# Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1.	DRIVER'S INFORMATION	Dr	iver comple	etes this se	ection.						
Drive	's Name (Last, First, Middle)		ecurity No.		Birthdate	A	Age	Sex	□ Rec	Certification ertification ow Up	Date of Exam
Addre	City, Sta	e, Zip Code		Work Phone	,	Ι	Oriver's Lic	cense No.		License Class  A C B D  Other	State of Issue
2.	HEALTH HISTORY		Drive	r complet	es this section,	, but the	medica	l examiner	is enco	ouraged to discu	ss with driver.
med	☐ Muscular Disease☐ Shortness of breath  any YES answer, indicate onset date ications) used regularly or recently.	gioplasty, pacemaker) , diagnosis, treatir	g physician	idiney disease, iver disease, iver disease bigestive problem of diet pills insulin dervous or psycons or altered or s name ar	ems vated blood sugar con chiatric disorders, e.g consciousness ad address, and	trolled by: ., severe depr	ression ent limita		□ Sleep daytii □ Strok □ Chro □ Regu □ Narco		over-the-counter
	fy that the above information is cominer's Certificate.	plete and true. I u	nderstand th	at maccur	ate, false or mis	sing infoi	rmation	may invalid	date the	examination and	my Medical
		Drive	r's Signature						- <del></del>	Date	
	cal Examiner's comments on Healt ation, including over-the-counter me			iner must	review and disc	cuss with t	the drive	er any "yes'	'answe	rs and potential ha	azards of

			7	ΓESTING (Medic	al Examiner co	mpletes Section	3 through	7)						
3. VIS	SION			acuity (Snellen) in 6	•			0		al in horiz	ontal mer	idian		
			•	e use of corrective										
				sed, give test results in										
	ears contrac readings mu			ie ariving, sufficient e	viaence of gooa toie	rance ana aaaptatio	on to their use	must be ob	vious. Mon	ocular arıv	ers are not	<i>quaн</i> унеа.		
umericari	cadings inu	st be provi	ucu.											
ACUITY	UNCORF	RECTED	CORRECTED	HORIZONTAL F	IELD OF VISION	Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors?								
Right Eye	20/		20/	Right Eye		showing standa	ard red, green	and amber	colors?	☐ Yes	□ No			
Left Eye	20/		20/	Left Eye		Applicant mee	ts visual acuit	sual acuity requirement only when wearing:						
Both Eyes	20/		20/		•		rrective Lens		one only win	on wearing				
						Monocular Vis	sion:	Yes 🗆 1	No					
omplete ne	ext line only i	if vision tes	ting is done by an op	phthalmologist or opto	metrist.									
Date of Exam	in ation	Nome	of Ophthalmologist or Op	atomotriat (miint)	Phone Nu		icense Number/S	toto of Issue						
Date of Exam	шаноп	Name	of Ophthalmologist of Op	nomeurst (print)	Phone Nu	illiber Li	icense Number/S	tate of issue	Sign	nature				
4	ADING	St	andard: a) Must fir	est narcaiva forcad wh	nisnarad vaica > 5 f	t with or without	haaring aid	or h) over	aa haarina	loss in hot	tor oor < 1	aity as a ration d. If the driver re not qualified.  Is and devices No  ar ≤ 40 dB  addings for 3  0 Hz 2000 Hz  certificate for		
4.	Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB  ☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.													
NSTRUCT	TIONS: To a			from ISO to ANSI, -14				B for 2,000	Hz. To ave	rage, add t	he reading.	s for 3		
	tested and di		•	,	y y	•		,		0 ,	Ü			
umerical 1	reading mus	t be record			1					_				
a) Record dist	ance from indiv	idual at	Right Ear	Left Ear				Right Ear			Left Ear			
a) Record distance from individual at which forced whispered voice can first be				Feet	b) If audiometer is used, record hearing loss		500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz		
heard.					in decibels. (acc. ANSI Z24.5-1951)		Aviamagai		A					
							Average:			Average:				
<i>7</i> DY		COLIDE		N	. d:	anded Medical En		d Aalaa a4 la	4 4	. d! 4	<b></b> DD			
5. BL	OOD PRE	SSUKE/	PULSE RATE	Numerical re	adings must be rec	orueu. Medicai Ex	ammer snoui	u take at ie	east two rea	idings to co	murm br.			
Blood	Systolic I	Diastolic												
Pressure		14010116												
				Reading	Category	Expiration Date	Recertificat			ion				
Priver qualified if ≤140/90.			140-159/90-	.99 Stage 1	1 year			year if < 14	≤140/90. One time certificate for					
							141-159/91-99.							
	Regular Irregular	Record P	Pulse Rate 160-179/10		0-109   Stage 2	One time certific	ificate for 3 months 1 year from		date of exam if $\leq 140/90$					
	mogulai	zguiai		≥180/110	Stage 3	6 months from d	ate of exam it	. 6	months if <	<140/90				
		•		_100,110	Singe 3	≤140/90	are of examin		months II _	<u> </u>				

### LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded

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*)

	SP.GR.	PROTEIN	BLOOD	SUGAR
URINE SPECIMEN				

ability to operate a con					ail in the space below, and indicate, whether it would at disease is present, note that it has been compensated for		iiivci s
BODY SYSTEM	CHECK FOR:	YES	NO	BODY SYSTEM	CHECK FOR:	YES	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extra ocular			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
	movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts,			9. Genito-urinary System	Hernias.		
3. Ears	aphakia, glaucoma, macular degeneration.  Middle ear disease, occlusion of external canal, perforated eardrum.			10. Extremities-Limb impaired driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.				mobility and strength in lower limb to operate pedals properly.	erly.	
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, and cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary test and/or x-ray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babisnki's reflexes, ataxia.		
COMMENTS:	,						
☐ Meets sta☐ Does not☐ Meets sta	tus here. See Instructions to the Medical Examin Indards in 49 CFR 391.41; qualifies for 2 year cert meet standards Indards, but periodic evaluation required to driver qualified only for:  \[ \begin{array}{c} 3 \text{ months} & \begin{array}{c} 1 \text{ year} \\ \begin{array}{c} 6 \text{ months} & \begin{array}{c} \begin{array}{c} \text{ Other} \end{array}	ificate	idance		ng corrective lenses ng hearing aid npanied by awaiver/exemption verformance Evaluation (SPE) Certificate g within an exempt intracity zone ied by operation of 49 CFR 391.64 's Signature		
☐ Tempora	rily disqualified due to (condition or medication):			Address:			
Dot to	modical avaminar's office for follow up on			Talanhana Numban			

Height: \_\_\_\_\_(inches)

PHYSICAL EXAMINATION

Weight: \_\_\_\_\_(pounds)

Return to medical examiner's office for follow up on \_\_\_\_\_ Telephone Number \_\_\_\_\_

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial motor vehicle) REV (10/06)

#### 49 CFR 391.41 Physical Qualifications for Drivers

#### THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 8-10 hours and then have an 8-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 4-hour driving periods and 4-hour rest periods).

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

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

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

# 391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS

- (a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in 391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.
- (b) A person is physically qualified to drive a motor vehicle if that person:
- (1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to 391.49.
- (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to 391.49.
- (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- (4) Has not current clinical diagnosis of myocardial infarction, angina pectoris, coronary

- insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied syncope, dyspnea, collapse, or congestive cardiac failure.
- (5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.
- (6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.
- (7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.
- (8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle.
- (9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely.
- (10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective

lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.

- (11) First perceives a forced whisper voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
- (12)(i) Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug; (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) Is familiar with the driver's medical history and assigned duties; and (B) Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and
- (13) Has no current clinical diagnosis of alcoholism.

#### INSTRUCTIONS TO THE MEDICAL EXAMINER

#### **General Information**

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

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

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

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring. In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202)366-1790 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc).

#### **Interpretation of Medical Standards**

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical

# Federal Motor Carrier Safety Regulations -Advisory Criteria-

examination form. The specific regulation is printed in italics and its reference by section is highlighted.

### Loss of Limb: 391.41(b)(1)

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

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

### Limb Impairment: 391.41(b)(2)

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

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

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

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

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

## Diabetes 391.41(b)(3)

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

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

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

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

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule.

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

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

## Cardiovascular Condition 391.41(b)(4)

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

Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be accompanied by" is defined to include: a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

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

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202)366-1790 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Conference on Cardiac Disorders and Commercial Drivers at:

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

## Respiratory Dysfunction 391.41(b)(5)

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

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely. Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

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

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

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

## **Hypertension 391.41(b)(6)**

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

Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease is present. This regulatory criteria is based on FMCSA's Cardiac Conference recommendations, which used the report of the 1984 Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.

