QUICK REFERENCE

GUIDE FOR

DOT

PHYSICAL EXAMINATIONS

Prepared by

James R. (Ron) Pace, PA-C
March 2009

Reference

ACOEM Commercial Driver Examiner Course Materials
Tampa, FL
February 20, 2009
The following information is taken from the course materials provided at the ACOEM Commercial Driver Examination Course given February 20th, 2009. It is summarized to provide a quick reference source for questions that may arise while performing a DOT physical examination. These are the current guidelines. Further recommendations may be pending by expert panels but have not been approved by the FCMSA.

**Driver’s Duties may include:**
- Coupling and uncoupling trailers from tractors
- Loading and unloading
- Inspecting vehicle and trailers
- Lifting, installing, and removing chains and tarps

**Driver must be able to:**
- Bend and stoop
- Maintain crouching position to inspect
- Frequent entering and exiting a cab
- Ability to climb ladders

**Driver must have:**
- Perceptual skills to monitor complex driving situation
- Judgment skills to make quick decisions
- Manipulative skills to control an oversize steering wheel, shift gears, and maneuver vehicle in crowded areas

**Dishonest responses**
- Deliberate omission or falsification of information may invalidate the examination and any certificate issued based on it.
- Subject to civil penalty for making false statement or for concealing a disqualifying condition, 49 USC 521(b)(2)(c)

**HIPAA**
- FMCSA does not prohibit employers from obtaining copies of the form
- Employers must comply with state and federal laws regarding privacy of employee medical information
- Authorization is required to release long form

**Guidelines**
- Should be followed
- Guidelines are not law but meant to serve as standard of care.
- Guidelines have been issued by the FMCSA and based on medical literature
- FMCSA goal is not to prevent drivers from working but ensure safe roads for all
RED FLAGS

A. Visual Conditions/Diseases
   1. low vision 20/200 to 20/50
   2. diabetic retinopathy
   3. glaucoma
   4. retinitis pigmentosa
   5. monocular vision
   6. macular degeneration
   7. nystagmus
   8. visual field defects

B. Cardiovascular Disease
   1. cardiac arrhythmias if associated with cerebral ischemia
   2. artificial cardiac pacemakers if associated with cerebral ischemia
   3. hypertrophic cardiomyopathy
   4. congestive heart failure if associated with cerebral ischemia
   5. valvular heart disease if associated with cerebral ischemia

C. Cerebrovascular Disease
   1. CVA – stroke
   2. TIA

D. Diseases of the Nervous System
   1. Narcolepsy
   2. Sleep apnea

E. Respiratory Diseases
   1. COPD associated with resp failure/cognitive impairment/generalized hypoxia
   2. Respiratory failure

F. Metabolic Diseases
   1. Hypothyroidism with cognitive defects
   2. Diabetes –

G. Renal Disease
   1. Chronic renal failure with cognitive defect

H. Dementia
   1. Progressive Dementias

I. Psychiatric Diseases
   1. Schizophrenia
   2. Personality Disorders
   3. Chronic alcohol abuse
J. Medications – chronic use
1. Antidepressants – espec. TCAs
2. Antihistamines – older ones
3. Any drug with prominent central nervous system effects – analgesics, some antihypertensives, sedatives, hypnotics, anxiolytics, benzodiazepines, stimulants

Neurologic Automatic Disqualifying Conditions (Recommended)
- Legally incompetent
- Major psych disorder
- Aphasia, alexia
- Dementia
- Hemi-anopsia/neglect of VA
- Constructive apraxia
- Amnestic problems
- Frontal lobe disorders
- Chronic cluster Has
- Migraines with neuro deficits
- Diplopia, oscillopsia
- Hemineglect, R-L
- Cranial neuralgia
- Menier’s disease
- Labrynthine fistula
- Nonfunctioning labyrinth

Cerebrovascular Diseases

TIA
- No driving within one year
- Subsequent clearance by neurologist

Transient global ischemia
- H&P
- EEG
- Psych eval

Thrombotic/Embolic CVA
- Brainstem/ cerebellum – no driving within one year
- Other areas – no driving within 5 years
- Neuro exam
- Recertify annually
- Anticoagulants and antipressants disqualify

Traumatic Brain Injury
- Careful eval before diriving
- Recertify annually
Dementias
- Decline in any mental domain, or any illness where dementia is common is disqualifying
- Disqualified if diagnosed even if only entertained

Alzheimers
Pick
Parkinsonism – stable may appeal
Huntingtons
Progressive supranuclear palsy
Metabolic encephalopathy
Drug/chemical dementia
Depression
Korsakoffs syndrome
Tumore/CVA/MS with dementia

Neuromuscular Diseases
- Motor neuron diseases – disqualify
- Peripheral neuropathies – disqualify
- Neuromuscular junction disease – disqualified
- Muscular dystrophy, dermatomyositis, metabolic muscle disease, congential myopathies-disqualify

CNS Tumor
- Disqualify
- Treated benign tumors may appeal

Headaches
- Chronic or incapacitating MAY be disqualifying
- Medication use may be problematic

Vertigo
- BPV – requalify after 2 months w/o symptoms
- Acute /chronic vestibulopathy – same
- Menieres and other chronic – disqualify

Seizures
- Uncontrolled epilepsy – disqualify
- Controlled epilepsy – disqualify
- History of seizure disorder – qualified if off meds and no seizure for 10 years
- History of one seizure – off meds and no seizure for 5 years
- Febrile seizure – no restrictions
Narcolepsy
- Disqualifying

Neuro or Psych Regulatory Issues
- Mental conditions that can affect judgement, perceptions of reality and reaction time may be disqualifying
- Medication side effects may necessitate disqualification
- Conditions that impair the ability to control a vehicle may be disqualifying
- Strongly recommend neurology, psychiatry, or neuropsych eval for any CNS insult
- Anorexia nervosa and bulimia – may be disqualified
- Personality disorders may be disqualified (aggressive driving increased)

Medications – NOT qualified
- Anxiolytics -BZD
- Hypnotics
- Barbiturates
- TCAs
- Antipsychotics

Medications – May be qualified
- Buspirone
- Amitriptyline 25 mg HS
- Fluoxetine
- Bupropion
- Stable on lithium > 3 months after ECT
- Valproic acid
- Cabamazepine

Alcohol
- Current clinical diagnosis of alcoholism is disqualifying

Pulmonary Conditions / 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 CMV, then the driver must be referred to a specialist for further evaluation and therapy.
- Anticoagulation therapy is not disqualifying once the optimal dose is set, and there is normal lower extremity vasculature.
- Use of oxygen therapy while driving is disqualifying.
Sleep Apnea

- Sleep apnea is disqualifying until ruled out or treated successfully, agree to continue uninterrupted therapy, monitoring and objective testing.
- Obstructive sleep apnea unqualified till treated, then one month wait, then yearly multiple sleep latency testing or repeat sleep study. If surgically treated there is a 3 month wait.
- A driver with probable sleep apnea with Excessive Daytime Somnolence (EDS) should be temporarily disqualified until evaluated and successfully treated.

Secondary Pulmonary Conditions

- DVT and Pulmonary PE unqualified unless on anticoagulation therapy and have normal LE venous studies (no clots) and acceptable PFTs, stable for 3 months after PE and stable for 1 month after DVT.

Lung Cancer

Unqualified if:

- Severe cough
- Dyspnea
- Wasting
- Hypoxemia
- Metastatic brain disease

Qualified if cure after resection and no symptoms.

If stable and under treatment, monthly monitoring.

Undergoing radiation:

- Meet PFT criteria
- Asymptomatic
- Monitored every 3 months for two years then yearly for five years.

Obstructive Sleep Apnea (OSA)

- Medical Expert Panel (MEP) recommends immediate disqualification if driver has EDS or fall asleep crash.
- Needs eval and treatment
- MEP recommends if BMI ≥ 33 then a one month conditional certification until sleep study is done to confirm diagnosis.
- Need report from sleep study that shows effective treatment and no evidence of EDS.

Questionnaires are subjective.

