By signing below, I hereby certify that the following statement is true: “I acknowledge that I must be otherwise qualified under 49 CFR 391.41(b)(1-13) or hold a valid medical exemption before I can legally operate a CMV in interstate commerce.”

Signature: _____

Do you have any waivers, exemptions, or Skill Performance Evaluation certificates? (check one)

YES NO

If yes, list each, including date of issue, date of expiration, and identification number.

Name	Issue Date	Expiration Date	ID#

4. Driver License and Motor Vehicle Record

Please attach a readable copy of **both sides** of your current **VALID** driver’s license. You must include your driving record, furnished by an official state agency on its letterhead, bearing the state seal or official stamp. ***No other documentation will be accepted.*** This request is to verify that you have a valid license and will not be used for any other purpose.

Endocrinologist Evaluation Checklist

Federal Diabetes Exemption Program

Driver Identifying Information

Name: _____
 First MI Last

Address: _____

DOB (MM/DD/YYYY): _____

This applicant is applying for a Federal diabetes exemption to be able to take insulin while operating a commercial motor vehicle (large truck or bus) in interstate commerce. Part of the application process is an evaluation by a board-certified or board-eligible Endocrinologist to determine if the individual has any medical problem related to diabetes that might impair safe driving.

The applicant's examination by an Endocrinologist is only valid for 6 months from the date performed. Applicants will be required to submit a new examination if the current examination expires during the application process.

PLEASE CHECK / FILL IN REQUESTED INFORMATION.

1. I am board-certified in endocrinology.

I am board-eligible in endocrinology.

If neither, do not continue your assessment. Applicants must be evaluated by an endocrinologist who is board-certified or board-eligible.

2. Office telephone number: _____

3. Office fax number: _____

4. Date of examination (MM/DD/YYYY): _____

5. I am familiar with the patient's medical history for the past 5 years through a records review, treating the patient or consultation with the treating physician.

YES NO

A review of the applicant's 5-year medical history is required. If the history is not available, please state the reason.

6. Date of initial diagnosis of diabetes mellitus: _____

Treatment for diabetes mellitus prior to insulin use:

- None Diet Oral agent

7. Insulin Usage:

Date insulin use began: _____

Type of insulin(s) and current dosage now used: _____

If patient uses insulin pump, current average daily dose: _____

Length of time on current dose: _____

8. FMCSA defines a **severe hypoglycemic reaction** as one that results in:

- Seizure, or
Loss of consciousness, or
Requiring assistance of another person, or
Period of impaired cognitive function that occurred without warning.**

In the last 5 years, while being treated for diabetes, has the patient had recurrent (2 or more) severe hypoglycemic episodes? YES NO

In the last 12 months, while being treated for diabetes, has the patient had a severe hypoglycemic episode? YES NO (**If no proceed to #9 below**)

If yes, provide information on each hypoglycemic episode:

Date(s):

Include additional information about each episode including symptoms of hypoglycemic reaction, treatment, and suspected cause:

Was the patient hospitalized? YES NO

If yes, provide brief summary of hospitalization:

Has the patient's treatment regimen changed since the last hypoglycemic episode?

- YES NO

Briefly explain changes:

9. Additional Information or History (If none, write *none*):

10. List all medications including those taken related to the treatment of diabetes (if none, write none):

Name of Medication	Dose	Reason for Taking the Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. In your medical opinion, does any one of the listed medications have the potential to compromise the driver's ability to operate a CMV safely?

YES NO

If yes, which medication(s): _____

12. Associated Medical Conditions (please check *yes* or *no*):

Renal Disease	Renal insufficiency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Proteinuria	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Nephrotic Syndrome	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cardiovascular Disease	Coronary artery disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Hypertension	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Transient ischemic attack	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Stroke	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Peripheral vascular disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neurological Disease	Autonomic neuropathy (i.e, cardiovascular GI, GU)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Peripheral Neuropathy (Circle one below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Sensory		
	Decreased sensation		
	Loss of vibratory sense		
	Loss of position sense		

If the applicant has been or is currently being treated for any of the above medical conditions, provide relevant additional information (consultation notes, special studies, follow-up reports, and hospital records).

13. Laboratory Reports/Stable Insulin Regimen:

A. Background and criteria:

The driver should have stable control and no risk of hypoglycemia and hyperglycemia while operating a CMV.

30 day requirement: An individual diagnosed with diabetes mellitus who had been previously treated with oral medication, and who now requires insulin, should have at least a 1-month period on insulin to establish stable control.

60 day requirement: An individual newly diagnosed with diabetes mellitus, who is now starting insulin, should have at least a 2-month period on insulin to establish stable control.

B. Glycosylated hemoglobin A1c (A1c test) and blood glucose:

Review of A1c test and blood glucose testing provides evidence of the driver's ability to manage his/her diabetes mellitus and drive safely. **Newly diagnosed and treated drivers are required to provide an A1c test within 30 days of the date of application. Drivers with a long-term history must provide an A1c test within 6 months of the date of application.**

Please provide a copy of the following:

Laboratory reports reflecting A1c test result(s), to include lab reference normal range.

14. Glucose Measurements (a driver **should not have large fluctuations in blood glucose levels**):

A. I have reviewed the patient's daily glucose monitoring logs while using insulin.

YES NO

B. Does the patient have any large fluctuations that may impact safe driving?

YES NO

15. Since beginning insulin use, has the patient received education in the management of diabetes that includes diet, monitoring, recognition and treatment of hypoglycemia and hyperglycemia?

YES NO

If yes, please provide last education date (MM/YYYY): _____

Note: The applicant must participate in a diabetes education program at least annually to apply for and remain in the diabetes exemption program.

16. I hereby certify that in my medical opinion, this applicant understands how to individually manage and monitor his/her diabetes mellitus. YES NO

5. Color Vision:
Is the patient able to identify correctly the standard red, green, and amber traffic control signal colors? YES NO

Note: If color testing results are inconclusive, it is discretionary whether to administer a controlled test using an actual traffic signal to determine the individual's ability to recognize red, green, and amber.

An applicant with diabetic retinopathy must be evaluated by an ophthalmologist. The vision examination must occur AFTER any eye surgery/procedures (postoperatively).

6. Does the patient have diabetic retinopathy? YES NO

If yes: Proliferative
 O Stable O Unstable
 Nonproliferative
 O Stable O Unstable

Treatment: _____

Date diagnosed: _____

Surgery/procedures: _____

Requires recheck in ____ months

7. Does the patient have macular edema?
 YES NO

8. Does the patient have cataract(s)?
 YES NO

9. Does the patient have any other medical diagnosis related to vision?
 YES NO

If yes, what? _____

10. If yes to any of the conditions listed above, are any unstable?
 YES NO

If yes, which condition(s)? _____

11. In your medical opinion, is monitoring required more often than annually?
 YES NO

If yes, how often? _____

12. **Please attach a copy of your office letterhead with your printed/typed name, signature, date, medical license number, and state of issue to this checklist.**