

FEDERAL DOT CMV MEDICAL EXAMINATION REQUIREMENTS CHECK LIST

The Department of Transportation CMV medical exam has specific requirements that must be met. In order to make your application process for a CMV go smoothly you must provide the following when you come for your exam. Please read this carefully and check off each item as you have it completed.

- ☐ If you require correction to your **vision**, you must bring a pair of glasses with you to the exam.
- ☐ If you wear **hearing aids**, you must bring the hearing aids and an extra power source with you.
- ☐ If you have had a **heart attack, coronary artery stents, heart disease, arrhythmias, pacemakers, chest pain or any heart surgery**, a cardiology consult will be required BEFORE your CMV exam. At your CMV exam, you will need to bring a copy of your most recent cardiac stress test results (must be within 2 years), echocardiogram results (if applicable), and a clearance letter from your cardiologist. Please call the clinic for assistance with this consult.
- ☐ If you have had a **stroke, seizure, head injury, a mini stroke, intracranial bleed, brain infection, dizziness or passing out spells (syncope)** you will require an neurology consult BEFORE your CMV exam.
- ☐ If you have **diabetes**, you are required to bring a letter from your treating provider (primary care provider or endocrinologist) that documents an HgbA1C (<10%) within the past 6 months and provide documentation of current treatment plan, any hypoglycemic events. If you are on insulin you will require a K waiver. Please call your clinic for assistance.
- ☐ If you are on any **controlled substances, pain meds, anxiety meds, ADHD meds and being treated for adult depression, any psychiatric disorder, or Attention Deficit/Hyperactivity Disorder (ADHD)**, you are required to provide documentation from your primary care provider or mental health provider about your diagnosis, treatment plan including medicine for clearance to drive a commercial vehicle.
- ☐ If you have a history of **drug or alcohol abuse** you will be required to bring documentation of treatment from a Substance Abuse Professional (SAP) or psychiatrist.
- ☐ If you have **sleep apnea or a sleep disorder**, you will need to have had a consult with a sleep specialist BEFORE your CMV exam. You will be required to bring a print out of C-pap use showing compliance of four hours a night, 70% of the night slept along with a copy of the most recent sleep study.
- ☐ If you take **blood thinners**, such as Warfarin (Coumadin), you must provide documentation of monthly INR results. You must have a therapeutic INR within a month of your certification.
- ☐ If you have a **pace maker**, you must bring documentation of your most recent annual pacemaker check (this must be within the past 12 months).

FEDERAL DOT CMV MEDICAL EXAMINATION REQUIREMENTS CHECK LIST

- ☐ If you have a **permanent musculoskeletal defect or injury**, you are required to provide documentation from your primary care provider about your diagnosis, treatment plan including medicine for clearance to drive a commercial vehicle.
- ☐ If you are a **smoker >35 years old, have asthma, COPD or other respiratory illness** you may be required to have a pulmonary function test. Please bring the documentation with you to your appointment.
- ☐ If you are on **any prescription or over-the-counter medication**, please bring your actual medication bottles with you.
- ☐ If you are taking **blood pressure** medication make sure your blood pressure is less than 140/90 or your certification may be delayed. Need letter from treating provider documenting the history and diagnosis, treatment plan and clearance to operate vehicle.
- ☐ If you have an **abdominal, thoracic or other aneurysm (dilated blood vessels) or have had surgery for an aneurysm** you will need a letter from your vascular surgeon clearing you to drive a commercial vehicle.
- ☐ If you see a health care provider for any **chronic health issues**, please bring a **copy of the last visit** with you to your appointment. It should include diagnosis, date of onset of the condition, medications (dose, frequency), current limitations and contact information for that provider.

FEDERAL DOT CMV MEDICAL EXAMINATION REQUIREMENTS CHECK LIST

Prescription (RX) Medications that May Cause Drowsiness or Impair your Ability to Drive