Gold standard is the polysomnogram in a sleep lab.
MSLT – Multiple Sleep Latency Test
- Series of naps every 2 hours
- Usually preceded by sleep diary and polysomnogram
- Measure sleepiness
- NOT routinely indicated in eval or diagnosis of OSA

MWT – Maintenance of Wakefulness Test
- Series of naps every 2 hours
- Stay awake for 40 minutes
- Used to assess ability to stay awake in low stimulation condition
- Falling asleep in less than 8 min. abnormal, 8-40 min questionable significance

Treatment
- CPAP
- Surgery –

Treatment with Provigil (Modafinil)
- May not drive or do any activity that requires mental alertness until they know how the drug affects them.
- Many side effect and drug interactions that may affect concentration, function and hides signs of fatigue and tiredness.

Musculoskeletal Issues

Physical requirements to operate a CMV:
- grip strength
- neck range of motion
- shoulder girdle strength
- prolonged sitting and riding
- enter and exit cab repeatedly
- tie down loads
- tire chains

Physical exam:
- inspect and note deformities
- ranges of motion
- ability to change posture readily
- gait
- heel/toe walk
- strength shoulder girdle, grasp and squat.

Skill Performance Evals
- Missing or impaired limbs
- Ability to safely operate a CMV
- Examiner indicates need for SPE
- Eval needed by orthopedist or physiatrist
- Get SPE at State Service Center after application completion
Gastrointestinal
- Nothing absolutely disqualifying
- Main concerns are often related to complications of therapy/complications of medications
- Abdominal findings sufficient to interfere with normal function as in injuries, hernia, or functional symptoms like IBS, ulcers, etc.

Genitourinary Conditions
- Nothing absolutely disqualifying
- Main likely disqualifier – dialysis
- Consider temporary disqualification for renal colic or prostatitis

Chronic Kidney Disease (CKD)
- No regulations specifically address CMV drivers with CKD
- Drivers with CKD are susceptible to fatigue; daytime sleepiness; neurocognitive symptoms; increased risk of cardiovascular events; frequently have DM also.
- There are Medical Review Board recommendations pending re patients with CKD in the various stages, but none have been approved as yet.
- Depending on the amount, protein in the urine may indicate significant renal disease. The Medical Examiner may certify, time limit, or disqualify a commercial drive with proteinuria. The decision is based on whether the examiner believes that proteinuria may adversely affect safe driving. The driver should be referred for follow up.

Vision
- This is a non-discretionary standard that must be used to determine certification.
- The required tests measure visual acuity, peripheral horizontal vision fields, and color.
- VA is measured in each eye individually and both eyes together.
- Must have minimum of distant VA of at least 20/40 in each eye with or without corrective lenses.
- Distant binocular vision of at least 20/40 in both eyes, with or without corrective lenses.
- Field of vision of at least 70° in the horizontal meridian of each eye.
- Color vision must be sufficient to recognize traffic signals and devices showing the standard red, amber, and green traffic signal colors.
- When corrective lenses are used to the vision qualification requirement, the corrective lenses must be used while driving.
- A medical examiner, ophthalmologist, or optometrist may perform and certify vision test results. The medical examiner determines certification status.
- Monocular vision is disqualifying.
- Drivers with monocular vision may apply for an exemption.
- There are no waivers for monocular vision.
Hearing

- Must perceive a forced whispered voice in the better ear at not less than five feet with/out a hearing aid, or if tested in with an audiometric device, does not have an average hearing threshold in the better ear greater than 40dB-A at 500/1000/2000 Hz with/out hearing aid in the better ear.
- Whispered voice test at 5 feet in at least one ear
- Hearing aide OK to pass
- Better ear cannot have average threshold of 40dB-A at 500/1000/2000 Hz .
- For the whispered voice test, the driver should be 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a forced expiration, the examiner whispers words words or random numbers such as 66, 18, 23. Do not use only S sounding words. If they fail the whispered voice test, the audiometric test should be administered.
- Office audiometry is NOT able to test a person with a hearing aid. This person needs to be referred for accurate testing.
- There is no waiver program for hearing at present.

Cardiovascular Conditions

A person is physically qualified to drive a CMV 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.
- Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a motor vehicle safely.

Advisory criteria:

- Cardiovascular insufficiency with no physical limitation, residual symptoms, medications likely to impair, and has a normal resting and stress EKG. – not disqualifying.
- Bypass surgery and pacemaker implantation by themselves do not disqualify.
- Implantable defibrillators are disqualifying.
- Hypertension alone is unlikely to cause sudden collapse.
- Likelihood increases if there is target organ damage such as cerebrovascular disease present.
- Confirm elevated blood pressure at least two subsequent measurement on different days.
- Review side effects of medications re postural hypotension, somnolence, syncope, need to urinate, and centrally acting.
- If secondary hypertension, needs addition evaluation.
- Driver with stable cardiovascular disease recertify annually
- Driver with multiple risk factors for CVD and 45 yoa and older, recertify annually

Stage 1 Hypertension

- BP 140-159 / 90-99 mmHg
- Certify – yes but one time for three months only
- Recertify annually if BP is ≤140/90 on annual exam.
- If not, but ≤160/100 certify for 3 months for one time only.
Stage 2 Hypertension
- 160-179 / 100-109 mmHg
- Certify – yes but one time for three months only
- At recheck if BP is ≤ 140/90 mmHg and treatment is well tolerated can certify for 6 months from date of initial exam.

Stage 3 Hypertension
- ≥ 180/110 mmHg
- No, immediately disqualifying.
- Yes, at recheck if ≤ 140/90 mmHg, and treatment is well tolerated. Certify for 6 months from date of initial examination.

Secondary Hypertension
- Based on above stages
- Yes if Stage 1 or nonhypertensive.
- At least three months after any surgical correction.

Screening for Cardiac Disease
- Abnormal blood pressure
- Irregular pulse
- Distended neck veins
- Abnormal heat sound, murmurs, or gallops
- Rales
- Ascites
- Peripheral edema

Additional Studies
- EKG
- Echocardiogram
- Stress Test – exercise; adenosine; or nuclear
- Catheterization
- Electrophysiologic studies

Myocardial Infarction Guidelines
- 2 month wait
- No anginal symptoms
- Cleared by cardiologist
- ≥40% ejection fraction by echocardiogram or ventriculogram
- Tolerance to medication
- Stress test 4-6 weeks after MI and repeated at least every 2 years
- Stage II Bruce Protocol - > 6 METS, 85% maximal predicted heart rate, rise in SBP ≥20 mmHg without angina, and no significant depression
- Annual examination, asymptomatic, cardiologist evaluation recommended
Stable Angina Pectoris Guidelines
- Annual examination
- Evaluation by cardiologist recommended
- No rest angina or change in pattern within 3 months
- ETT every two years - > 6 METS, heart rate ≥85% MPA
- No symptoms from medication

Percutaneous Coronary Intervention (PCI) Guidelines
- Elective – not in setting of MI or unstable angina
- One week wait with approval by cardiologist
- Asymptomatic
- No injury to vascular access site
- Negative ETT 3-6 months post procedure and at least every 2 years
- Annual qualification and eval by cardiologist recommended
- Tolerance of medications

CABG – Coronary Artery Bypass Grafting Guidelines
- Annual qualification examination
- Yearly ETT beginning at 5 years, unsure of frequency before 5 years
- Radionuclide stress testing if abnormal resting EKG, unsatisfactory ETT or dysrhythmia

Known Chronic Heart Disease Recommendations from MEP
- MEP Recommendations with FMCSA response pending on these
- Medications titrated to optimal dose
- Angina – change that asymptomatic to stable
- Angina – after PCI – remove requirement of normal ETT 3-6 months following PCI
- Post CABG – Change ETT to every 2 years after five years with annual certification

Valve Replacement Guidelines
- At least 3 month wait, cleared by cardiologist and asymptomatic
- Mechanical
  - EF must be ≥40%
  - no thromboembolic complications, or pulmonary hypertension
  - must maintain adequate anticoagulation and monthly INR
- Anticoagulation not required if biologic prosthetic valve
- Atrial fibrillation post valve replacement
  - adequately anticoagulated at least one month
  - monthly INR
  - adequate control of rate and rhythm
  - clearance by cardiologist
  - annual examination
Cardiomyopathy Guidelines
- Hypertrophic or restrictive cardiomyopathy – disqualified
- Idiopathic dilated cardiomyopathy and congestive heart failure, disqualify if
  - asymptomatic but ventricular arrhythmias and LVEF ≤50%
  - asymptomatic, no ventricular arrhythmias and LVEF ≤40%

Certify if:
- Asymptomatic’
- No ventricular arrhythmias
- LVEF 40% - 50%
- Annual certification
- Annual cardiology evaluation for echocardiogram and Holter monitoring

