



*Improving
Transportation
Safety:
Commercial Driver
Medical Examiner
Training*



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- It is the policy of KAFP to ensure independence, balance, objectivity, scientific rigor, and integrity in all of their continuing education activities.

Learning Objectives

Upon conclusion of this program, participants should be able to:

- Describe the specific physical and mental demands associated with operating a commercial motor vehicle (CMV),
- Understand the responsibilities of a CMV driver,
- Recognize potentially disqualifying diseases, medications or health conditions in the examination process, and provide drivers with parameters for safely proceeding with work duties,
- Document the requirements for the medical history and physical examination of a CMV operator,
- Develop strategies for efficiently conducting forensic evaluations, including addressing difficult issues in the certification process, and
- Promote improved health and wellness in this cohort of individuals.



FMCSA

According to 2020 Data on transportation:

Large truck crashes	415,000
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Large truck fatalities	4,444
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(includes Buses)

All crashes	5,250,837
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All fatalities	38,824
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FMCSA

Mission Statement:

To reduce crashes, injuries and fatalities by promoting safety on the American roadway, developing and implementing medical regulations, policies, and procedures.

Definitions:

Interstate commerce

From in state to out of state, across states, from a state across the border outside the US

Intrastate commerce

- * Within a state

(Driving in exempt intra-city zone 1 year)

Motor Carrier:

Motor carrier responsible for hiring, supervising, training, assigning and dispatching for drivers and employees concerned with installation, inspection and maintenance of motor vehicle equipment and/or accessories. (Responsible for age to be at least 21)

Medical Review Officer (MRO)

A person who is a licensed physician and who is responsible for receiving and reviewing lab results generated by an employer drug testing program and evaluating medical explanations for certain drug test results.

Substance Abuse Professional (SAP)

A person who evaluates employees who have violated DOT drug and alcohol regulations and makes recommendations regarding education, treatment, follow-up testing and aftercare.

Magnitude



There are approximately 6-7 million CMV drivers required by law to have DOT exams and about 3-4 million exams must be done annually.

FMCSA

Dedicated to safety by

Improving highway safety by producing trained medical examiners who understand the physical qualifications, requirements, demands of commercial driving, driver tasks and work environment.

Date

May 21, 2014 all DOT exams must be performed by Certified Medical Examiners.

“This is an advanced level fast-paced course that assumes a prior mastery and skill set in the basics of history and physical examination techniques.”

Laws

Regulations are LAWS and MUST be followed.

Guidelines

FMCSA provides **medical guidelines** or advisory criteria to assist in the evaluation of medical fitness to operate a commercial bus or truck.

These guidelines are based on Best Practice procedures. Any reason to not use these guidelines **must** be documented.

49 CFR 391.41

Describes the physical qualification requirements for drivers. There are 13 standards used for determining the medical fitness for duty.

13 Standards

1. No loss of a foot, leg, hand, or arm or has a SPE exam certificate
2. Has no impairment of a hand or finger/foot or leg that interferes with prehension or grasping
3. Does not have DM that requires insulin
4. Has no diagnosis of CVD/CHF that could cause syncope, dyspnea, or collapse
5. No respiratory problems likely to interfere with safe operation of the CMV

13 Standards

6. Has no uncontrolled hypertension

7. Has no joint/muscle disease to interfere with driving the CMV

8. Has no diagnosis of epilepsy or condition that causes loss of consciousness

9. Has no mental/functional disease to interfere with driving a CMV

13 Standards

10. Has a vision (corrected/uncorrected) each eye and binocular eyes of 20/40 on a Snellen chart at 20 ft in white light, horizontal visual field of at least 70, and able to identify difference between traffic light colors green, red and amber.
11. Has hearing (with/without a hearing aid) in one ear of a forced whisper > 5 ft, and if <5 ft, <40 db average in one ear of 500, 1000 and 2000hz.

13 Standards

12. Does not use substance/drugs schedule 1 and no non schedule 1 without permission from a doctor

13. Has no current clinical diagnosis of alcoholism

49 CFR 391.43

Describes the responsibilities of the medical examiner, including the general instructions for performing the medical examination, a description of the drivers tasks and work environment, medical advisory criteria, the sample Medical Examination Report Form, and the Medical Examiners Certificate.



- 391.45 who must have the CMV exam
- 391.47 Process for conflict resolution
- 391.49 Skilled Performance Eval- SPE (for A fixed deficit only)
- 391.64 Grandfathering vision/DM wavier for insulin
- 49 CFR Part 40 Substance abuse testing info

Exemptions

An exemption provides temporary regulatory relief from one or more of the FMCSA regulations for commercial drivers. Relief from a regulation is for 2 years and may be renewed. There are two Driver Exemption Programs:

Federal Vision Exemption Program (1998)

Diabetes Exemption Program (2003)

Federal Diabetes Exemption

Federal Diabetes Exemption Program

Annual

- CMV driver medical qualification examination

- Endocrinology evaluation

- Ophthalmology/optometrist evaluation

- Diabetes Mellitus Education

Monitor Blood Sugar

- Quarterly evaluation checklist from endocrinology during the 2 year period

Federal Vision Exemption

Federal Vision Exemption Program

Monocular Vision

Annual recertification exam driver must provide

A valid vision exemption and
copy of specialist eye exam

4 non-discretionary standards

Has no current diagnosis of insulin treated DM (Byetta is allowed) unless has an Insulin Exemption

Has no history/current epilepsy or use seizure medications

Has met the visual acuity, peripheral vision, and color vision requirements.

Has hearing of forced whisper > 5 ft/ < 40 db avg in one ear

Chapter 2

Role of Medical Examiner

Commercial Motor Vehicle (CMV) Driver
Job

Role of Medical Examiner

Who can be a medical examiner?

People who are licensed and have the scope of practice to perform physical examinations.

Medical Doctors

Osteopathic Doctors

APRNs

PAs

Chiropractors

Medical Examiner

The Medical Examiner is responsible for:

- Checking the Driver information form for accuracy
- Reviewing the Health History form and explaining any positive answers
- Performing a vision/field exam/color
- Performing a hearing exam
- Performing a physical exam targeted to the qualifications needed for operating/driving a CMV
- Interpreting/ordering labs needed for fit for duty
- Checking for accuracy of all forms/exemptions
- Determining certification status/length of time/sign

HIPPA

Regulatory requirements take precedence over the Health Insurance Portability and Accountability Act (HIPPA) of 1996

Drivers who give false information on their forms can get a civil penalty levied against them.

Medical Certification

Required for:

Combined vehicle weight 10,001 lb or more

Transporting 9-15 passengers for a fee

Transporting >16 passengers fee or not

Transporting hazardous material

The CMV Driver Job



Currently

June 22, 2015

No exams conducted –

Certified MEs are now required to report to FMCSA, by close of business on the last day of the month, whenever the ME does not complete any examinations during that month.

Currently

Driver Examination Forms - Certified MEs are required to continue to use the Medical Examination Report (MER) Form and Medical Examiner's Certificate (MEC) as found on the FMCSA website at <http://www.fmcsa.dot.gov/medical/driver-medical-requirements/medical-applications-and-forms>.