Pain Relievers	
• Darvocet (propoxyphene and acetaminophen)	• Oxycontin (oxycodone)
• Tylenol #3 (codeine and acetaminophen)	• Methadone
• Vicodin, Lorcet or Lortab (hydrocodone and acetaminophen)	• Morphine
• Percocet, Endocet or Tylox (oxycodone and acetaminophen)	• Dilaudid (hydromorphone)
• Ultram (tramadol)	• Duragesic (fentanyl)
Muscle Relaxants	
• Flexeril (cyclobenzaprine)	• Parafon Forte (chlorzoxazone)
• Lioresal (baclofen)	• Norflex (orphenadrine)
• Robaxin (methocarbamol)	• Valium (diazepam)
• Soma (carisoprodol)	
Headache/Migraine Medications	
• Fioricet (butalbital, acetaminophen and caffeine)	• Phenergan (promethazine)
• Fiorinal (butalbital, aspirin and caffeine)	• Compazine (prochlorperazine)
• Reglan (metoclopramide)	
Medications for Depression	
• Elavil (amitriptyline)	• Paxil (promethazine)
• Aventyl and Pamelor (nortriptyline)	• Desyrel (trazodone)
• Sinequan (doxepin)	• Serzone (nefazodone)
• Tofranil (imipramine)	• Remeron (mirtazapine)
Anxiety Medications	
• Buspar (buspirone)	• Xanax (alprazolam)
• Klonopin (clonazepam)	• Ativan (lorazepam)
• Valium (diazepam)	• Tranxene (clorazepate)
Medication for Sleep	
• Ambien (zolpidem)	• Valium (diazepam)
• Sonata (zaleplon)	• Ativan (lorazepam)
NOTE: Even if taken at bedtime, these medications can cause sleepiness the next day.	
Blood Pressure Medications	
• Ditropan (oxybutynin)	• Serpalan (reserpine)
• Catapres (clonidine)	
Seizure Medications	
• Tegretol (carbamazepine)	• Dilantin (phenytoin)
• Neurontin (gabapentin)	• Depakote (valproic acid)
Antihistamines	
• Atarax (hydroxyzine)	• Zyrtec (cetirizine)
• Claritin (loratadine)	• Allegra (fexofenadine)



Minor Emergency • Family • Industrial Medicine
Easy Access to Quality HealthCare

698 East 12th Street
Ogden, UT 84404
801-621-3466 (T)
801-621-8811 (F)

1937 West 5700 South
Roy, Utah 84067
801-773-9380 (T)
801-773-9990 (F)

DOT CLEARANCE FOR: CARDIOVASCULAR CONDITIONS

Please inquire with your treating provider's office; an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

DOT Regulation Section 391.41(b)(4) states "A person is physically qualified to drive a commercial motor vehicle if that person: 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".

Before the patient can be cleared for driving a commercial motor vehicle, we need you to verify this person's cardiovascular condition and provide us with appropriate documentation. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

Statement of Personal Physician/Provider/Cardiologist.

I have read and understand the DOT regulations cited above. I ☐ **VERIFY** ☐ **DO NOT VERIFY** the driver named above has no current clinical diagnosis of acute myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or significant peripheral vascular disease. He/she has had no recent syncope, dyspnea, collapse, or congestive heart failure. He/she is hemodynamically stable and in no imminent risk of syncopal episodes or other symptoms that would affect his/her ability to safely operate a commercial motor vehicle. He/she has had an Exercise Treadmill Stress Test or equivalent within the last 2 years achieving at least 6 Metabolic Equivalents. He/she has a documented Myocardial Ejection Fraction of at least 40% and demonstrates no intolerance to their cardiovascular medications. Please attach documentation to support this statement.

Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her Cardiovascular Condition?

☐ Yes ☐ No If yes, please explain _____

Date of Exam

Provider Name (type)

Provider Signature

Telephone#

License#

State of issue

Address

City

State

Zip

THANK YOU FOR ASSISTING YOUR PATIENT.

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990

DOT CLEARANCE FOR: CONTROLLED MEDICATIONS

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Patient _____ DOB: _____

I, _____, hereby authorize _____ to release all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

Before the patient can be cleared for driving a commercial motor vehicle, we need you to answer the following questions regarding his/her use of controlled medications. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

Name of medications: _____

Dose _____ How often _____ Length of time using _____

What medication is used for (Diagnosis) _____

Any potential side effects _____

Any warnings or restrictions on taking that were given _____

Do you feel that the medication has any adverse effects on the driver's ability to safely perform his job?

☐ Yes ☐ No If yes, please explain _____

Do you feel that the patient is safe to drive a commercial motor vehicle while using controlled substance medication?