Atrial Fibrillation Guidelines
- Lone atrial fibrillation - low risk for embolus
- High risk
  - age >65
  - prior stroke
  - systemic embolus or TIA
  - diabetes
  - hypertension
  - LVEF <40%
  - CHF
  - Left atrial size ≥50 mm
  - Atrial fibrillation following thoracic surgery
  - Adequately anticoagulated for at least 1 month
  - Monthly INR
  - Rate and rhythm control deemed adequate
  - Annual recertification

Supraventricular Tachycardia Guidelines
- Atrial flutter – same as atrial fibrillation
- If isthmus ablation – at least one month after procedure, arrhythmia successfully treated and cleared by electrophysiologist
- Multifocal atrial tachycardia
  - certify if asymptomatic unless other disqualifying condition
  - no if symptomatic
- Atrioventricular reentrant tachycardia, WPW, atrial tachycardia, junctional tachycardia
  - disqualify if symptomatic ir WPW with atrial fibrillation
  - certify if asymptomatic – treated and asymptomatic for at least 1 month and cleared by expert in cardiac arrhythmia
  - annual recertification
Ventricular Arrhythmias Guidelines

• With CHD
  - sustained VT – Disqualify
  - NSVT, LVEF <40% - Disqualify
  - NSVT, LVEF ≥40% - Disqualify if symptomatic
  - At least one month after successful therapy, drug or other, and cleared by cardiologist
  - Annual certification with cardiology evaluation

• With dilated cardiomyopathy
  - sustained VT – Disqualify
  - NSVT, LVEF ≤40% - Disqualify
  - Syncope, near syncope, any LVEF – Disqualify
  - Long QT syndrome or Brugada syndrome – Disqualify

Pacemaker Guidelines

• Sinus node dysfunction or atroventricular block
  - disqualify unless one month after pacemaker and documented correct function
  - annual examination and documented pacemaker checks

• Neurocardiogenic syncope
  - disqualify if symptoms
  - certify if at least 3 months after pacemaker
  - document correct function
  - absence of symptom recurrence
  - annual examination with pacemaker checks

Implantable Defibrillator Guidelines

• Primary or secondary prevention – Disqualified
• Do not prevent arrhythmias – treat them when they occur
• Remain at risk for loss of consciousness
• Primary prevention – ICD because of sufficient risk of arrhythmia

Syncope

• Detailed history to focus on cardiac vs non-cardiac etiology
• Physical examination
• EKG and review of medications
• Consider Holter
• Single episode does not require further evaluation unless history and physical necessitate it

Abdominal Aortic Aneurysm Guidelines

• Evaluate for risk of cardiovascular disease
• Certify if < 4.0 cm and asymptomatic; will need annual recertification
• Certify if 4.0 – 5.0 cm and asymptomatic and cleared by vascular surgeon with surgery not recommended; will need annual recertification
• Do not certify if $\geq 5.0$ cm
• Certify if at least 3 months after surgery and cleared by cardiovascular specialist and will need annual recertification

Aneurysms Guidelines
• Evaluate for risk of associated cardiovascular disease
• Thoracic
  - certify if $< 3.5$ cm
  - certify at least 3 months post surgical repair and cleared by cardiovascular specialist and will need annual recertification
• Other vessels – assess risk of rupture
  - certify at least 3 months after surgical repair and clearance by specialist and will need annual recertification

Peripheral Vascular Disease Guidelines
• PVD – certify annually if no disqualifying CVD
• Intermittent claudication –
  - certify at least 3 months after surgery with relief of symptoms if performed
  - rest pain – disqualify if symptoms
  - certify at least 3 months after surgery with relief of symptoms and will need annual recertification

Venous Disease Guidelines
• DVT – no if symptoms
  - certify if no residual DVT
  - if on Coumadin – regulated at least 1 month
  - monthly INR
  - annual recertification
• Pulmonary embolus – if no symptoms
  - certify if no PE for at least 3 months
  - on appropriate treatment
  - regulated at least one month on Coumadin
  - monthly INR
  - annual recertification

Heart Transplantation Guidelines
• Certify if at least 1 year from transplantation
• Asymptomatic
• Stable on medications
• No rejection
• Certification every 6 months with evaluation by cardiologist
Diabetes

- A person is qualified to drive a CMV if that person has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- Diet and oral agents are not disqualifying but the driver must remain under adequate supervision so poor control and/or hypoglycemia could be disqualifying.
- Insulin use was an automatic disqualification and unable to be appealed.
- There is now a diabetes exemption program.
  - Get application packet from FCMSA
  - Requires evaluation by endocrinologist who is board certified or board eligible
  - Requires 5 year review of medical history, including hospitalization, evaluations, laboratory studies.
  - Requires ophthalmology evaluation by an ophthalmologist or optometrist.
- Byetta is not insulin therefore is permitted under current FCMSA rules but will need a written statement from their treating physician documenting frequent monitoring.

Substance Abuse

- Disqualified if using a controlled substance such as amphetamine, narcotics or any derivative thereof or any other habit-forming drug, or any other substance to a degree which renders the driver incapable of safely operating a motor vehicle.
- Unqualified for duration of drug use.
- Licensed medical practitioner who prescribes such substances and medically advises the examiner that the substance will not affect the driver’s ability to safely operate a motor vehicle. The examiner retains the right to certify the driver.
- Cannot have a clinical diagnosis of alcoholism where the condition is not fully stabilized.

Special Note:

The American Disability Act Amended of 2009 which became effective January 1, 2009 may prove to have significant changes for those with disabilities. This act broadens the scope of protection for employees and at this time no one is sure how the courts are going to interpret this act and its implications re broadening the accommodations that must be given employees. Impairment that is “episodic or in remission” is a disability if it would substantially limit a major life activity when active. The courts will have to decide how this will be interpreted and what effect it will have on businesses and their requirements to accommodate employees with disabilities.
Frequently Asked Questions (FAQ) – Medical DOT Exam

This page contains FAQ's for the Medical Program.