Certified MEs are required to continue to provide medically qualified commercial motor vehicle (CMV) drivers with a paper copy of the MEC. These forms are in effect until **December 22, 2015**.

Medical Examination Report Form

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"/> Head/brain injuries, disorders or illnesses		<input type="checkbox"/> Kidney disease, dialysis		<input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	
<input type="checkbox"/> Seizures, epilepsy		<input type="checkbox"/> Liver disease		<input type="checkbox"/> Stroke or paralysis	
<input type="checkbox"/> medication		<input type="checkbox"/> Digestive problems		<input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe	
<input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)		<input type="checkbox"/> Diabetes or elevated blood sugar controlled by:		<input type="checkbox"/> Spinal injury or disease	
<input type="checkbox"/> Ear disorders, loss of hearing or balance		<input type="checkbox"/> diet		<input type="checkbox"/> Chronic low back pain	
<input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition		<input type="checkbox"/> pills		<input type="checkbox"/> Regular, frequent alcohol use	
<input type="checkbox"/> medication		<input type="checkbox"/> insulin		<input type="checkbox"/> Narcotic or habit forming drug use	
<input type="checkbox"/> Heart surgery (valve replacement, bypass, angioplasty, pacemaker)		<input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression			
<input type="checkbox"/> High blood pressure		<input type="checkbox"/> medication			
<input type="checkbox"/> Muscular disease		<input type="checkbox"/> Loss of, or altered consciousness			
<input type="checkbox"/> Shortness of breath					

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.)

Medical Examiner Certificate

MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined <u>Cameron Pike</u> In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:		
<input checked="" type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)	
<input checked="" type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)	
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER <u>Jamie L. Wilson, PA</u>	TELEPHONE <u>801-222-1111</u>	DATE <u>06/06/06</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>Jamie L. Wilson, PA</u>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE <u>ME12345 / UT</u>		
SIGNATURE OF DRIVER <u>Cameron Pike</u>	DRIVER'S LICENSE NO. <u>987654321</u>	STATE <u>UT</u>
ADDRESS OF DRIVER <u>123 Main Street, Any Town, UT 84003</u>		
MEDICAL CERTIFICATE EXPIRATION DATE <u>June 6, 2008</u>		

New Rules for Forms

December 22, 2015

Revised Driver Examination Forms - MEs are required to use the revised driver examination forms


accessible from the FMCSA and National Registry websites:

*Medical Examination Report (MER) Form, **MCSA-5875***

*Medical Examiner's Certificate (MEC), Form **MCSA-5876***

New Form 5875

the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

 U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

AUTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made [49 CFR 391.43(j)].

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under "Prefatory Statement of General Routine Uses" (available at <http://www.dot.gov/privacy/privacyactnotices>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: _____ Date: _____

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: ☐ M ☐ F

E-mail (optional): _____ ☐ CLP Applicant* ☐ CLP Holder* ☐ CDL Applicant* ☐ CDL Holder*

Driver ID Verified By**:

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See Instructions for definitions. **Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ☐ Yes ☐ No ☐ Not Sure

Exams use electronic form 5850

Results of examinations conducted on or after **December 22, 2015** must be reported using the revised electronic *CMV Driver Medical Examination Results Form, MCSA-5850*.

Therefore, when entering results for examinations conducted on or after **December 22, 2015**, the National Registry system will automatically present the ME with the revised version of the *CMV Driver Medical Examination Results Form, MCSA-5850*.

Form 5850

File Edit View Go Tools Window Help

new rules DOT electronic forms and others 10-15 (page 8 of 12) Wed 11:31 AM Nancy Swikert

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

☐ Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____

☐ Meets standards in 49 CFR 391.41 with any applicable State variances

☐ Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State) _____

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____ Issuing State: _____

Medical Examiner's State License, Certificate, or Registration Number: _____

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Drivers get paper form 5876

Provide Driver with MEC

- MEs are **required** to provide medically qualified CMV drivers with a **paper copy** of the MEC, Form **MCSA-5876** so that Commercial Learner's Permit (CLP)/Commercial Driver's License (CDL) Applicants/Holders are able to provide a copy to the State Driver's Licensing Agency (SDLA), and the non-CDL drivers are able to provide the documentation to their employers and Federal and State enforcement officials.

Form MCSA-5876 (Revised: 10/07/2015)

OMB No. 2126-0006 Expiration Date: 8/31/2018

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances *(which will only be valid for intrastate operations)*, and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name *(please print or type)*

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ ☐ Yes ☐ No

New Window for Pending

Determination Pending - The determination pending status allows the ME up to **45** days to obtain additional medical information and/or examination results in order to make a determination as to whether or not the driver is physically qualified to drive a CMV in accordance with § 391.41(b). If used the ME is required to inform the driver that:

The additional requested information and examination results must be provided to the ME within 45 days.

The Determination Pending status will be reported to FMCSA.

Form 5875 determination

Preview File Edit View Go Tools Window Help

new rules DOT electronic forms and others 10-15 (page 7 of 12) Wed 11:30 AM Nancy Swikert

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

☐ Does not meet standards (specify reason): _____

☐ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

☐ Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)

☐ Determination pending (specify reason): _____

☐ Return to medical exam office for follow-up on (must be 45 days or less): _____

☐ Medical Examination Report amended (specify reason): _____

(if amended) Medical Examiner's Signature: _____ Date: _____

☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

New Rules

The driver may continue to operate a CMV if he/she has a current valid MEC.

If the requested information and examination results **are not completed** and provided to the ME within 45 days:

- The examination will no longer be valid.

- The driver is required to obtain **a new** examination in order to obtain **a MEC, Form 5876**.

Future exams transmitted electronically

June 22, 2018

Electronic Notification of Medical Qualification to SDLAs - The MEC information for CLP/CDL applicants/holders will be electronically transmitted from the National Registry system to the SDLA, eliminating the need to issue a paper MEC to those drivers.

- MEs will still be required to provide the MEC, Form MCSA-5876 to non-CDL drivers and requesting employers, as currently required.

Future Reporting

Daily Reporting - MEs are required to report results of each interstate CMV driver's physical examination, including the results of examinations where the driver was found not to be qualified, to FMCSA **by midnight** local time of the next calendar day following the examination.

This requirement includes all CMV drivers (CLP/CDL and Non-CLP/CDL) who are required to be medically certified to operate in interstate commerce.

For intrastate drivers in States that allow variances, the ME may transmit any information about examinations performed in accordance with the Federal Motor Carrier Safety Regulations (FMCSRs) with any applicable State variances.

New Rules on Forms

Not Medically Qualified

If the ME determines that the driver is not physically qualified to operate a CMV in accordance with § 391.41(b), the ME must:

- Inform the person examined of the determination.

- Inform the person examined that this information will be reported to FMCSA.

- All MECs previously issued to the driver are invalid and no longer satisfy the requirements of § 391.41(a).

- FMCSA will transmit this report to the SDLA.

Drivers

Profile of the average Driver:

Male

More than 40 years old

Sedentary

Overweight

Smoker

Poor eating habits

> 2 medical problems

Less healthy than public

Has prevalence of CVD



Safety Risks

Does the medical condition of the driver interfere with the ability to drive safely?

Is there a condition to interfere with cognitive skills or problem solving skills?

Does the treatment interfere with the ability of the driver to drive safely?