A blood pressure of 161-180 and/or 91-104 diastolic is considered mild hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a 3-month period to reduce his or her blood pressure to less than or equal to 160/90; the certifying physician should state on the medical certificate that it is only valid for that 3-month period. If the driver is subsequently found qualified with a blood pressure less than or equal to 160/90, the certifying physician may issue a medical certificate for a 1-year period, but should confirm blood pressure control in the third month of this 1-year period. The individual should be certified annually thereafter. The expiration date must be stated on the medical certificate.

A blood pressure of greater than 180 systolic and/or greater than 104 diastolic is considered moderate to severe. The driver may not be qualified, even temporarily, until his or her blood pressure has been reduced to less than 181/105. The examining physician may temporarily certify the individual once the individual's blood pressure is below 181 and/or 105. For blood pressure greater than 180 and/or 104, documentation

of continued control should be made every 6 months. The individual should be certified biannually thereafter. The expiration date must be stated on the medical certificate. Commercial drivers who present for certification with normal blood pressure but are taking medication(s) for hypertension should be certified on the same basis as individuals who present with blood pressure in the mild or moderate to severe range. Annual recertification is recommended if the medical examiner is unable to establish the blood pressure at the time of diagnosis.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days. Inquiry should be made regarding smoking, cardiovascular disease inrelatives, and immoderate use of alcohol. An electrocardiogram (ECG) and blood profile, including glucose, cholesterol, HDL cholesterol, creatinine and potassium, should be made. An echocardiogram and chest x-ray are desirable in subjects with moderate or severe hypertension.

Since the presence of target damage increases the risk of sudden collapse, group 3 or 4 hypertension retinopathy, left ventricular hypertrophy not otherwise explained (echocardiography or ECG by Estes criteria), evidence of severely reduced left ventricular function, or serum creatinine of greater than 2.5 warrants the driver being found unqualified to operate a commercial motor vehicle in interstate commerce.

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

A commercial driver who has normal blood pressure 3 or more months after a successful operation for pheochromocytoma, primary aldosteronism (unless bilateral adrenalectomy has been performed), renovascular disease, or unilateral renal parenchymal disease, and who shows no evidence of target organ may be qualified. Hypertension that persists despite surgical intervention with no target organ disease should be evaluated and treated following the guidelines set forth above.

(See Conference on Cardiac Disorders and Commercial Drivers at: http://www.fmcsa.dov.gov/rulesregs/medreports.htm)

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

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

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

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination

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

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

(See Conference on Neurological Disorders and Commercial Drivers at:

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

# Epilepsy 391.41(b)(8)

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

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

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

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

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

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

### Mental Illness 391.41(b)(9)

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

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

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

(See Conference on Psychiatric Disorders and Commercial Drivers at:

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

#### Vision

391.41(b)(10)

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

Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

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

green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted for their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, or telescopic lenses acceptable for the driving of commercial motor vehicles.

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

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

### Hearing 391.41(b)(11)

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

First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.

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

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

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after normal expiration, the examiner whispers words or random numbers such as 66, 18, 23, etc. The examiner should not use only sibilants (s-sounding test materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid."

(See Hearing Disorders and Commercial Motor Vehicle Drivers at:

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

# Drug Use 391.41(b)(12)

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

Does not use a controlled substance identified in 21 CFR 1308.11. Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to methadone. The intent of the medical certification process is to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

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

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

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required. (See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and

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

### Alcoholism 391.41(b)(13)

Commercial Drivers at:

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

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an

individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification

#### TO THE MEDICAL EXAMINER:

If the applicant is medically qualified, please complete the "MEDICAL EXAMINER'S CERTIFICATE" below.

MEDICAL EVAMIN	EDIO OEDTIFICATE								
MEDICAL EXAMINER'S CERTIFICATE  I certify that I have examined 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:									
☐ wearing corrective lenses ☐ driving within an exempt intracity zone (49 CFR 391.62)									
☐ wearing hearing aid	ill Performance (SPE)								
☐ accompanied by a exemption	☐ qualified by 49 CFR 3								
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	Telephone	Date							
Medical Examiner Name (Print) □ MD □ DO □ Chiropractor □ Physician Asst. □ Advance Practice Nurse									
Medical Examiner's License or Certificate No./Issuing State									
Signature of Driver	Driver's License No.	State							
Address of Driver									
Medical Certificate Expiration Date									

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER CSP 36 (REV  $1/0)\,$