1. If the driver admits to regular alcohol use, and based on responses on the driver history, further questioning or additional tools such as CAGE, AUDIT or TWEAK assessments, may the examiner require further evaluation prior to signing the medical certificate?
2. Can CMV drivers be qualified while being prescribed Provigil (Modafinil)?
3. Is the certification limited to current employment or job duties?
4. What medical conditions disqualify a commercial bus or truck driver?
5. Is a release form required to be completed in order for the employer to legally keep the medical certification card on file?
6. What is the age requirement for operating a CMV in interstate commerce?
7. Is getting a medical certificate mandatory for all CMV drivers in the United States?
8. Are CMV drivers who operate in interstate commerce required to have a medical certificate?
9. What is the protocol if the Medical Examiner's Certificate gets damaged, lost or unreadable?
10. What are the hearing requirements for CMV drivers?
11. Can a driver receive a hearing waiver?
12. When is audiometry required?
13. What is a waiver? An exemption?
14. Will my employer have access to my medical evaluation?
15. What will the FMCSA do after the agency receives my request for a waiver?
16. Who signs the medical certificate?
17. Who is required to have a copy of the Medical Certificate?
18. Why are the diagnosis and treatment of hypertension important?
19. Is Narcolepsy disqualifying?
20. Is Proteinuria disqualifying?
21. Who can serve as a Medical Examiner and perform DOT physical exams?
22. Can a driver be qualified if he is taking Methadone?
23. Can I apply for an exemption from the hypertension standard?
24. What if the certifying doctor is no longer available?
25. If a driver had a Myocardial Infarction (MI), followed by coronary artery bypass graft (CABG) several months ago, should he have an ETT (exercise tolerance test) as recommended in the MI guidelines but not in the CABG guidelines?
26. Is Sleep Apnea disqualifying?
27. May I request reconsideration if I am found not qualified for a medical certificate?
28. Where may I obtain an application for an epilepsy waiver?
29. Is the Medical Examiner required to repeat the entire physical examination if the driver is only returning for blood pressure check? How is the new blood pressure documented?
30. Can a driver who takes nitroglycerine for angina be certified?
31. How soon may a driver be certified after coronary artery bypass grafting (CABG) surgery?
32. Can a driver be qualified if he/she is having recurring episodes of ventricular tachycardia?
33. If I am a medically certified pilot, can I legally operate a CMV?
34. What is the Federal Motor Carrier Safety Administration?
35. Can a driver on oxygen therapy be qualified to drive in interstate commerce?
36. How can I get a copy of my medical evaluation file?
37. Are the DOT medical examinations covered by HIPAA?
38. Why is the DOT physical examination important?
39. Who can give a waiver or exemption?
40. What should I do if I have an idea or suggestion for a pilot program?
41. If a driver with hypertension has lowered his blood pressure to normal range, lost weight, and is off medications, can he/she be certified for 2 years?
42. What information should the Medical Examiner have available to decide if a driver is medically qualified?
43. Are there duties related to the FMCSA medical certification?
44. For how long is my medical certificate valid?
45. What am I required to do if the FMCSA grants my exemption?
46. May a Medical Examiner qualify a driver who has blood in his urine?
47. How do Medical Examiners differ from Medical Review Officers?
48. Are holders of Class 3 pilot licenses required to have another physical for commercial driving?
49. What medical criteria are required to obtain a medical certificate?
50. How long will it take the agency to respond to my request for a waiver?
51. Can I get a waiver if I have had a single unprovoked seizure?
52. What does the medical examination involve?
53. Does the FMCSA set any guidelines for Medical Examiner fees associated with conducting medical examinations?
54. Is Meniere's Disease disqualifying?
55. Can carriers set their own standards for CMV drivers who operate in interstate commerce?
56. What is the effect on driver certification based on FMCSA hypertension stages?
57. What are the criteria used to determine if a driver with lung disease can be certified?
58. What are the differences between the medical standards and the medical advisory criteria and the medical guidelines?
59. How long does it take to get my medical certificate once my medical examination is complete?
60. Can a driver who has a condition that causes excessive daytime sleepiness be certified?
61. My medical certificate is still valid. Am I prohibited from operating a CMV if I have a medical condition that developed after my last medical certificate was issued?
62. What is a satisfactory exercise tolerance test?
63. Can I still get a medical certificate if I have a medical condition that is being treated by a physician?
64. As a Medical Examiner, can I disclose the results of my medical evaluation to a CMV driver's employer?
65. Where can I find the FMCSRs?
66. May a driver who has non-insulin treated diabetes mellitus (treated with oral medication) be certified for 2 years?
67. Do drivers need to carry the medical certification when driving a CMV?
68. Is the driver required to provide a copy to the employer?
69. Can I report a driver operating without a medical certificate? What protection can I expect as a whistleblower and to Whom would I report it?
70. Am I required to have a medical certificate if I only operate a CMV in my home State (intrastate commerce)?
71. Who determines if a pilot program should be initiated?
72. What is the basis of FMCSA's recommendations regarding high blood pressure?
73. How do I request a waiver/exemption?
74. Does my driving record affect my eligibility for a medical certificate?
75. What is a pilot program?
76. Are CMV Drivers required to be CPR certified?
77. What medications disqualify a CMV driver?
78. What is the ANSI Standard?
79. If a driver has had surgery for Meniere's Disease, is the condition disqualifying?
80. Who should I contact if I have questions about the status of my application for a Vision or Diabetes exemption?
81. Can a CMV driver be disqualified for using a legally prescribed drug?
82. When may I request a waiver/exemption?
83. Can I drive a commercial vehicle after having angioplasty/stents inserted into my heart?
84. Is it possible to get exemptions for some medical conditions?
85. Are government employees exempt from routine/yearly physical examinations?
86. I operate a CMV in the United States but reside outside of the United States. Can I use my foreign medical certificate?
87. Who should I contact if I have questions about the information I am required to submit to the FMCSA to obtain a waiver or exemption?
88. Can a driver be qualified if taking prescribed medical marijuana?
89. Is a driver on kidney dialysis disqualified?
90. Is there a "grandfathering" provision for the Vision and Diabetes standards?
91. Can a driver be certified who tests positive for a controlled substance on the urine test, but claims that the prescription was legally prescribed 5 years before?
92. What tests are used to determine if a driver has adequate hearing to drive safely?
93. Can a Canadian driver apply for a Skill Performance Evaluation (SPE) certificate to drive in the United States?
94. Is the employer legally responsible for paying for the DOT medical examination?
95. Are motor carriers legally obligated to provide air conditioning in commercial motor vehicles?
96. As a Medical Examiner, can I disclose the results of my medical evaluation to a commercial motor vehicle driver's employer?
97. How can I get more information or apply to serve on the Medical Review Board (MRB)?
98. What is the Medical Review Board?
99. What happens if a driver is not truthful about his/her health history on the medical examination form?
1. If the driver admits to regular alcohol use, and based on responses on the driver history, further questioning or additional tools such as CAGE, AUDIT or TWEAK assessments, may the examiner require further evaluation prior to signing the medical certificate?

Yes. Except where absolute criteria exist, the final determination as to whether the driver meets the FMCSA medical standards is to be made by the medical examiner. The examiner should use whatever tools or additional assessments they feel are necessary. Under 391.43, Instructions to the Medical Examiner -Laboratory and "Other Testing," support is provided to the examiner if they believe that "Other test(s) may be indicated based upon the medical history or findings of the physical examination."

Further supporting the need for additional evaluation is the medical advisory criteria for 391.41(b) 13 which notes that "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."

While not regulation, the medical advisory criteria are provided by the FMCSA to assist the Medical Examiner determine if a person is physically qualified to operate a CMV. The Medical Examiner may or may not choose to use these guidelines. These guidelines are based on expert review and considered practice standards. The examiner should document the reason(s) for not following the guidelines.

2. Can CMV drivers be qualified while being prescribed Provigil (Modafinil)?

Provigil (Modafinil) is a medication used to treat excessive sleepiness caused by certain sleep disorders. These sleep disorders are narcolepsy, obstructive sleep apnea/hypopnea syndrome and shift work sleep disorders. Provigil has several concerning side effects such as chest pain, dizziness, difficulty breathing, heart palpitations, irregular and/or fast heartbeat, increased blood pressure, tremors or shaking movements, anxiety, nervousness, rapidly changing mood, problems with memory, blurred vision or other vision changes to name a few. Many drugs interact with Provigil which include over-the-counter medications, prescription medications, nutritional supplements, herbal products, alcohol containing beverages and caffeine. The use of Provigil needs careful supervision. Provigil may affect concentration, function or may hide signs that an individual is tired. It is recommended that until an individual knows how Provigil affects him/her, they may not drive, use machinery or do any activity that requires mental alertness.

Drivers being prescribed Provigil should not be qualified until they have been monitored closely for at least 6 weeks while taking Provigil. The treating physician and the Medical Examiner should agree that the Provigil is effective in preventing daytime somnolence and document that no untoward side effects are present. Commercial motor vehicle drivers taking Provigil should be re-certified annually.

3. Is the certification limited to current employment or job duties?

When a Medical Examiner grants medical certification, he/she certifies the driver to perform
any job duty required of a commercial driver, not just the driver's current job duties.

4. **What medical conditions disqualify a commercial bus or truck driver?**
   The truck driver must be medically qualified to not only drive the vehicle safely, but also to do pre and post trip safety inspections, secure the load and make sure it has not shifted. Bus drivers have different demands.

   By regulation, Specific Medically Disqualifying Conditions Found Under 49 CFR 391.41 are Hearing Loss, Vision Loss, Epilepsy and Insulin Use.

   Drivers who require a Diabetes or Vision exemption to safely drive a CMV in addition to those pre-printed on the certification form are disqualified until they receive such an exemption.

5. **Is a release form required to be completed in order for the employer to legally keep the medical certification card on file?**
   No. The Medical Examiner is required to provide a copy of the Medical Examiner’s Certificate (49 Code of Federal Regulations (CFR) 391.43(g)) to the motor carrier that employs the driver. A release form is not required. The motor carrier is required to keep a copy of the certificate in the driver qualification file. (49 CFR 391.51(b)(7))

6. **What is the age requirement for operating a CMV in interstate commerce?**
   A person must be at least 21 years old to drive a CMV in interstate commerce.

7. **Is getting a medical certificate mandatory for all CMV drivers in the United States?**
   In general, all CMV drivers driving in interstate commerce within the United States must obtain medical certification from a Medical Examiner. CMV drivers from Canada and Mexico can be medically qualified in their countries.

8. **Are CMV drivers who operate in interstate commerce required to have a medical certificate?**
   Drivers are required to have a DOT Medical Certificate:

   If they operate a motor vehicle with a gross vehicle weight rating (GVWR), gross combination weight rating (GCWR), gross vehicle weight (GCW), or gross combination weight (GCW) of 4,536 kilograms or more in interstate commerce.