Job

Stress factors:

Route – turn around/short relay vs. long trip (sometimes being gone 1 mo from home)

Schedules – result in irregular sleep patterns

Environment – noise, temperature variation

Cargo – people, shifting cargo, hazardous



Job

Remaining **alert** during driving, concentration, problem solving, driving in weather changes



Job

Using side mirrors

Normal neck rotation is
60-80 degrees





Job

Control of the steering wheel – grip strength and arm mobility



Job

Using the dashboard, knobs, gears, etc with **dexterity** of feet and strength of legs/arms





Job

Able to enter and exit the CMV



Job

Coupling and loading CMVs

Performing vehicle checks/maintenance



Improve Safety

FMCSA constantly evaluates crashes and accident data for safety improvement.





Summary Medical Exam

Is the driver Medically fit for Duty?

Are there any symptoms that can cause problems?

Could the driver become incapacitated before they could pull over the CMV?

Mental Condition – can they do cognitive skills or is their behavior hostile?

Does treatment of conditions have an effect?

Are there any side effects to the treatment?

Medical Examiners

A Medical Examiner has a list of requirements:

Do:

- Comply with FMCSA regulations

- Seek further test/eval for unsure conditions

- Refer to PCP for any new medical problems found

- Promote public safety by educating the driver about side effects/over the counter meds, the importance of reading medicine warning labels and seeking help

Medical Exam Report Form

As the Medical Examiner, you must perform the medical exam and record findings.

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

Medical Exam Report Overview

Driver information	*Physical Exam
Health History	*Certification Status
Vision	*Certify
Hearing	*Disqualify
BP/Pulse	*Issue Certificate
Labs/UA	

Chapter 3

Health History

Vision

Hearing

Driver Information

Driver completes but examiner must verify

Be sure all sections are accurate, in the proper order, filled out completely

Verify that the age is correct (Motor Carrier responsible to be sure age 21 or more)

Verify SS number

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION							649-F (8045)
1. DRIVER'S INFORMATION <small>Driver completes this section</small>							
Driver's Name (Last, First, Middle) Jones, Jordan Ryan		Social Security No. 123-45-6789	Birthdate 05/10/1950 <small>M/D/Y</small>	Age 57	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	New Certification <input type="checkbox"/> Recertification <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/>	Date of Exam 04/06/2008
Address 123 Main Street	City, State, Zip Code Any Town, UT 84003	Work Tel: () 301-456-1234 Home Tel: () 301-123-4567	Driver License No. 123567-987	License Class <input type="checkbox"/> A <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other		State of Issue Utah	

New Form

the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

**U.S. Department of Transportation
Federal Motor Carrier
Safety Administration**

Medical Examination Report Form (for Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

AUTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made (49 CFR 391.43(j)).

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under "Prefatory Statement of General Routine Uses" (available at <http://www.dot.gov/privacy/privacyactnotices>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: _____ Date: _____

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: ☐ M ☐ F

E-mail (optional): _____ ☐ CLP Applicant* ☐ CLP Holder* ☐ CDL Applicant* ☐ CDL Holder*

Driver ID Verified By**: _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions. **Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. _____ ☐ Yes ☐ No ☐ Not Sure

Health History

The Driver is responsible for filling out all the questions of the Health History form and giving further explanation of any “yes” answers.

The Driver is supposed to list all medications/herbs used

The Driver must sign the Health Form verifying that the information is correct. If the Driver is not honest, the certificate could be disqualified, the exam ended and the Driver would get a civil penalty

Health History

Health History

Medical Examiner must address each “yes” answer with the Driver and further document positive questions:

Does the Driver have any symptoms that would interfere with safe driving?

Does the Driver take any medications that have side effects that interfere with driving?

Any Illness or surgery in the past 5 years?

Any Shortness of Breath? It is ok to be SOB with activity but not at rest.

Health History Tips

Be very thorough about your review of systems

Drivers on Dialysis are Disqualified.

Drivers with SOB during driving need eval

Drivers with insulin treated DM will need a DM Exemption form filled out with the insulin listed or have a letter under regulations 49 CFR 391.64

Be sure to ask about ETOH use

Lab/tests

A urinalysis must be run on all Drivers to check for specific gravity, protein, blood and glucose.

If the urine is abnormal, you should obtain additional tests and refer if necessary.

6. LABORATORY AND OTHER TEST FINDINGS		Numerical readings must be recorded			
URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR	
	1.020	Neg	Neg	Neg	

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)

Vision

Trained personnel may measure the vision but the Medical Examiner must be the one who signs the Medical Examination Report Form

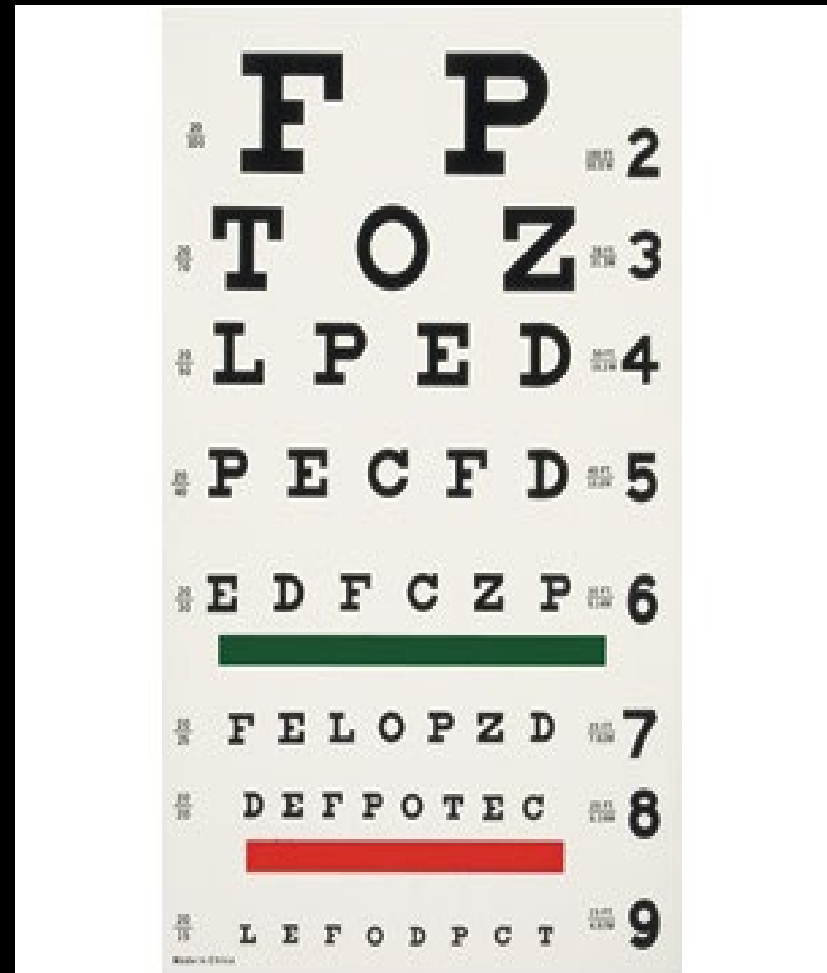
Vision can also be tested by an ophthalmologist but the Medical Examiner must sign the Report form.