☐ Yes ☐ No If yes, please explain _____

(Please complete page 2 of this form)



Minor Emergency • Family • Industrial Medicine

Easy Access to Quality HealthCare

698 East 12th Street
Ogden, UT 84404
801-621-3466 (T)
801-621-8811 (F)

1937 West 5700 South
Roy, Utah 84067
801-773-9380 (T)
801-773-9990 (F)

Provider Name (type)

Provider Signature

Telephone

License#

State of issue

Address

City

State

Zip

THANK YOU FOR ASSISTING YOUR PATIENT

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990



698 East 12th Street
Ogden, UT 84404
801-621-3466 (T)
801-621-8811 (F)

1937 West 5700 South
Roy, Utah 84067
801-773-9380 (T)
801-773-9990 (F)

DOT CLEARANCE FOR: COUMADIN THERAPY

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

This driver has come to NowCare for a DOT Certification as a commercial driver. History obtained revealed that this individual is currently receiving COUMADIN THERAPY. In accordance with DOT REG 49 CFR 391.41, A driver on Coumadin should be educated about the potential interactions of Coumadin with other medications and diet, the increased risk of bleeding with trauma and the need for regular monitoring of Coumadin's effect. Medical certification of commercial drivers with cerebrovascular disease and who are on Coumadin is not recommended because of the increased risk of intracranial hemorrhage with sudden loss of consciousness.

Personal Physician Statement

I have read and understand the DOT guidelines cited above. I ☐ VERIFY ☐ DO NOT VERIFY that the above named individual has been educated about the potential interactions of Coumadin with other medications and diet, the increased risk of bleeding with trauma and the need for regular monitoring of Coumadin's effect. Also the condition and medications at the clinical dose will not cause imminent risk of a syncopal episode or other symptoms that would affect the individual's ability to safely operate a commercial motor vehicle. I am enclosing appropriate documentation, if applicable, to support this statement.

Please include a copy of patient's last 3 INR values _____

Diagnosis why on Coumadin: DVT, PE, Heart Attack, Heart Surgery, A fib, Stroke etc. _____

Current Treatment & Stability: _____

Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her Coumadin Therapy?

☐ Yes ☐ No If yes, please explain _____

(Please complete page 2 of this form)



Minor Emergency • Family • Industrial Medicine

Easy Access to Quality HealthCare

698 East 12th Street
Ogden, UT 84404
801-621-3466 (T)
801-621-8811 (F)

1937 West 5700 South
Roy, Utah 84067
801-773-9380 (T)
801-773-9990 (F)

Date of Exam

Provider Name (type)

Provider Signature

Telephone#

License#

State of issue

Address

City

State

Zip

THANK YOU FOR ASSISTING YOUR PATIENT.

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990

DOT CLEARANCE FOR: DIABETES

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

DOT Federal Regulation Section 391.41 (b) (3) states: "A person is physically qualified to drive a commercial motor vehicle if that person: Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control." Oral medical treatment and control is acceptable if guidelines are reached, including a random blood glucose of less than 200mg/dl or a glycosylated hemoglobin level of 8 or less is maintained.

Before the patient can be cleared for driving a commercial motor vehicle, we need you to answer the following question regarding his/her Diabetes. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

1. What was the date the diabetes was diagnosed? Month _____ Year _____
2. What are current medications? _____
Is the patient on insulin? Yes _____ No _____
3. What was the date and results of the past 3 HgA1C?

Date _____	Results _____
Date _____	Results _____
Date _____	Results _____
4. Does the patient currently have any hypoglycemic symptoms or side effects from medications?
Yes _____ No _____ If yes, please explain symptoms _____
5. Do you feel the patient is currently in good diabetic control? Yes _____ No _____
6. Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her diabetes?
☐ Yes ☐ No If yes, please explain _____

PERSONAL PHYSICIAN/PROVIDER STATEMENT:

I am familiar with the regulation referred to above and verify that the patient named above has diabetes mellitus that is controlled without using insulin. He/She presents no acute risk of syncopal episode, hypoglycemia or other medical symptoms that would affect ability to operate a commercial vehicle safely. Enclosed is information obtained within the past four months including copies of glucose levels and glycosylated hemoglobin and a list of current medications and instructions.

_____ Date of Exam	_____ Provider Name (type)	_____ Provider Signature
_____ Telephone#	_____ License#	_____ State of issue
_____ Address	_____ City	_____ State
		_____ Zip

THANK YOU FOR ASSISTING YOUR PATIENT

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990



Minor Emergency • Family • Industrial Medicine
Easy Access to Quality HealthCare

698 East 12th Street
Ogden, UT 84404
801-621-3466 (T)
801-621-8811 (F)

1937 West 5700 South
Roy, Utah 84067
801-773-9380 (T)
801-773-9990 (F)

DOT CLEARANCE FOR: EPILEPSY

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

FMCSA regulations CFR 391.41 (b)(8) state " A person is physically qualified to drive a commercial motor vehicle if that person: Has no current established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle. The following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy, (2) a driver who has a current clinical diagnosis of epilepsy, or (3) a driver who is taking anti-seizure medication." FMCSA guidelines do not allow for possible exceptions to these requirements.