   If they operate a motor vehicle designed or used to transport more than 15 passengers (including the driver) in interstate commerce.

   If they operate a motor vehicle designed or used to transport between 9 and 15 passengers, for
direct compensation, beyond 75 air miles from the driver's normal work-reporting location, in interstate commerce.

If they transport hazardous materials, in a quantity requiring placards, in interstate commerce.

**CFR 49 Part 391.41**

**CFR 49 Part 390.5**

9. **What is the protocol if the Medical Examiner's Certificate gets damaged, lost or unreadable?**
   A copy of the Medical Examiner's Certificate should be kept on file in the Medical Examiner's office. The driver may request a replacement copy of the certificate from the Medical Examiner or get a copy of the certificate from the motor carrier.

10. **What are the hearing requirements for CMV drivers?**
    A person is physically qualified to drive a CMV if that person: First perceives a forced whispered voice in the better ear at not less than five 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 500Hz, 1000Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to the American National Standard Z24.5-1951.

11. **Can a driver receive a hearing waiver?**
    Currently, there is no waiver program for hearing.

12. **When is audiometry required?**
    A medical examiner may require a driver to have an audiometry test. If the driver fails the whisper test, the driver must pass an audiometer test to be qualified to drive a CMV.

    Office audiometry is not able to test a person with a hearing aid. The person needs to be referred for accurate testing.

13. **What is a waiver? An exemption?**
    A waiver is temporary regulatory relief from one or more of the FMCSR:s given to a person subject to the regulations, or a person who intends to engage in an activity that would be subject to the regulations. A waiver provides the person with relief from the regulation for up to three months. **49 CFR 391.64** provides waivers to CMV drivers who were in the initial vision and insulin programs in the early 1990's.

    An exemption is a temporary regulatory relief from one or more of the FMCSR:s given to a person or class of persons subject to the regulations, or who intend to engage in an activity
that would make them subject to the regulation. An exemption provides the person or class of persons with relief from the regulations for up to two years, but may be renewed.

14. Will my employer have access to my medical evaluation?
Although the FMCSRds do not require the Medical Examiner to give a copy of the Medical Examination Report to the employer, the FMCSA does not prohibit employers from obtaining copies of the medical examination form (long form). Medical Examiners should have a release form signed by the driver if the employer wishes to obtain a copy of the medical examination form (long form).

Employers must comply with applicable State and Federal laws regarding the privacy and maintenance of employee medical information. For information about the provisions of the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) that was mandated by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) (Public Law 104-191), contact the U.S. Department of Health & Human Services at the HIPAA Web site of the Office of Civil Rights. Their toll-free information line is: 1-866-627-7748.

15. What will the FMCSA do after the agency receives my request for a waiver?
After the application is complete, The FMCSA will review the request and make a recommendation to the Administrator. The final decision whether to grant or deny the application for waiver is made by the Administrator.

16. Who signs the medical certificate?
The Medical Examiner who performs the medical examination must sign the Medical Certificate.

17. Who is required to have a copy of the Medical Certificate?
Section 391.43(g) requires the Medical Examiner to give a copy of the medical certificate to the driver and the motor carrier(employer), if the driver passes the medical examination.

18. Why are the diagnosis and treatment of hypertension important?
These criteria are important because there is strong prospective, randomized clinical-trial evidence that hypertension markedly increases the risk of cardiovascular disease and that effective treatment reduces cardiovascular morbidity and mortality. To be certified to drive, the driver should have ongoing hypertension management and be free of side effects that may impair safe driving.

19. Is Narcolepsy disqualifying?
The guidelines recommend disqualifying a CMV driver with a diagnosis of Narcolepsy,
regardless of treatment because of the likelihood of excessive daytime somnolence.

20. Is Proteinuria disqualifying?
Depending on the amount, protein in the urine (Proteinuria) may indicate significant renal disease. The Medical Examiner may certify, time limit, or disqualify a commercial driver with Proteinuria. The decision is based on whether the examiner believes that Proteinuria may adversely affect safe driving regardless of the examiner’s decision. The driver should be referred for follow-up.

21. Who can serve as a Medical Examiner and perform DOT physical exams?
Federal Motor Carrier Safety Regulations define Medical Examiner as a person who is licensed, certified and/or registered in accordance with applicable State laws and regulations to perform physical examinations. The term includes but is not limited to doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses and doctors of chiropractic.

22. Can a driver be qualified if he is taking Methadone?
No. CMV drivers taking Methadone cannot be qualified.

23. Can I apply for an exemption from the hypertension standard?
A CMV driver may apply for an exemption from any of the standards. Exemptions are granted only in those instances where the driver can show that safety would not be diminished by granting the exemption.

49 CFR 381.300

24. What if the certifying doctor is no longer available?
If the original Medical Examiner is not available, the physician or Medical Examiner in the office may sign the replacement certificate. The advisory criteria states that the original may be copied and given to the driver. Some physicians may require the driver to undergo a new physical examination.

25. If a driver had a Myocardial Infarction (MI), followed by coronary artery bypass graft (CABG) several months ago, should he have an ETT (exercise tolerance test) as recommended in the MI guidelines but not in the CABG guidelines?
Medical Examiners should follow the most current clinical guidelines; therefore after an MI, drivers should obtain an ejection fraction and ETT before returning to work and because of the CABG keeping the driver off work 3 months (not 2 as for MI) to allow time for sternal wound healing.
26. Is Sleep Apnea disqualifying?
Drivers should be disqualified until the diagnosis of sleep apnea has been ruled out or has been treated successfully. As a condition of continuing qualification, it is recommended that a CMV driver agree to continue uninterrupted therapy such as CPAP, etc. / monitoring and undergo objective testing as required.

A driver with a diagnosis of (probable) sleep apnea or a driver who has Excessive Daytime Somnolence (EDS) should be temporarily disqualified until the condition is either ruled out by objective testing or successfully treated.

Narcolepsy and sleep apnea account for about 70% of EDS. EDS lasting from a few days to a few weeks should not limit a driver’s ability in the long run. However, persistent or chronic sleep disorders causing EDS can be a significant risk to the driver and the public. The examiner should consider general certification criteria at the initial and follow-up examinations:

- Severity and frequency of EDS
- Presence or absence of warning of attacks
- Possibility of sleep during driving
- Degree of symptomatic relief with treatment
- Compliance with treatment.

27. May I request reconsideration if I am found not qualified for a medical certificate?
The decision to qualify a driver to operate a CMV in interstate commerce is the sole responsibility of the Medical Examiner. The driver may discuss the basis for the disqualification with the Medical Examiner and explore options for reconsideration.

28. Where may I obtain an application for an epilepsy waiver?
A CMV driver may apply for an exemption from any of the standards. Exemptions are granted only in those instances where the driver can show that safety would not be diminished by granting the exemption.

49 CFR 381.300

29. Is the Medical Examiner required to repeat the entire physical examination if the driver is only returning for blood pressure check? How is the new blood pressure documented?
This is at the discretion of the Medical Examiner; if the driver returns to the same Medical
Examiner within the time required (3 months), the CMV driver is not required to repeat the entire physical examination. The Medical Examiner should write the date and new blood pressure reading on the original form and the qualification status.

30. Can a driver who takes nitroglycerine for angina be certified?
   Yes. Nitroglycerine use is not disqualifying. The Medical Examiner may require an evaluation by the treating Cardiologist to make sure that the driver's angina is stable.

31. How soon may a driver be certified after coronary artery bypass grafting (CABG) surgery?
   The driver should not return to driving sooner than 3 months after CABG, to allow the sternal incision to heal. The driver should meet all the following criteria:
   - Clearance by physician (usually cardiologist)
   - Resting echocardiogram with an LVEF >40% after CABG
   - Asymptomatic status with no angina

32. Can a driver be qualified if he/she is having recurring episodes of ventricular tachycardia?
   Drivers with sustained ventricular tachycardia (lasting > 15 seconds) should be disqualified. Drivers experiencing non-sustained V-TACH should be evaluated by a cardiologist to determine the effect on the driver's ability to drive safely, treatment, and if the underlying cause of the ventricular tachycardia is disqualifying (see cardiovascular guidelines for complete review).