Vision

Distal visual acuity of 20/40 with/without correction in each eye on Snell chart

Snellen chart is to be 20 ft Done in white light

Distant binocular vision of 20/40 both eyes



Vision

Peripheral vision of at least 70 degrees horizontal field each eye

Able to distinguish between the traffic colors



Vision

Disqualifying vision:

Monocular vision unless has exemption

Use of one contact lens for distance and one lens for close vision

Use of telescopic lens

Failure to meet the visual requirements

PE : EYES

Drivers must have good vision in both eyes to ensure public safety while driving,

Discuss medicines, diseases, and their effects on driving.

Check pupils for equal reactivity



EYES

Medical Examiner must ask/check for these eye conditions:

Retinopathy

Cataracts

Aphakia

Glaucoma

Macular Degeneration

PE : EYES

Retinopathy—

Most common cause is DM, especially after 5-7 yr



PE : EYES

Cataracts –

One of the most common eye diseases

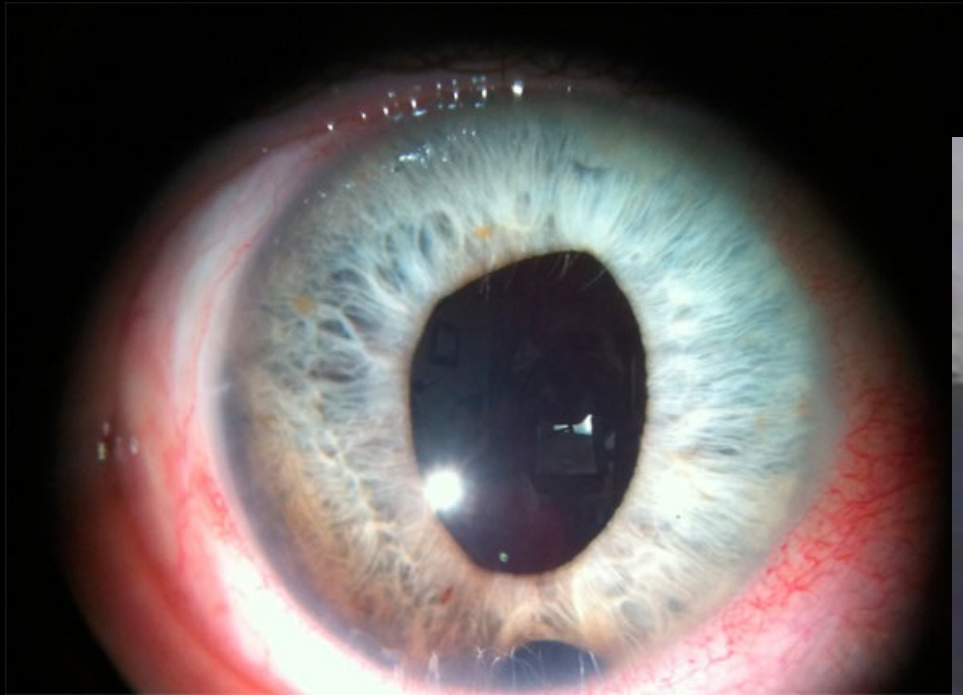
Classical symptoms are slow to progress and start with increasing glare with lights, esp. at night



Glare from oncoming headlights while driving

PE : EYES

Aphakia – loss of lens in the eye, congenital vs. surgery or injury



PE : EYES

Glaucoma —

Gradual loss of peripheral vision with increased pressure often painless



PE : EYES

Macular degeneration —

Leading cause of untreated legal blindness in US

Affects central vision

Progresses with age to 30% by age 70



PE : EYES

Vision Exemption:

Monocular vision requires a Federal Vision Exemption Program evaluation and can be certified up to 2 yr

An annual examination by an ophthalmologist/optometrist is required

49 CFR 391.64 “Grandfathering” – the FMCSA did a study from 1992 to 1996, > 2600 drivers with insulin and eye exams
- got a one time letter granting exemption, but the drivers have to still have an annual specialty eye exam

PE : EYES

49 CFR 391.64

The Driver should present the letter to the Medical Examiner at the time of the exam with the annual exam report from the eye specialty exam.

Certify the Driver for 1 year and mark the appropriate box on the vision part of the report

Eyes:

MEDICAL EXAMINER'S CERTIFICATE

I certify I have examined JOHN PUBLIC in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Ben Sample</i>		TELEPHONE 555-555-5555		DATE 05/04/2012	
MEDICAL EXAMINER'S NAME (PRINT) BENJAMIN SAMPLE, MD		<input checked="" type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> Chiropractor	
		<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Naturopath	<input type="checkbox"/> Advance Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE MD999999 OREGON			NATIONAL REGISTRY NO.		
SIGNATURE OF DRIVER <i>John Public</i>	INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO. 1234567	STATE OR	
ADDRESS OF DRIVER					
MEDICAL CERTIFICATE EXPIRATION DATE 05/04/2014					

Eyes:

MED MEDICAL EXAMINER'S CERTIFICATE

I certify I have examined JOHN PUBLIC C in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find les, I find this person is qualified; and, if applicable, only when:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Wearing <u>corrective lenses</u> | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 |

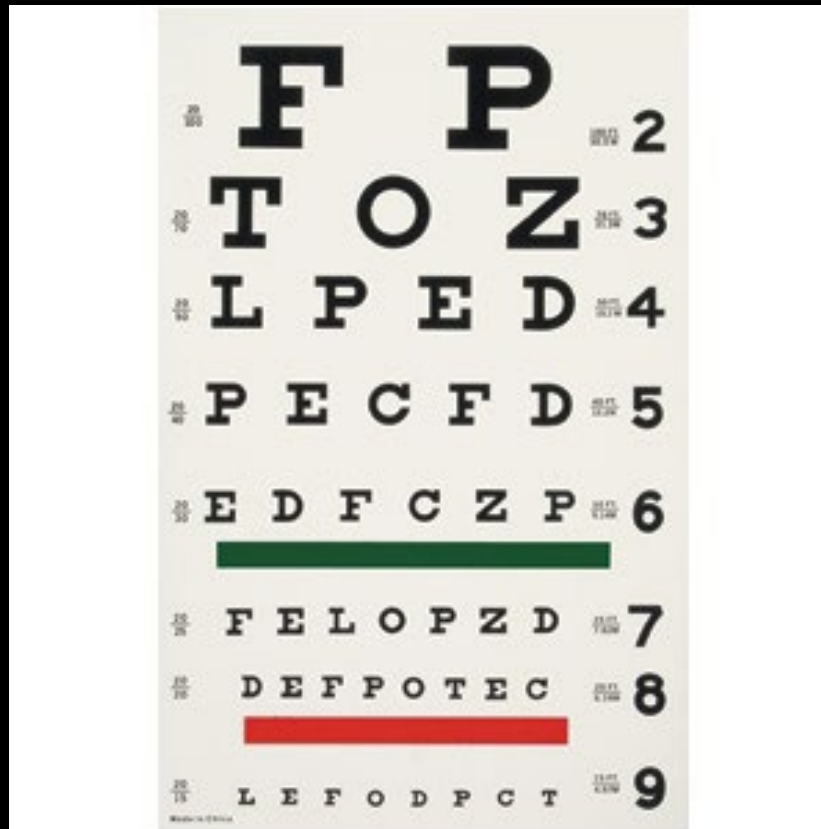
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.



