



MEDICAL WAIVER EVALUATION SUMMARY

Please read instructions before completing.

Waiver Applicant Name (first, middle, last, suffix)		Date	
Mailing Address		City	State Zip
Driver License Number	Date of Birth		

This must be completed by the orthopedic surgeon or physiatrist and must be submitted with a completed **Intrastate Waiver Application**, form # 96-0544.

It is not necessary for the physician to state whether this person is likely to be a safety risk on the highway. Our Waiver Specialist will conduct skill performance evaluations in the intended vehicle to determine whether limb-handicapped persons have overcome the handicaps. We rely on the medical measurements and judgment that you provide below for such information.

Physiatrist or Orthopedic Surgeon Instructions

The above driver is being referred to you for a **medical evaluation summary** as required by Section 391.49 of the Federal Motor Carrier Safety Regulations (FMCSR). The FMCSR states that the waiver applicant must furnish the examining physiatrist or orthopedic surgeon with a description of the job tasks as noted on the Intrastate Waiver Application. The FMCSR further states that the medical evaluation summary must be completed, dependent upon the driver's physical disability in accordance with the following objectives:

1. **In Cases Involving Amputation** – The summary must include an assessment of the driver's physical capabilities as they relate to the driver's ability to perform the required job tasks.
2. **In Cases Involving Limb Impairment** – The summary must include an explanation as to how and why the impaired area interferes with the driver's ability to perform the required job tasks. The summary must also contain an assessment as to whether the condition will likely remain medically stable over the driver applicant's lifetime.
3. **In Cases Involving Either An Upper Limb Amputation Or Upper Limb Impairment** – The summary must include a statement by the examiner that the applicant is capable of demonstrating precision prehension (manipulating knobs and switches) and power grasp prehension (holding and maneuvering the steering wheel) with each upper limb separately.

The physical demands of commercial driving and related tasks vary considerably with the type of vehicle and duties involved. To effectively match job demands with an applicant's ability to meet these demands, the physiatrist or orthopedic surgeon must know the type of vehicle to be driven, the job demands and environment involved. For their own safety, as well as the safety of others, drivers minimally must have adequate:

- A. **Strength** of the skeletal muscles to turn large diameter steering wheels (20-24 inches) rapidly and maintain a grip on them when confronted with tire failure and/or striking potholes or obstructions in the roadway.
- B. **Mobility** of the joints to reach various controls that must be pushed, pulled or twisted, and to climb, bend, crawl, lift, twist, and turn to positions for visual inspection, and to perform various related other associated tasks such as coupling and uncoupling trailer and conducting vehicle inspections.
- C. **Stability** of joints and the torso to maintain alert driving performance, to smoothly modulate foot and hand controls and to climb into and out of the vehicle cab and cargo compartments.
- D. **Power Grasp and Prehension** of hands and fingers to control the steering wheel, operate the transmission (gear shift lever), air brake controls, and operating light switches, directional signals and horns.

1. Yes No Does this driver have adequate **muscle strength** to perform the tasks required? (If No, indicate the impaired extremity)
 - Upper Extremity – Right Upper Extremity – Left
 - Lower Extremity – Right Lower Extremity – Left
2. Yes No Does this driver have adequate **mobility** of the extremities and trunk to perform the tasks required? (If No, indicate the impaired extremity)
 - Upper Extremity – Right Upper Extremity – Left
 - Lower Extremity – Right Lower Extremity – Left
 - Trunk

3. Yes No Does this driver have adequate **joint** and **trunk stability** to perform the tasks required? (If No, indicate the impaired extremity)
 Upper Extremity – Right Upper Extremity – Left
 Lower Extremity – Right Lower Extremity – Left
 Trunk

4. Yes No If this driver has an **impairment** of the hand or upper limb or has an **amputation** of the hand (partial or full) or an upper limb, does the driver have **power grip and prehension** function of the hand and fingers?
 Right Left

Power Grip and Prehension definition: The capability of holding, clutching, clasping or seizing firmly the steering wheel and/or other vehicle equipment to effectively control the vehicle and perform normal and emergency vehicle operations: steering (potholes, tire failure/blowouts, etc.) or operating gear shift levers, air brake controls, light switches, directional signals and horns.

Yes No **If No**, do you recommend a surgical reconstruction to produce power grip and/or prehension?

5. If this driver has an upper or lower limb **impairment** (right left) or has an upper or lower limb **amputation** (left right), does this driver have:

- a. Yes No N/A The appropriate type of **prosthesis or orthotic device**?
- b. Yes No N/A The appropriate type of **terminal device**?
- c. Yes No If Yes, does the prosthesis/orthotic fit satisfactorily? Is it in good operating condition?
- d. Yes No Is the applicant able to use the prosthetic/orthotic device proficiently?
- e. Yes No In case of a hand or upper limb amputation or impairment, does the prosthetic/orthotic device aid the driver in the ability to demonstrate power grasp and precision prehension?

6. If you answered No to any of the questions in number 5, what is your recommendation?

Recommendations

7. Please provide a clinical description of the prosthetic or orthotic device, power source, etc. if applicable.

Clinical Description

8. Yes No Does this driver have any other medical conditions, other than the physical disability indicated in this evaluation, that will interfere with the ability to adequately perform the tasks required? If Yes, please explain.

Explanation

9. Please summarize your findings and evaluation, include assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver.

Findings and Evaluation

Physician Name	Phone Number ()		
Address	City	State	Zip
Specialist Type	Board Certified <input type="checkbox"/> Yes <input type="checkbox"/> No		Board Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician Signature	Date		