33. If I am a medically certified pilot, can I legally operate a CMV?
   No. Operators of CMVs in interstate commerce must be qualified according to the regulations in 49 CFR 391.41(b)(1-13)

34. What is the Federal Motor Carrier Safety Administration?
   The Motor Carrier Safety Improvement Act of 1999 created the Federal Motor Carrier Safety Administration (FMCSA) as a separate administration within the U.S. Department of Transportation on January 1, 2000. The primary mission of FMCSA is to reduce crashes, injuries, and fatalities involving large trucks and buses. FMCSA is headquartered in Washington, D.C., and employs more than 1,000 individuals in all 50 States, the District of Columbia, and Puerto Rico. For more information, go to About Us section on the FMCSA Web site.
35. Can a driver on oxygen therapy be qualified to drive in interstate commerce?
In most cases, the use of oxygen therapy while driving is disqualifying. Concerns include oxygen equipment malfunction, risk of explosion, and the presence of significant underlying disease that is disqualifying, such as pulmonary hypertension. The driver must be able to pass a Pulmonary Function Test (PFT).

Link to Pulmonary Conference Report, page 11

36. How can I get a copy of my medical evaluation file?
You can contact the Medical Examiner that conducted your evaluation for a copy of your medical certification examination.

37. Are the DOT medical examinations covered by HIPAA?
Regulatory requirements take precedence over the Health Insurance Portability and Accountability Act (HIPAA) of 1996. There are potential subtle interpretations that can cause significant problems for the Medical Examiner. What information must or can be turned over to the carrier is a legal issue, and if in doubt, the examiner should obtain a legal opinion. Federal Motor Carrier Safety Regulation 391.43 does not address or prohibit the sharing of medical information by Medical Examiners. http://www.hhs.gov/ocr/hipaa

38. Why is the DOT physical examination important?
The FMCSA physical examination is required to help ensure that a person is medically qualified to safely operate a CMV. In the interest of public safety, CMV drivers are held to higher physical, mental and emotional standards than passenger car drivers.

39. Who can give a waiver or exemption?
The Medical Examiner cannot grant waivers or exemptions. Only the FMCSA grants waivers or exemptions for certain medical conditions if the individual is otherwise qualified to drive. Section 381.205 of the FMCSR s allow the driver to request a waiver if one or more of the FMCSRs prevent the driver from operating a CMV or make it unreasonably difficult to do so, during a unique, non-emergency event that will take no more than three months to complete.

40. What should I do if I have an idea or suggestion for a pilot program?
You may send a written statement to the Federal Motor Carrier Safety Administration, U.S. Department of Transportation, Office of Bus & Truck Standards and Operations, 1200 New Jersey Avenue SE, Washington, DC 20590. 381.400

41. If a driver with hypertension has lowered his blood pressure to normal range, lost weight, and is off medications, can he/she be certified for 2 years?
This is the Medical Examiner's decision.

42. **What information should the Medical Examiner have available to decide if a driver is medically qualified?**
   Medical Examiners who perform FMCSA medical examinations should understand: (1) Specific physical and mental demands associated with operating a CMV, (2) Physical qualification standards specified by 49 CFR 391.41 (b) (1-13), (3) FMCSA advisory criteria and other criteria prepared by the FMCSA, and (4) FMCSA medical guidelines to assess the CMV driver’s medical condition.

43. **Are there duties related to the FMCSA medical certification?**
   No, the FMCSA does not have duties. The Medical Examiner is required to know the FMCSA driver physical qualification standards, medical guidelines, and advisory criteria. The examiner should understand the mental and physical demands of operating a CMV.

44. **For how long is my medical certificate valid?**
   The certificate is valid for 2 years. In addition, drivers with specific medical conditions require more frequent certification:
   - Hypertension (high blood pressure) stable on treatment 1 year
   - Heart disease 1 year
   - Qualified under 391.64 the original diabetes and vision waiver program 1 year
   - New insulin and vision exemption program 1 year
   - Driving in exempt intra-city zone 1 year
   - Determination by examiner that condition requires more frequent monitoring, such as diabetes mellitus or sleep disorders.

45. **What am I required to do if the FMCSA grants my exemption?**
   You must comply with the terms and conditions of the exemption. This information is provided to you.

46. **May a Medical Examiner qualify a driver who has blood in his urine?**
   The Medical Examiner decides to certify, time-limit or disqualify. The decision to certify a driver is determined by whether the examiner believes that the blood in the urine affects the ability of the commercial driver to safely. Regardless of whether the CMV driver is certified, the Medical Examiner should document referral to a specialist or the driver's Primary Care
47.How do Medical Examiners differ from Medical Review Officers?  
A Medical Review Officer (MRO) is a licensed physician responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for test results. More information on MROs is available online at http://www.dot.gov/ost/dapc/mro.html. Medical Examiner means a person who is licensed, certified, or registered, in accordance with applicable State laws and regulations to perform physical examinations. This includes but is not limited to doctors of medicine, doctors of osteopathy, physician assistants, advanced practice nurses and doctors of chiropractic.

48.Are holders of Class 3 pilot licenses required to have another physical for commercial driving?  
Drivers of CMV who operate in interstate commerce must be medically qualified in accordance with 49 CFR 391.41.

49.What medical criteria are required to obtain a medical certificate?  
The physical qualification regulations for CMV drivers in interstate commerce are found at Section 391.41(b) of the FMCSRs. Instructions to Medical Examiners performing physical examinations are found at Section 391.43. Advisory criteria under 391.41 are recommendations. They are accessible on the FMCSA's Web site at http://www.fmcsa.dot.gov/rules-regulations/administration/medical.htm. FMCSA has published medical conference reports as recommendations to assist Medical Examiners determine whether a driver is qualified under Section 391.41(b). The conference reports may be accessed on the FMCSA Web site.

50.How long will it take the agency to respond to my request for a waiver?  
The agency will issue a final decision within 180 days of the date it receives your completed application. However, if you leave out required information, it takes longer to complete your application.

51.Can I get a waiver if I have had a single unprovoked seizure?  
Drivers who have had one unprovoked seizure by definition do not have epilepsy (2 or more unprovoked seizures). Drivers who are seizure-free and off anticonvulsant medication(s) for at least 5 years after a single unprovoked seizure can be certified. Earlier return to work may be considered for drivers with a normal EEG who have no epileptic-form activity and normal examination by a neurologist specializing in epilepsy.

52.What does the medical examination involve?  
The driver must be medically examined and certified in accordance with Section 391.43 of
53. Does the FMCSA set any guidelines for Medical Examiner fees associated with conducting medical examinations?

No. There is no fee schedule.

54. Is Meniere's Disease disqualifying?

Meniere's Disease – a condition associated with severe and unpredictable bouts of dizziness (vertigo) is disqualifying. This recommendation can be found in the Conference on Neurological Disorders and Commercial Drivers.

55. Can carriers set their own standards for CMV drivers who operate in interstate commerce?

49 CFR Section 390.3(d) gives employers the right to adopt stricter medical standards. Motor Carriers (companies) cannot set less restrictive standards. In addition, the employer can require the driver to perform ancillary duties as a condition of employment.

56. What is the effect on driver certification based on FMCSA hypertension stages?

A driver with a diagnosis of hypertension on treatment should have at least an annual certification.

A CMV driver with a Blood pressure (BP) 140/90 may be certified for 2 years.

First time BP elevated:

Stage 1 - BP 140-159/90-99 Certification Period 1 year

Stage 2 - BP 160-179/100-109 Certification Period 3 months as one time certification. Within the 3 months, if the blood pressure is below 140/90, the driver may receive 1 year certification.

Stage 3 - BP Reading >180/110 Disqualified. When the blood pressure is less than 140/90, the driver can be certified at 6 month intervals.

57. What are the criteria used to determine if a driver with lung disease can be certified?

At the initial and follow-up examination, the Medical Examiner can use general certification criteria:

What are the effects of the lung disease on pulmonary function?
Is the disease contagious?

Can the driver safely use therapy while working?

Can the driver safely perform both driving and ancillary duties?

Is the disease progressive? A driver with a pulmonary disease that may progress or affect their ability to drive safely should be certified at least annually.

Additional criteria for the specific respiratory problem:

Certification for most chronic lung diseases is based on the clinical course. The examiner must decide if additional testing is required. The medical certification form states that the examiner may need to order a chest x-ray or pulmonary function tests.