Summary: EYES

Required vision tests:

Central visual acuity- 20/40 in each eye and both
(corrected or not) by Snellen chart – 20 ft- white light



Summary EYES

Tests:

Peripheral Vision – at least 70 in horizontal field in each eye



Summary EYES

Tests:

Color vision – must be able to distinguish between traffic colors, red, green and amber



Summary EYES

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, Jones First, Jordan Middle, Ryan

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/ <u>20</u>	20/	Right Eye <u>120</u> °
Left Eye	20/ <u>20</u>	20/	Left Eye <u>120</u> °
Both Eyes	20/ <u>20</u>	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

April 4, 2008

Date of Examination

Dr. Jessie Smith

Name of Ophthalmologist or Optometrist (print)

801-999-8765

Tel. No.

ME56789 / UT

License No. / State of Issue

Jessie Smith, MD.

Signature

Summary EYES

Driver is instructed to carry an extra pair of glasses with them

Monocular vision is disqualified

Wearing one distant contact lens and one near lens is disqualified.



Summary EYES

MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined <u>Cameron Pike</u> In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:		
<input checked="" type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)	
<input checked="" type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)	
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER <u>Jamie L. Wilson, PA</u>	TELEPHONE <u>801-222-1111</u>	DATE <u>06/06/06</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>Jamie L. Wilson, PA</u>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE <u>ME12345 / UT</u>		
SIGNATURE OF DRIVER <u>Cameron Pike</u>	DRIVER'S LICENSE NO. <u>987654321</u>	STATE <u>UT</u>
ADDRESS OF DRIVER <u>123 Main Street, Any Town, UT 84003</u>		
MEDICAL CERTIFICATE EXPIRATION DATE <u>June 6, 2008</u>		

Case Study: Mr. Steve Brown

Sex: Male | Age: 48 | Height: 72" | Weight: 180 lbs.

Health History

Yes response(s): Injury in the last five years

Medication(s): None

Health History Comments

Reports hunting accident two years ago, resulting in facial trauma with a left orbital fracture.

Presented "May drive" note from eye surgeon (dated three months prior to physical examination).



Case Study: Mr. Steve Brown

Vision

Uncorrected Acuity

: Rt. Eye: 20/20 Lt. Eye: 20/40^[SEP]Both: 20/20

Horizontal Field of Vision:

Rt. Eye: 80° Lt. Eye: Inconclusive

Meets standard only when wearing: corrective lenses?^[SEP]No

Color: Can distinguish red, green, and amber colors? Yes

Monocular Vision? No



Mr. Steve Brown

Blood Pressure/Pulse : BP-122/74 P-80 & Regular

Urinalysis

SP. GR.: 1.020 | Protein: Neg | Blood: Neg | Glucose: Neg

PHYSICAL EXAM:

Left eye muscles do not move the eye to the left.



Mr. Steve Brown



. Discussed disqualification pending eye examination by specialist.

Explained that the specialist will be able to obtain precise visual field measurements.

Provided driver with appropriate medical release and copy of Medical Examination Report form with vision section highlighted. The rest of the physical examination was unremarkable.

Mr. Brown

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

Post-CABG 6 weeks

Temporarily disqualified due to (condition or medication): (1/15/2008)

or after 4/16/2008

Return to medical examiner's office for follow up on 3 mo waiting period

HEARING

4. HEARING

Standard: a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 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 500 Hz, -10 dB 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	Left Ear
	4 \ Feet	4 \ Feet

b) If audiometer is used, record hearing loss in decibels (acc. to ANSI Z39.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
30	33	35	40	43	50
Average: 32.6			Average: 44.3		

Hearing

Drivers must pass the forced whisper test in one ear at least 5 ft, if not then you should do the audiometric test at 500hz, 1000hz, and 2000 hz. The average of the best ear should be 40 db or better. Hearing aids are allowed.

If the driver passes the forced whisper test, that is all that is required.

4. HEARING

Standard: a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 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 4 \ Feet	Left Ear 4 \ Feet
--	-----------------------	----------------------

b) If audiometer is used, record hearing loss in decibels (acc. to ANSI Z39.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
30	33	35	40	43	50
Average: 32.6			Average: 44.3		

PE : HEARING

Medications for ear and balance problems can cause side effects that make driving unsafe. Check for any unsafe side effects.

Drivers need to be off medicines that cause unsafe side effects 12 hr before driving.



PE : EARS

Check the TMs for:

Scarring

Wax occlusion

Perforation

Note any findings on the Medical Exam form



PE : EARS

Meniere's Disease – Disqualified

Uncontrolled Vertigo – Disqualified

Vertigo may be qualified after 2 mo of symptom free

Labyrinthine fistula – Disqualified

Non functioning Labyrinth – Disqualified

Certification is 2 years when applicable

PE : HEARING



Summary HEARING

Required tests:

Forced whisper test in one ear not less than 5 ft OR

Have an average hearing in one ear ≤ 40 db

When a hearing aid is used, it is required for driving

Driver must carry extra batteries for the hearing aid



Case Study: Mr. Reggie Chin

Sex: Male | Age: 54 | Height: 74" | Weight: 240 lbs.

Health History

Yes response(s): Loss of hearing. Medication(s): None

Health History Comments

Reggie is a CMV driver who presents for recertification. He has a history of frequent ear infections in childhood. He had multiple tympanic membrane ruptures and infections in elementary school and into his middle-school years. He has “always” been “hard of hearing” in his left ear.

Case Study: Mr. Reggie Chin

Uncorrected Acuity:

Rt. Eye: 20/30 Lt. Eye: 20/30

Both: 20/30

Horizontal Field of Vision:

Rt. Eye: 90° Lt. Eye: 90° ^[L]_[SEP] Meets standard only when wearing Corrective lenses? No

Color: Can distinguish red, green, and amber colors?
Yes

Monocular Vision? No

Mr. Reggie Chin

Hearing

Hearing aid used for test? No Hearing aid
required to meet standard? No^[SEP] Whisper
test: Rt. Ear: 5 Feet Lt. Ear: 3 Feet

Does he pass?

Blood Pressure/Pulse

BP-134/80, P-86 & Regular

Urinalysis : negative

Mr. Reggie Chin

Physical Examination Comments

Forced whisper test results – Right ear passed; left ear passed.

The left tympanic membrane is scarred and misshapen.

Noted post-nasal drainage.

The rest of the physical examination was unremarkable.

Pt needs Audiometry exam.

Mr. Reggie Chin

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
30	33	35	40	43	50
Average: 32.8			Average: 44.3		

Qualify or not?

Chapter 4

Hypertension/Cardiovascular

Individual at which 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)	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
				Average:			Average:		

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

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

OTHER TEST FINDINGS Numerical readings must be recorded.