Before the patient can be cleared for driving a commercial motor vehicle, we need you to verify this person's medical history of seizures/epilepsy and provide us with appropriate documentation. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

PRIVATE PHYSICIAN STATEMENT

I have read and understand the FMCSA reg cited above. I ☐ VERIFY ☐ DO NOT VERIFY the above noted individual has no medical history of seizures/epilepsy, has no clinical diagnosis of epilepsy and is not taking antiseizure medication that would prohibit him/her to safely operate a commercial motor vehicle. Applicable documentation to support this statement is attached.

Last Seizure Date _____ Date of Last Seizure Medication _____

Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her Epilepsy?

☐ Yes ☐ No If yes, please explain _____

Date of Exam

Provider Name (type)

Provider Signature

Telephone#

License#

State of issue

Address

City

State

Zip

THANK YOU FOR ASSISTING YOUR PATIENT.

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990

DOT CLEARANCE FOR: HYPERTENSION

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

DOT Reg. Section 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." Someone previously diagnosed with hypertension is required to maintain blood pressure of less than 180 systolic and 110 diastolic for a temporary (and one time only) three month certificate. If readings are less than 140 systolic and 90 diastolic a driver will qualify for a one year certification.

Before the patient can be cleared for driving a commercial motor vehicle, we need you to answer the following question regarding his/her Hypertension. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

1. What was the date the hypertension was diagnosed? Month _____ Year _____
2. What are current medications? _____
3. Does the patient currently have any symptoms or side effects from medications?
Yes _____ No _____ If yes, please explain: _____
4. What was the date and results of the three most recent Blood Pressure checks?
A. Date: _____ BP: _____
B. Date: _____ BP: _____
C. Date: _____ BP: _____
5. Does the patient currently have blood pressure < 140/90?? Yes _____ No _____
6. Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her hypertension?
☐ Yes ☐ No If yes, please explain _____

(Please complete page 2 of this form)

Physician/Provider Statement:

I understand the above cited regulation and verify that the above named driver has current clinical control of hypertension with medication. His/Her ability to operate a commercial motor vehicle safely should not be compromised. This medical condition and medications given in recommended doses will not cause an acute risk of syncope or other symptoms that would impair driver's ability to safely operate a commercial motor vehicle. Enclosed please find appropriate documentation to support this statement.

_____ Date of Exam	_____ Provider Name (type)	_____ Provider Signature
_____ Telephone#	_____ License#	_____ State of issue
_____ Address	_____ City	_____ State
		_____ Zip

THANK YOU FOR ASSISTING YOUR PATIENT

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990

DOT CLEARANCE FOR: RESPIRATORY DYSFUNCTION/SLEEP APNEA

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

DOT Reg. Section 391.41 (b)(4) states "A person is physically qualified to drive a commercial motor vehicle if that person: Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely". **DOT/Federal Highway Administration's Conference on Pulmonary/Respiratory Disorders and Commercial Drivers, May 1991**, recommends that "individuals with known Obstructive Sleep Apnea be allowed to obtain certification to drive only after successful therapy has resulted in multiple sleep latency testing values within the normal range or repeat sleep study during treatment that shows resolution of apnea. Continuous successful therapy for 1 month usually results in major improvements in pathological sleepiness."

Before the patient can be cleared for driving a commercial motor vehicle, we need you to answer the following question regarding his/her Sleep Apnea. You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

1. Does the patient have a current diagnosis of Sleep Apnea? Yes _____ No _____

2. Has the patient filled out an ESS? Yes _____ No _____

3. Sleep study results: Date _____ Normal _____ Abnormal _____

Please attach printout of CPAP Compliance: Minimum of 4 hours use per night on 70% of nights for the past 3 months

4. What is the current treatment (if necessary)? _____

5. Is the patient compliant with treatment? Yes _____ No _____

6. Does the patient currently have any daytime sleepiness or other symptoms that might interfere with safe driving?

☐ Yes ☐ No If yes, please explain _____

6. Has the patient been scheduled for a regular follow-up evaluation? Yes _____ No _____

7. Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her Respiratory Dysfunction/Sleep apnea?