58. What are the differences between the medical standards and the medical advisory criteria and the medical guidelines?
   The Medical Examiner must follow the standards found in 49 CFR 391.41. In the case of vision, hearing, epilepsy and diabetes requiring any use of insulin, the FMCSRs standards are absolute and allow no discretion by the Medical Examiner.

   FMCSA also provides medical advisory criteria and medical guidelines to assist the Medical Examiner determine if a person is physically qualified to operate a commercial bus or truck. The Medical Examiner may or may not choose to use these guidelines. These guidelines are based on expert review and considered practice standards. The examiner should document the reason(s) for not following the guidelines.

59. How long does it take to get my medical certificate once my medical examination is complete?
   The FMCSRs do not specify that the Medical Examiner must give a copy of the Medical Examiner's Certificate to the driver immediately following the examination. The Medical Examiner may require additional medical tests or reports from your treating physician.

60. Can a driver who has a condition that causes excessive daytime sleepiness be certified?
   Narcolepsy and sleep apnea account for about 70% of EDS. EDS lasting from a few days to a few weeks should not limit a driver's ability in the long run. However, persistent or chronic sleep disorders causing EDS can be a significant risk to the driver and the public. While most of these diseases are usually disqualifying, The examiner should consider these general certification criteria at the initial and follow-up examinations:

   Underlying condition causing the EDS.
Severity of and frequency of EDS

Presence or absence of warning of attacks

Possibility of sleep during driving

Degree of symptomatic relief with treatment

Compliance with treatment

After the initial evaluation, the examiner can decide if additional testing is required. Generally, drivers with excessive EDS need further evaluation to determine the cause and certification.

61. My medical certificate is still valid. Am I prohibited from operating a CMV if I have a medical condition that developed after my last medical certificate was issued?
FMCSA regulations prohibit a driver from beginning or continuing to drive if their ability and/or alertness is impaired by: fatigue, illness, or any cause that makes it unsafe to begin (continue) to drive a commercial vehicle.

Even if a driver currently has a valid medical certificate, the driver is prohibited from driving a CMV with any medical condition that would be disqualifying or may interfere with the safe operation of a CMV. Once a disqualifying medical condition is resolved, and before resuming operation of CMVs, a driver is responsible for obtaining re-certification from a Medical Examiner. 391.45

62. What is a satisfactory exercise tolerance test?
A satisfactory ETT requires exercising to a workload capacity of at least six METS (through Bruce Stage II or equivalent) attaining a heart rate of >85% of predicted maximum (unless on beta blockers), a rise in SBP>20mmHg without angina, and having no significant ST segment depression or elevation.

Stress radionuclide or exercise echocardiogram should be performed for symptomatic individuals, individuals with an abnormal resting electrocardiogram, or individuals who fail to meet the ETT requirements.

63. Can I still get a medical certificate if I have a medical condition that is being treated by a physician?
The decision is made by the Medical Examiner. The examiner may request information about the driver’s condition from their treating doctor. In general, certification is permitted if the driver does not have a condition, use medication or receive treatment that impairs safe driving.
64. As a Medical Examiner, can I disclose the results of my medical evaluation to a CMV driver's employer?

49 CFR 391.43 “Instructions to the Medical Examiner” do not address or prohibit the sharing of medical information. Refer to the HIPAA regulations for guidance.

http://www.hhs.gov/ocr/hipaa

65. Where can I find the FMCSRs?

All of the FMCSRs are listed numerically on the FMCSA's Web site at http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrguide.asp?section_type=A.

66. May a driver who has non-insulin treated diabetes mellitus (treated with oral medication) be certified for 2 years?

In all cases, clinical judgment is required. The Medical Examiner decides if the driver's diabetes is adequately controlled, which determines certification, length of certification or disqualification. FMCSA guidelines recommend performing annual examination for vision, neurological function and cardiovascular disease, including hypertension. In general, the diabetic driver should have annual re-certification examinations.

67. Do drivers need to carry the medical certification when driving a CMV?

Yes. Drivers must carry a current copy of a medical examination certificate.

68. Is the driver required to provide a copy to the employer?

Yes, the motor carrier (employer) is required to keep a copy of the medical card (certificate) on file and the driver is required to keep the medical certificate (and supporting documents as required) with him while driving.

69. Can I report a driver operating without a medical certificate? What protection can I expect as a whistleblower and to Whom would I report it?

Yes. Guidelines for reporting a driver operating a CMV without a medical certificate issued by a Medical Examiner and whistleblower protections, i.e., Motor Carrier Employee Whistle Blower Protection, (49 United States Code 31105 and 29 Code of Federal Regulations 1978).

70. Am I required to have a medical certificate if I only operate a CMV in my home State (intrastate commerce)?

Intrastate drivers are subject to the physical qualification regulations of their States. All 50 States have adapted their regulations based on some of the Federal requirements. Many states
grant waivers for certain medical conditions.

NOTE: FedEx, UPS and DHL drivers usually do not leave the state but are subject to interstate regulations.

71. Who determines if a pilot program should be initiated?
Generally, pilot programs are initiated by the FMCSA when the agency determines that there may be an effective alternative to one or more of the requirements in the FMCSRs, but does not have sufficient research data to support the development of a notice of proposed rulemaking to change the regulation. 381.400

72. What is the basis of FMCSA's recommendations regarding high blood pressure?
FMCSA medical guidelines for hypertension are based on the Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 6 - 1997). The prior cardiovascular guidelines were based on an earlier JNC report.

The medical standard (49 CFR 391.41 (b) (6)) permits qualification of CMV drivers if the driver has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a motor vehicle safely. FMCSA provides guidelines to assist the Medical Examiner in determining if a person is physically qualified to operate a motor vehicle.

73. How do I request a waiver/exemption?
For exemptions from Federal standards other than Diabetes or Vision, please refer to the FMCSR in Section 381.210 and 391.310

74. Does my driving record affect my eligibility for a medical certificate?
No.

75. What is a pilot program?
A pilot program collects specific data to evaluate alternatives to the regulations or innovative approaches to safety while ensuring that the safety performance goals of the regulations are satisfied.

In a pilot program, temporary regulatory relief from one or more FMCSR is given to a person or class of persons subject to the regulations or to a person or class of persons who intend to engage in an activity that would be subject to the regulations.

The number of participants in the pilot program must be large enough to ensure statistically valid findings. 381.400
NOTE: FMCSA is not conducting medical pilot programs at the time.

**76. Are CMV Drivers required to be CPR certified?**

No. There is no regulation that requires CMV drivers to be CPR certified.

**77. What medications disqualify a CMV driver?**

A driver cannot take a controlled substance or prescription medication without a prescription from a licensed practitioner.

If a driver uses a drug identified in 21 CFR 1308.11 (391.42(b)(12) or any other substance such as amphetamine, a narcotic, or any other habit forming drug, the driver is medically unqualified.

There is an exception: the prescribing doctor can write that the driver is safe to be a commercial driver while taking the medication. In this case, the Medical Examiner may, but does not have to certify the driver.

Any anti-seizure medication used for the prevention of seizures is disqualifying.

Methadone use is disqualifying.

The Medical Examiner has 2 ways to determine if any medication a driver uses will adversely affect safe operation of a CMV:

1. Review each medication - prescription, non-prescription and supplement

2. Request a letter from the prescribing doctor

**78. What is the ANSI Standard?**

When the audiometric device is calibrated to the American National Standard (formerly the American Standard Association (ASA) Z24.5-1951). Since the prescribed standard under the FMCSRs is the American National Standards Institute (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.

**79. If a driver has had surgery for Meniere's Disease, is the condition disqualifying?**

There is surgery for Meniere's Disease. The FMCSA is now reviewing this issue in relation to certification.

**80. Who should I contact if I have questions about the status of my application for a Vision or Diabetes exemption?**
You should contact the Office of Bus And Truck Standards and Operations, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue SE, Washington, DC 20590.

The telephone number is 1-703-448-3094.

81. Can a CMV driver be disqualified for using a legally prescribed drug?

Although the driver has a legal prescription, he/she may be disqualified if the medication could adversely affect the driver's ability to drive a CMV safely.

82. When may I request a waiver/exemption?

You may request a waiver if one or more of the FMCSRs would prevent you from using or operating CMVs or make it unreasonably difficult to do so, during a unique, non-emergency event that will take no more that three months to complete. You may apply for an exemption if one or more FMCSRs prevents you from implementing more efficient or effective operations that would maintain a level of safety equivalent to or greater than the level achieved without the exemption.