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

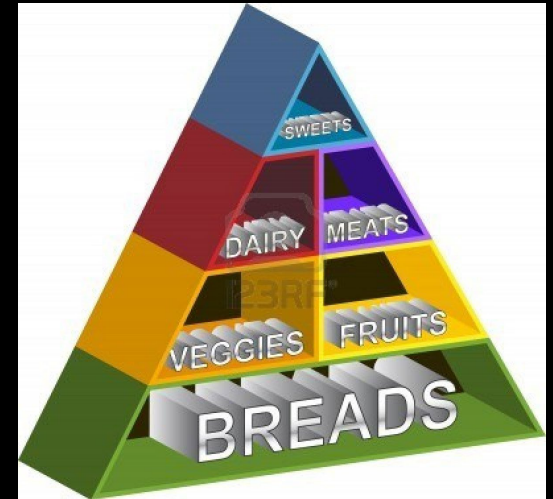
blood or sugar in the urine may be an indication for further testing to

Hypertension

Hypertension is associated with CVD, peripheral vascular disease and chronic renal disease.

Drivers are at a greater risk for hypertension.

Risks include not following healthy regular diets and not taking/filling their medicines regularly



Hypertension

Key Points in Health History:

Hypertension history

Medicines used

Side effects as related to driving

End organ damage – heart, kidney, eyes etc

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

09/23/2004 - 22 stic John B. Doe has right leg. Got winded hiking in mts, past 6 years after 45 pound wt. gain
Tums B-12/day. Wife says I snore. Dr. Briggs, 100 E. Center, Provo, UT. 801-564-2323

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 John B. Doe Date 04/06/2008

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.)

Hunting accident - flesh wound, healed with no residual impairment. Has not seen PCP since leg injury. Denies any angina,
bloody stools, or sleep disturbances. No daytime sleepiness. Recommended seeing PCP for diet and wt. management and
evaluation of gastric upset.

Blood Pressure

Only BP taken during the driver physical and follow up may be used for certification.

BP > 139/89 should be confirmed with a second reading later in the examination.



Stages of Hypertension

Three stages of Hypertension (JNC 6):

Stage I – 140-159/90-99 - 1 year certify/3mo/1 y

Stage II – 160-179/100-109 – 3 mo/1 yr certify

Stage III - > 180/110 – disqualify for 6 mo/6 mo

BP is staged by the highest number

Can issue a one time 3 mo certificate if: Stage II or Stage I and recertification <140/90.

Hypertension

Individual at which 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)	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
				Average:			Average:		

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

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

OTHER TEST FINDINGS Numerical readings must be recorded.

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

blood or sugar in the urine may be an indication for further testing to

Hypertension

Stage 1 Hypertension – asymptomatic and BP low risk for hypertension related acute incapacitation

Maximum certification – **1 yr** or **a one time 3 mo** (recommend 3mo certification if first time hypertension with no history/med, and follow up at 3 mo, if BP < 140/90, certify for 1 year from initial exam date)

If Driver fails to get BP < 140/90, disqualify until at goal with PCP



Hypertension

Stage II Hypertension – BP 160-179/100-109, this is the BP that absolute medicine is indicated by PCP

Certification – one time 3 mo certification with follow up, if BP < 140/90, may be certified for 1 year from initial exam date

If Driver fails to get BP <140/90, disqualify until at goal



Hypertension

Stage III Hypertension – BP \geq 180/110, acute manifestations of high BP, neurological symptoms, acute shortness of breath, acute chest pains etc

These symptoms would be a hypertensive emergency. More subtle symptoms would be increased headache and nausea

Driver would be **disqualified** until BP \leq 179/109 when a one time 3 mo certificate can be used to get BP down and follow up as appropriate. Maximum certification is 6 mo if hx of Stage III hypertension

Hypertension

If a Driver has uncontrolled BP with three drugs, they might have secondary hypertension from:

- Pheochromocytoma

- Primary Aldosteronism

- Renovascular disease

- Unilateral renal parenchyma disease

These conditions can be certified after successful post surgical correction with a 3 month waiting period

Maximum certification period is 1 year if BP < 140/90

Hypertension

Individual at which 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)	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
				Average:			Average:		

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

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

OTHER TEST FINDINGS Numerical readings must be recorded.

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

blood or sugar in the urine may be an indication for further testing to

CVD

Medical Examiner must ask a thorough health history related to the heart and associated organs.

Any “yes” answer must have further questions and documentation.

List any cardiac medication and side effects related to driving.



CVD

AAA – greatest risk is rupture, certify 1 yr if size < 5 cm or thoracic < 3.5 cm

Anticoagulation therapy – for cardiac/neurologic diseases and being on meds for 1 mo, copy of INR/therapeutic, & monthly evaluations

Acute DVT – certify if 1 mo stable on meds and no acute DVT

Maximum certification 1 year on all above with annual medical exam

CVD

Chronic thrombotic Valve disease – max certification 2 years if stable

Intermittent claudication – max certification 1 yr

PVD – max certification 1 yr

Acute PE – wait 3 mo after PE stable and cert 1 yr

Superficial phlebitis – max certification 2 yr

CVD

Varicose veins – max certification 2 yr

Cardiac arrhythmias:

ICD (implant cardio-defib) tx V fib VT, treat but not prevent arrhythmias, so ICD or ICD/pacer combo not qualified

Pacemakers treat bradycardia and prevent syncope so qualified after 1 mo for CVD and 3 mo for Neuro

SVT and AF – wait 1 mo anticoagulation, max cert is 1 year
3 mo wait on any surgeries

CVD

Ventricular arrhythmias

Recommend stable 1 mo then max certification 1 yr

CVD tests:

1. Echo – EF \geq 40% and no Pul HTN (Pul HTN is pulmonary artery pressure $>$ 50% systolic)
2. Exercise tolerance test – 6 METS/85% max HR

CVD

Acute MI – major risk is left ventricular function and sudden death in first few months

Recommend **waiting period of 2 mo**

Max certification of 1 year if:

Asymptomatic and tolerates medicines

Has satisfactory ETT and resting Left EF $\geq 40\%$

No ischemic changes on EKG



CVD

Angina – wait 3 mo, max cert 1 yr if neg ETT

CABG – wait 3 mo, max cert 1 yr if LEF > 40% with 5 year stress test with annual ETT

CAD major cause systolic dysfunction. HTN major cause of Heart Failure

PTCA – wait 1 week certify 6 mo with cardiology letter, get ETT at 6m and follow up with max certif 1 yr

CVD

Epstein Anomaly – downward tricuspid valve annual exam with specialty eval

Heart Transplant – wait 1 year post op, then 6 mo cert if asymptomatic

Restrictive/hypertrophic CM – disqualified

Syncope is a symptom not a disease but can cause severe driving accidents.

CVD

Any disease that can cause syncope needs to be thoroughly questioned about symptoms, medicines, side effects and if the patient is symptomatic the Medical Examiner should disqualify the Driver until stable by PCP/Specialty exam.



Chapter 5

Respiratory

Neurological

Musculoskeletal

Respiratory

As Medical Examiner, you should ask the Driver questions about a possible respiratory problem that interferes with safe driving.

ALLERGIES – stay away from **sedating antihistamines** and medicines that have side effects for **12 hr** and don't drive with symptoms that decrease your ability to drive such as conjunctivitis.