☐ Yes ☐ No If yes, please explain _____

STATEMENT OF TREATING PERSONAL PHYSICIAN OR PULMONOLOGIST. Please check (A) or (B).

A) ____ I have read and understand the DOT regulation cited above. I verify the above named individual has no current clinical diagnosis of untreated sleep apnea. He/She is compliant with prescribed sleep apnea therapy and has undergone multiple sleep latency testing with normal range results. He/She is in no imminent risk of syncopal episodes or other symptoms that would affect his/her ability to safely operate a commercial motor vehicle. Please enclose or attach documentation to support this statement.

Required documents: _____.

B) ____ I have read and understand the DOT regulation cited above. I verify the above named individual has no current clinical diagnosis of untreated sleep apnea. He/She is compliant with prescribed sleep apnea therapy and I do not recommend additional testing at this time. He/She is in no imminent risk of syncopal episodes or other symptoms that would affect his/her ability to safely operate a commercial motor vehicle.

Date of Exam

Provider Name (type)

Provider Signature

Telephone#

License#

State of issue

Address

City

State

Zip

THANK YOU FOR ASSISTING YOUR PATIENT

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990



Minor Emergency • Family • Industrial Medicine
Easy Access to Quality HealthCare

698 East 12th Street
Ogden, UT 84404
801-621-3466 (T)
801-621-8811 (F)

1937 West 5700 South
Roy, Utah 84067
801-773-9380 (T)
801-773-9990 (F)

DOT CLEARANCE FOR: VISION ASSESSMENT

Please inquire with your treating provider's office, an office visit may be required for the completion of this form.

Consent for release of medical information:

Date: _____ Patient _____ DOB: _____

I, _____, hereby authorize the release of all medical records and reports, including INR results, diagnostic imaging, laboratory reports, or other pertinent studies to NowCare for a Commercial Driver Fitness Determination.

Patient Signature _____ Date _____

Dear Provider:

DOT Regulation: Section 391.41 (b)(8) states: "A person is physically qualified to drive a commercial motor vehicle if that person: Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity or at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees 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."

Before the patient can be cleared for driving a commercial motor vehicle, we need you to verify this person's vision history and provide us with appropriate documentation. **Please complete section 3- Vision of the attached Medical Examination Report and return it to our office.** You are not being asked to make the final determination, just a clinical opinion about the patient's ability to safely operate a commercial vehicle.

OPHTHAMOLOGIST/OPTOMETRIST STATEMENT

I verify that the noted individual ☐ DOES ☐ DOES NOT have a current diagnosis of Glaucoma, Cataracts, Retinopathy, Aphakia or Macular Degeneration that would prohibit him/her to safely operate a commercial motor vehicle. Applicable documentation to support this statement is attached.

Do you feel the patient is safe to drive a commercial motor vehicle in regard to his/her Vision?

☐ Yes ☐ No If yes, please explain _____

Date of Exam

Provider Name (type)

Provider Signature

Telephone#

License#

State of issue

Address

City

State

Zip

THANK YOU FOR ASSISTING YOUR PATIENT.

*Please fax or have patient deliver this form and any additional relevant information to the DOT coordinator:

☐ NowCare Ogden 801 621-8811

☐ NowCare Roy 801 773-9990

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION Driver completes this section

Driver's Name (Last, First, Middle)		Social Security No.	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>	Date of Exam
Address		City, State, Zip Code	Work Tel: () Home Tel: ()		Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any illness or injury in the last 5 years?		Lung disease, emphysema, asthma, chronic bronchitis		Fainting, dizziness	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Head/Brain injuries, disorders or illnesses		Kidney disease, dialysis		Sleep disorders, pauses in breathing	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Seizures, epilepsy		Liver disease		while asleep, daytime sleepiness, loud	
<input type="checkbox"/> medication _____		Digestive problems		snoring	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Eye disorders or impaired vision (except corrective lenses)		Diabetes or elevated blood sugar controlled by:		Stroke or paralysis	
<input type="checkbox"/>		<input type="checkbox"/> diet		<input type="checkbox"/>	
Ear disorders, loss of hearing or balance		<input type="checkbox"/> pills		Missing or impaired hand, arm, foot, leg,	
<input type="checkbox"/>		<input type="checkbox"/> insulin		finger, toe	
Heart disease or heart attack; other cardiovascular condition		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> medication _____		<input type="checkbox"/>		Spinal injury or disease	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heart surgery (valve replacement/bypass, angioplasty,		Nervous or psychiatric disorders, e.g., severe depression		Chronic low back pain	
<input type="checkbox"/> pacemaker) <input type="checkbox"/> medication _____		<input type="checkbox"/> medication _____		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
High blood pressure		Loss of, or altered consciousness		Regular, frequent alcohol use	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Muscular disease				Narcotic or habit forming drug use	
<input type="checkbox"/>				<input type="checkbox"/>	
Shortness of breath					
<input type="checkbox"/>					

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

3.

VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. ***Monocular drivers are not qualified.***

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye <input type="radio"/>
Left Eye	20/	20/	Left Eye <input type="radio"/>
Both Eyes	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors ?

☐ Yes
 ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses

Monocular Vision:

☐ Yes
 ☐ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel. No.

License No./ State of Issue

Signature

4.

HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB
☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

Right ear \ Feet

Left Ear \ Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5.

BLOOD PRESSURE/ PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure

Systolic

Diastolic

Driver qualified if ≤140/90.

Pulse Rate: ☐ Regular ☐ Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤140/90
≥180/110	Stage 3	6 months from date of exam if ≤140/90	6 months if ≤ 140/90

6.

LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
----------------	---------	---------	-------	-------

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.
 Other Testing (Describe and record) _____

7. PHYSICAL EXAMINATION

Height: _____ (in.) Weight: _____ (lbs.)

Name: Last,

First,

Middle,

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.			10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

***COMMENTS:** _____

Note certification status here. See *Instructions to the Medical Examiner* for guidance.

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
☐ Does not meet standards
☐ Meets standards, but periodic monitoring required due to _____
 Driver qualified only for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other

Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- ☐ Wearing corrective lense
☐ Wearing hearing aid
☐ Accompanied by a _____ waiver/ exemption. Driver must present exemption at time of certification.
☐ Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's signature _____

Medical Examiner's name _____

Address _____

Telephone Number _____

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s).

In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

§391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a 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 (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.
- (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
- (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 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 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 which interferes with his 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 which is 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 his 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 70degrees 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 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 device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;

(12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.

(ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

(13) Has no current clinical diagnosis of alcoholism.

INSTRUCTIONS TO THE MEDICAL EXAMINER

General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, **The Driver's Role**.

In addition to reviewing the **Health History** section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. **Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring.** In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202) 366-4001 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in *italics* and it's reference by section is highlighted.

Federal Motor Carrier Safety Regulations -Advisory Criteria-

Loss of Limb:

§391.41(b)(1)

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

Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

Limb Impairment:

§391.41(b)(2)

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

Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

Diabetes

§391.41(b)(3)

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

Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (703) 448-3094 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Cardiovascular Condition

§391.41(b)(4)

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

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.

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be

accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 366-4001 for additional recommendations regarding the physical qualification of drivers on coumadin. (See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Respiratory Dysfunction

§391.41(b)(5)

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

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

Hypertension

§391.41(b)(6)

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.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1997).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP-related event. The driver may not be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at recheck BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive

on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease §391.41(b)(7)

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

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Epilepsy

§391.41(b)(8)

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

Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonepileptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication **and** seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free **and** off antiseizure medication for a 5-year period or more.

(See Conference on Neurological Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Mental Disorders

§391.41(b)(9)

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

Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "nagging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns. Excessively antagonistic, instinctive, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

(See Conference on Psychiatric Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Vision

§391.41(b)(10)

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

Has distant visual acuity of at least 20/40 (Snellen) in each eye with or 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 degrees 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.

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered, (such as Ishihara, Pseudoisochromatic, Yarn) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard may call (703) 448-3094 for an application for a vision exemption.

(See Visual Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Hearing

§391.41(b)(11)

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

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 when the audiometric device is calibrated to American National Standard (formerly ADA Standard) Z24.5-1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18,

23, etc. The examiner should not use only sibilants (s sounding materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid." (See Hearing Disorders and Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Drug Use

§391.41(b)(12)

A person is physically qualified to drive a commercial motor vehicle if that person does not use any drug or substance identified in 21 CFR 1308.11, an amphetamine, a narcotic, or other habit-forming drug. A driver may use a non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 if the substance or drug is prescribed by a licensed medical practitioner who: (A) is familiar with the driver's medical history, and assigned duties; and (B) has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to methadone. The intent of the medical certification process is

to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses an amphetamine, a narcotic or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. If a driver uses a Schedule I drug or substance, it will be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit-forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free

from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Alcoholism

§391.41(b)(13)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.