83. Can I drive a commercial vehicle after having angioplasty/stents inserted into my heart?

Yes. Drivers who have uncomplicated, elective Percutaneous Coronary Intervention (PCI), with or without stenting, to treat stable angina may return to work as soon as one week after the procedure. Criteria for return to work after PCI include:

- Examination and approval by the treating cardiologist;
- Asymptomatic;
- No injury to the vascular access site;

ETT three to six months post PCI. In the CMV driver this requires exercising to workload capacity of at least six METS (through Bruce Stage II or equivalent), attaining a heart rate >85% of predicted maximum (unless on beta blockers), a rise in SBP >20mmHg without angina, and having no significant ST segment depression or elevation. Stress radionuclide or echocardiography imaging should be performed for symptomatic individuals, individuals with an abnormal resting echocardiogram, or those drivers who fail to obtain the minimal standards required from the standard ETT;

Annual medical qualification examination;

Negative ETT at least every other year (criteria above) and Tolerance of all cardiovascular medication. The driver should not experience orthostatic symptoms, including light-headedness; a resting SBP<95mmHg systolic; or a systolic blood pressure decline >
20mmHg upon standing.

84. Is it possible to get exemptions for some medical conditions?
Under 49 United States Code 31315 and 31136(e), the FMCSA may grant an exemption from the FMCSRs if the agency determines it is in the public interest and would likely achieve a level of safety equivalent to, or greater than, the level that would be achieved by complying with the safety regulation. Section 381.300 through 381.330 of the FMCSRs describes procedures applicants must follow to apply for exemptions and can be viewed at 49 CFR 381.330. FMCSA currently has exemption programs for vision and insulin-treated diabetes mellitus, and offers a certificate program for drivers with limb impairments. FMCSA also has a special certification program for drivers with missing and/or impaired limbs (49 CFR 391.41(b)(1).

85. Are government employees exempt from routine/yearly physical examinations?
Transportation performed by the Federal government, a State, or any political subdivision of a State, or an agency established under a compact between states that has been approved by the Congress of the United States are exempt from the FMCSRs, if the political entity chooses.

86. I operate a CMV in the United States but reside outside of the United States. Can I use my foreign medical certificate?
Yes, if you are a resident of Mexico or Canada. Drivers certified in Canada are certified to drive in the United States, providing they meet U.S. requirements. For Mexican drivers, the medical examination is part of the Licencia Federal. It is not necessary for Mexican drivers to carry a separate medical certifying document.

A CMV operator from Canada or Mexico who has been issued a valid commercial driver’s license by a Canadian Province or the Mexican Licencia Federal is no longer required to have a medical certificate. The driver’s medical exam is part of the driver’s license process and is proof of medical fitness to drive in the United States. However, Canadian and Mexican drivers who are insulin-using diabetics, who have epilepsy, or who are hearing-and-vision impaired are not qualified to drive CMVs in the United States. Furthermore, Canadian drivers who do not meet the medical fitness provisions of the Canadian National Safety Code for Motor Carriers but who have been issued a waiver by one of the Canadian Provinces or Territories are not qualified to drive CMVs in the United States. Similarly, Mexican drivers who do not meet the medical fitness provision of The Licencia Federal de Conductor but who have been issued a waiver by The Licencia Federal de Conductor are not qualified to drive CMVs in the United States.

87. Who should I contact if I have questions about the information I am required to submit to the FMCSA to obtain a waiver or exemption?
You should contact the Office of Bus and Truck Standards and Operations, Federal Motor
88. Can a driver be qualified if taking prescribed medical marijuana?
   No. Drivers taking medical marijuana cannot be certified.

89. Is a driver on kidney dialysis disqualified?
   At this time, there is no guidance from FMCSA. At the least, the examiner should require a
   letter from the treating doctor (nephrologist) outlining the condition, medications, and
   recommendation regarding certification. The examiner may or may not accept this
   recommendation. The driver must meet all criteria for certification. Restrictions other than
   those on the pre-printed form are disqualifying.

90. Is there a "grandfathering" provision for the Vision and Diabetes standards?
   Section 391.41(b)(10) do not apply to a driver who was a participant in good standing on
   March 31, 1996, in a waiver study program concerning the operation of CMVs by drivers
   with visual impairment in one eye; provided: (1) The driver is physically examined every
   year, including examination by an ophthalmologist or optometrist attesting to the fact that the
   driver: (i) Is otherwise qualified under 391.41; and (ii) Continues to measure at least 20/40
   (Snellen) in the better eye. (2) The driver provides a copy of the ophthalmologist or
   optometrist report to the Medical Examiner at the time of the annual medical examination. (3)
   The driver provides a copy of the annual medical certification to the employer for retention in
   the driver's qualification file and retains a copy of the certification on his/her person while
   driving for presentation to an authorized federal, state or local law enforcement official. The
   grandfathering provision is no longer available.

91. Can a driver be certified who tests positive for a controlled substance on the urine test,
   but claims that the prescription was legally prescribed 5 years before?
   No. Controlled substances expire no later than one year after the date of the original
   prescription.

92. What tests are used to determine if a driver has adequate hearing to drive safely?
   The tests are either the forced whisper test or audiometry. For the whispered voice test, the
   driver should be 5 feet from the examiner with the ear being tested turned toward the
   examiner. The other ear is covered. Using the breath which remains after a forced expiration,
   the examiner whispers words or random numbers such as 66,18,23. The examiner should not
   use only sibilants (s-sounding test materials). If the individual fails the whisper test, the
   audiometric test should be administered.
93. Can a Canadian driver apply for a Skill Performance Evaluation (SPE) certificate to drive in the United States?

The reciprocity agreement between the United States and Canada does not permit drivers who do not meet the medical fitness requirements of Canada to drive in the United States. Both countries agree that Canadian drivers who do not meet the medical provisions in the National Safety Code of Canada but have a waiver by one of the Canadian Provinces or territories would not be qualified to operate a CMV in the United States. The National Safety Code states that a driver must wear a prosthesis and demonstrate his/her ability in an on-road test. Some of the Canadian provinces have not adopted the National Safety Code. If a driver has no prosthesis when entering the United States, the driver is not qualified to operate here.

It is not necessary for a Canadian driver to apply for a Skill Performance Evaluation certificate to drive in the United States. A valid commercial driver’s license issued by a Canadian Province or Territory is proof of medical fitness to drive. If a Canadian driver is required to wear prosthesis, the driver must wear the prosthesis while operating a commercial vehicle in the U.S. If a driver has no prosthesis when entering the U.S., the driver is not qualified to operate here.

94. Is the employer legally responsible for paying for the DOT medical examination?

The FMCSRs do not address this issue.

95. Are motor carriers legally obligated to provide air conditioning in commercial motor vehicles?

The FMCSRs do not address this issue.

96. As a Medical Examiner, can I disclose the results of my medical evaluation to a commercial motor vehicle driver's employer?

391.43 “Instructions to the Medical Examiner” do not address or prohibit the sharing of medical information. Refer to the HIPAA regulations for guidance.

http://www.hhs.gov/ocr/hipaa

97. How can I get more information or apply to serve on the Medical Review Board (MRB)?

Contact the MRB staff on (202) 366-4001 or fmcsamrb@fmcsa.dot.gov

98. What is the Medical Review Board?

The Medical Review Board (MRB) is a nationally recognized standing board of licensed physicians established by FMCSA to provide expert advice to the Secretary of Transportation on matters related to physical qualifications of drivers, medical standards and guidelines, materials for training medical examiners, functional tests for drivers with multiple disabilities.
and identifying risks of sudden incapacitation.

99. **What happens if a driver is not truthful about his/her health history on the medical examination form?**

The FMCSA medical certification process is designed to ensure drivers are physically qualified to operate commercial vehicles safely. Each driver is required to complete the Health History section on the first page of the examination report and certify that the responses are complete and true. The driver must also certify that he/she understands that inaccurate, false or misleading information may invalidate the examination and medical examiner's certificate.

FMCSA relies on the medical examiner's clinical judgment to decide whether additional information should be obtained from the driver's treating physician. Deliberate omission or falsification of information may invalidate the examination and any certificate issued based on it. A civil penalty may also be levied against the driver under 49 U.S.C. 521(b)(2)(b), either for making a false statement or for concealing a disqualifying condition.