Stinging insect allergy drivers should carry an epipen

Respiratory

ASTHMA – if uncontrolled, check spiro/oxygen level and if $\text{PaO}_2 < 65 \text{ mm Hg}$ or $\text{FEV}_1 < 65\%$ - Disqualify if $\text{SaO}_2 < 92$, needs ABG

COPD – not a single disease but group of conditions

Spirometry should be preformed on all smokers over the age of 35



Analysis		Summary Results		
Index	Base	%Pred	Z-Score	
VC				
FEV1	2.85 l	91%	-0.7	
FVC	3.57 l	99%	-0.1	
PEF	345 l/min	82%	-1.4	
FEV1/VC				
FEV1/FVC	80%		-0.3	
Lung Age	49 years			

Respiratory

INFECTIONS

Atypical TB

Usually the atypical Mycobacteria are non infectious and not contagious. Max cert 2 year if stable

TB

Certify if not contagious for 2 years

If has finished Streptomycin tx with no hearing loss

Is compliant with medicines

No side effects from meds to bother driving

Respiratory

OTHER CAUSES OF HYPOXIA

Chest wall deformities may cause lower oxygen levels

Check a spirometry/pulmonary functions level for **kyphosis**, **massive obesity** or recent thoracic/upper abdominal surgery if shortness of breath at rest

If the FEV1 < 65 %, get an oxymetry level and certify if > 92%, if not get a blood oxygen level

Respiratory

CHRONIC SLEEP DISORDERS

70% of excessive daytime sleepiness is from narcolepsy and obstructive sleep apnea. Treatment is surgery or CPAP machine.



Respiratory

TESTS USED FOR Dx OSA:

Polysomnography

Napping tests

Definitions:

Apnea – airflow ceases for 10 sec

Hypopnea – airflow decreases for 10 sec

OSA – more than 30 episodes per hour of sleep

Respiratory

Certification of OSA:

Wait 1 month after starting CPAP

Wait 3 months after surgery

Certify 1 year



Respiratory

Secondary Respiratory Conditions:

Cor Pulmonale – enlargement of right ventricle from lung disorders. The most common cause of enlargement of the right ventricle is pul HTN from left heart dx

Pul HTN – pulmonary artery pressure $> 50\%$ systemic systolic BP

Respiratory

Cystic Fibrosis:

Treatments may require continuous antibiotics and daily respiratory treatments

Pneumothorax:

Spontaneous Pneumothorax occurring ≥ 2 times on the same side will need surgical correction also must have complete resolution on CXR if first occurrence

Neurological

Neurological demands of driving:

Cognitive demands – sustained attention, quick reaction, communication skills and approp behavior

Physical demands - coordination



Neurological

Headaches:

Can be debilitating if they impair:

Cognitive abilities

Judgment

Attention

Concentration

Sensory/motor function



Neurological

Seizures/Epilepsy:

The length of time seizure free/off medicine is best predictor of future risks of seizures

Seizures from metabolic disorder – stable when disorder is gone, certify 2 yr

Seizures from childhood febrile illness before age 5, usually > 10 years seizure free have elapsed – 2 yr cert

Seizures from traumatic brain insult either CVA or surgery – see guidelines

Neurological

Seizures from brain trauma:

From stroke – if no seizures wait 1 year seizure free/off med

From stroke – with seizures wait 5 year



Neurological

Epilepsy – random recurring seizures

If hx epilepsy and seizure/med free 10 years can certify

Can not certify if hx seizures/current seizures and on medicines for seizures

Neurological

Vertigo/Dizziness:

Most common tx antihistamines, benzos, phenothiazines

Wait 2 mo off meds for benign vertigo and labyrinthitis

Disqualified with Meniere's Dx, Labyrinthine fistula or nonfunctioning labyrinths



Neurological Infections

Infections of the CNS:

Aseptic meningitis:

No increased risk of seizures – 2 yr cert

Bacterial meningitis:

- If no seizures during illness, wait 1 yr
- If seizures, wait 5 years

Viral encephalitis:

- if no seizures during illness, wait 1 yr
- If seizures, wait 10 years

Neuromuscular

Most neuromuscular disorders are Disqualified due to the nature of the disease.

CNS tumors require 1 year wait after surgery

Most CVAs and TIAs are at high risk for further events and unless there are no neuromuscular deficits, the wait time is 1-5 years depending on the severity of the insult. Usually they are disqualified

Musculoskeletal

A person is physically able to drive a CMV if they:

Have no loss of a foot, leg, hand or an arm or they have been granted a skilled performance evaluation certificate pursuant to 391.49 No loss of a finger that impedes grip.



Musculoskeletal

Medical Examiner should evaluate if the Driver is able to perform the duties required to service and maintain the truck.



Musculoskeletal

SPE (Skilled Performance Evaluation) is:

- Required for a **fixed deficit**

- Required for a **loss of limb** that interferes with grip/function

- Does not apply for a **progressive** limb dx

- Must be for an extremity **not neck/torso**

- Is valid for 2 years

- May be **renewed within 30 days of expiration**

Musculoskeletal

Grip strength tests:

Dynamometer – to measure grip

Sphygmomanometer -



Chapter 6

Diabetes Mellitus

Other Diseases

Drivers with DM

Diabetic drivers have almost twice the accidents as non diabetic drivers.

Poor eating habits and stress can lead to labile blood sugars



DM

Preventing hypoglycemia for any Driver with DM is the most challenging issue in the safety of driving in the public.

This is even more important if the Driver is controlled with diet, pills, shots or insulin.

Recommended BS be kept between 100-400



DM

End organ damage with DM is mainly CVD, CVA, nephropathy, and autonomic neuropathy.

Urinalysis screening for protein and glucose is very important and further test should be done if positive



6. LABORATORY AND OTHER TEST FINDINGS		Numerical readings must be recorded			
URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR	
	1.020	Neg	Neg	Neg	

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) _____

DM

Use of Byetta or similar products is allowed as it is not insulin.

DM Drivers using insulin must have a completed Insulin-Treated Diabetes Mellitus Assessment (ITDM) form that is dated within the previous 45 calendar days of DOT exam from their primary care physician.

Form available here on the FMCSA site.



DM

The ITDM form must have been completed within the 45 calendar days prior to examination/certification.

Requirements for certification include:

- Stability of blood sugars x3 mos
- Frequent glucose measurement while driving (q2-4h)
- Glucose source for hypos
- A1c within last 3 months
- Recent eye exam



Chapter 7

Psychological

Drug Abuse & Alcoholism

Psychological

1. **ADHD adults** – certified 1 year if stable/no side effects
2. **Mood disorders** – Bipolar and Depression
3. **Personality disorders** - aggressive



Psychological

Mood disorders:

1. Depression –

Wait 6 mo from major depressive episode

Wait 1 year from suicide attempt

Avoid first generation antidepressants due to side effects

2. Bipolar

- Wait 1 year from a manic episode

Maximum certification – 1 year when stable

Psychological

Schizophrenia:

Disqualify if

Active schizophrenia

Active psychosis



Psychological

Medication:

Antidepressants – first generation antidepressants have more side effects than others.

Anxiolytics – Benzos have less side effects than barbiturates, use < 5 hr half life ones, only 2 wk most

of crashes on anxiolytics are Xanax

Lithium – ok if therapeutic and no side effects

ECT - wait 6 mo to certify

Drug Abuse/ETOH

A Drug screen is not required for a Medical Examination Certification.

If you suspect something, you can request a screening test from the FMSCA or employer.

If a Driver tests positive to ETOH or drugs, they should be referred for a Substance Abuse Professional (SAP)



Drug Abuse/ETOH

Methadone - Disqualified

Marijuana – Disqualified

Schedule I drugs – Disqualified

Unless has a Rx from doc



Health Counseling

Medication side effects

Monitoring of chronic illness such as diabetes, high blood pressure

Sleep, fatigue, diet, exercise

Contacts/glasses

Hydration, absorbable glucose, self monitoring, glucose logs

Certification

As the Medical Examiner, you must certify the driver and sign the certificate.

The Driver is responsible for carrying the certificate.

The Motor Carrier is responsible that the Driver is at least 21 years of age.

The Medical Certificate maximum is 2 years, but may be 3 mo, 6 mo, or 1 year.

Certification

The Medical Examiner **Must** discuss the certification with the Driver.

The Medical Certificate **expires at midnight** on the expiration date with no grace period.

The maximum certification time is **2 years**.

The Medical Examiner **MUST** keep the Drivers records for **3 years**.

Disqualification

If the Driver is disqualified, the Medical Examiner **MUST** :

Discuss **the steps** to become certified

List **reason** for disqualification, **time**, **conditions** that could restart the waiting period and any **documentation** needed to gain certification

Certified Medical Examiners

Must:

Report monthly the number of CMV physical exams done (even if 0)

Produce records when requested by FMCSA or official for CMV crashes

Provide a copy of the Medical Exam for any referrals for SPE, DM or vision exemptions

Provide Driver with a copy of exam

Provide a copy to the Employer if asked

Keep a copy of the Physical exam for at least 3 years

INFO

National Registry Website

www.nationalregistry.fmcsa.dot.gov

http://nrcme.fmcsa.dot.gov/about_faqs.aspx

Medical Programs

www.fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm

ME Testing

To be eligible to take the examination, you must:

- Be licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations;

- Log onto the National Registry System and receive a unique identifier

- <https://nationalregistry.fmcsa.dot.gov/NRPublicUI/MedExAssist.seam>; and

- Complete requisite training and receive certificate of completion

Testing information: www.psiexams.com

ME Training Certificate

Provided to you after completing the evaluation and passing the Post Test with a score $\geq 71\%$.

Bring this certificate to testing center.

Sample Test Questions Review

Using cardiovascular medical guidance,
for each driver, is the driver medically
qualified or medically disqualified?



Sample Test Questions Review

Driver with percutaneous coronary intervention (PCI) nine months ago; he or she has not followed up with cardiologist and has not had exercise tolerance test (ETT) since procedure.

1. Medically qualified
2. Medically disqualified



Sample Test Questions Review

Answer: Medically disqualified

According to current CVD recommendations, the driver who had PCI should have cardiology follow-up to include ETT three to six months post-PCI.



Sample Test Questions Review

Coronary artery bypass graft (CABG) surgery four months ago; echo at three months showed LVEF 55%; driver was cleared by cardiologist and has no chest pain.

1. Medically qualified
2. Medically disqualified



Sample Test Questions Review

Answer: Medically qualified

According to current CVD recommendations, the driver who had had CABG surgery may be qualified at 3 months post-procedure if asymptomatic, LVEF greater than 40%, and meets all other recommendations (qualify with annual recertification).



Sample Test Questions Review

Driver with CHF having dyspnea at rest.

1. Medically qualified
2. Medically disqualified



Sample Test Questions Review

Answer: Medically disqualified

According to current CVD recommendations, a driver with CHF with symptoms is not medically fit for duty.



Sample Test Questions Review

Driver has recently had increasing angina which lasted 20 minutes after tarping a load; he or she is unresponsive to nitroglycerin.

1. Medically qualified
2. Medically disqualified



Sample Test Questions Review

Answer: Medically disqualified

According to current CVD recommendations, a driver with unstable angina is not medically fit for duty.



Sample Test Questions Review

What are the differences between the medical *standards* and the medical *guidelines*?





Sample Test Questions Review

Answer: The regulations are law and are mandatory. The medical examine must use the *standards* found in regulations (49 CFR 391.41) to determine interstate CMV driver medical fitness for duty.

Medical *guidelines* are not regulatory; the medical examiner may choose not to follow the medical guidelines but require explicit documentation. They are based on expert review and intended to assist the medical examiner in determining driver certification.



Sample Test Questions Review

A driver presents for examination with a history (last month) of a pneumothorax. The records provided by the driver indicate that the pneumothorax reduced the driver's forced vital capacity (FVC) to 58% of predicted forced vital capacity.

Can this driver be certified? If not, when can the driver be certified?



Sample Test Questions Review

Answer: Do not certify.

According to recommendations, this driver should not be certified until the medical examiner has verified that the recovery is complete, with x-rays, and the driver has a FVC greater than 65%.



Sample Test Questions Review

Which of the following conditions would require the driver to complete qualifying procedures under 49 CFR 391.49?

Missing fourth and fifth fingers of right hand; has strong hand grasp.





Sample Test Questions Review

Answer: Does not require qualifying procedures under 49 CFR 391.49 for certification.

The medical examiner can assess for adequate grip strength even with fingers or part of the hand missing; however, if any question of ability exists, medical examiner may request a treating or specialist evaluation.



Sample Test Questions Review

Missing right foot since age two; uses prosthesis and runs marathons.



Sample Test Questions Review

Answer: Requires qualifying procedures under 49 CFR 391.49 for certification.

Regardless of the driver's ability to adapt to other challenges, the driver must still demonstrate adequate skill in operating a CMV with his/her fixed deficit.



Sample Test Questions Review

Status post-crush injury to left arm; has atrophy and weakness in ulnar distribution.



Sample Test Questions Review

Answer: Requires qualifying procedures under 49 CFR 391.49 for certification.

The driver must demonstrates adequate skill in operating a CMV with his/her fixed deficit, even if it is impairment and not loss of the extremity.



Sample Test Questions Review

Suffering from carpal tunnel syndrome; has weak hand grasp.



Sample Test Questions Review

Answer: Does not require qualifying procedures under 49 CFR 391.49 for certification.

Only fixed deficits can be qualified using the alternate standard. Carpal tunnel syndrome can be treated or, left untreated, can worsen causing increased impairment. Certification using 49 CFR 391.49 occurs only if the weakness in grasp is a fixed deficit, after maximal treatment, preventing any future deterioration from carpal tunnel syndrome.



Sample Test Questions Review

When evaluating a driver with a psychological disorder that might interfere with safe operation of a CMV, what behaviors should an examiner look for?



Sample

Test Questions Review

Answer: According to medical guidelines, a medical examiner should look for:

- Any suspicious, evasive, threatening, or hostile behaviors.
- Signs of being easily distracted.
- Signs of flat affect or lack of emotional response.
- Displays of unusual or bizarre ideas, auditory or visual hallucinations, dishonesty, or a tendency to omit important information.



Sample Test Questions Review

What is the stage of hypertension?

180/98 ?



Sample Test Question Review

Stage III - the stage of the BP is determined by
The highest number that is abnormal

Good luck

THANK YOU !

QUESTIONS ?