

EXAMINATION TO DETERMINE PHYSICAL CONDITION OF DRIVERS

1. Driver Information Driver completes this section

| | | | | | | | |
|---|------------------------|--------------------------------------|---|--|--|--|---|
| Driver's Name - Last, First, Middle Initial | Social Security Number | Date of Birth 00/00/0000 | <input type="checkbox"/> New certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Follow up | Age <input style="width: 20px;" type="text"/> | Gender <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow Up | Date of Exam <input style="width: 50px;" type="text"/> |
| Address, City, State Zip , | | Work Phone () - Home Phone () - | Drivers License No. | | License Class <input style="width: 20px;" type="text"/> | License State | |

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

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

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

I certify that the above information is complete :

_____ Date

_____ Driver's Signature

Medical Examiner's Comments on Health History

(The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medication, including over-the-counter medications, while driving.)

TESTING (Medical Examiner completes Section 3 through 7)

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

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

Numerical readings must be provided.

| ACTIVITY | UNCORRECTED | CORRECTED | HORIZONTAL FIELD OF VISION |
|-----------|-------------|-----------|----------------------------|
| Right Eye | 20/ | 20/ | Right Eye ° |
| Left Eye | 20/ | 20/ | Left Eye ° |
| Both Eyes | 20/ | 20/ | ° |

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

Date of Examination Name of Ophthalmologist or Optometrist (print) Tel. No. License No./State of Issue License No./State of Issue

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

| a) Record distance from individual at which forced whispered voice can first be heard. | Right Ear | Left Ear | Right Ear | | | Left Ear | | |
|--|-----------|----------|-----------|---------|---------|----------|---------|---------|
| | Feet | Feet | 500 Hz | 1000 Hz | 2000 Hz | 500 Hz | 1000 Hz | 2000 Hz |
| b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951) | | | Average: | | | Average: | | |

5. BLOOD PRESSURE / PULSE RATE Numerical readings must be recorded.

| Blood Pressure | Systolic | Diastolic |
|----------------|----------|-----------|
|----------------|----------|-----------|

Driver qualified if $\leq 160/90$ on initial exam.

| Pulse Rate | <input type="checkbox"/> Regular | <input type="checkbox"/> Irregular |
|------------|----------------------------------|------------------------------------|
|------------|----------------------------------|------------------------------------|

Medical examiner should take at least 2 readings to confirm blood pressure.

On initial exam
If 161-180 and/or 104, qualify 3 mos. only. _____,

If > 180 and/or 104, not qualified until reduced to $< 181/105$. Then qualify for 3 mos. only. _____,

GUIDELINES FOR BLOOD PRESSURE EVALUATION

Within 3 months
If ≤ 160 and/or 90, qualify for 1 yr. Document Rx control the 3rd month. _____,

If ≤ 160 and/or 90, qualify for 6 mos. Document Rx control the 3rd month. _____,

Certify
Annually if acceptable BP is maintained.

Biannually

6. 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)

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

and devices showing standard red, green and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing:

Corrective Lenses

Monocular Vision: Yes No

7. PHYSICAL EXAMINATION Height: _____ (in.) Weight: _____ (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled. If the condition does not disqualify a driver, the medical examiner may consider deferring the exam as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any condition that might affect the safe operation of a commercial motor vehicle. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See *Instructions to the Medical Examiner* for guidance.

| BODY SYSTEM | CHECK FOR: | YES | NO | BODY SYSTEM | CHECK FOR: | YES | NO |
|---|--|-----|----|---|---|-----|----|
| 1. General Appearance | Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse. | | | 7. Abdomen and Viscera | Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness. | | |
| 2. Eyes | Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration. | | | 8. Vascular System | Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins. | | |
| 3. Ears | Middle ear disease, occlusion of external canal, perforated eardrums. | | | 9. Genito-urinary System | Hernias. | | |
| 4. Mouth and Throat | Irremediable deformities likely to interfere with breathing or swallowing. | | | 10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified. | Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly. | | |
| 5. Heart | Murmurs, extra sounds, enlarged heart, pacemaker. | | | 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, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest. | | | 12. Neurological | Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia. | | |

COMMENTS: _____

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

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

Does not meet standards

Meets standards, but periodic evaluation required

Due to _____ driver qualified only for:

3 months 1 year

6 months other

Temporarily disqualified due to (condition or medication): _____

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

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

Wearing corrective lenses

Wearing hearing aid

Accompanied by a _____ waiver/exemption

Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone

Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature _____

Driving Examiner's Name (print) _____

Qualified by operation of 49 CFR 391.64 _____

Telephone Number _____

Instructions to the Medical Examiner

The medical examiner should review these instructions before performing the physical examination. Answer each question yes or no where appropriate.

The medical examiner should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the driver of a commercial motor vehicle.

In the interest of public safety, the medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to operate safely a commercial motor vehicle.

General Information. The purpose of this history and physical examination is to detect the presence of physical, mental or organic defects of such a character and extent as to affect the applicant's ability to operate a motor vehicle safely. The examination should be made carefully and at least as complete as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded which do not, because of their character or degree, indicate the certification of physical fitness should be denied. However, these defects should be discussed with the applicant, and he should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect his ability to drive safely.

General appearance and development: Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drug.

Head-eyes: When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses. Monocular drivers are not qualified to operate commercial motor vehicles under existing Federal Motor Carrier Safety Regulations.

If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

Ears: Note evidence of mastoid or middle ear disease, discharge, symptoms of aura vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

Throat: Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a motor vehicle.

Throat-heart: Stethoscopic examination is required. Note murmurs and arrhythmia's, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

Blood pressure: Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90mm. Hg.,

Lungs: If any lung disease is detected, state whether active or arrested; if arrested your opinion as to how long it has been quiescent.

Gastrointestinal system: Note any diseases of the gastrointestinal system.

Abdomen: Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present.

Abnormal masses: If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that condition might interfere with the control and safe operation of a motor vehicle, more stringent tests must be made before the applicant can be certified.

Tenderness: When noted, state where most pronounced, and suspected cause. If the diagnosis suggests that the condition might interfere with the control and safe operation of a motor vehicle, more stringent tests must be made before the applicant can be certified.

Genito-urinary: Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and state public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albuminuria in the urine or other findings indicative of health conditions likely to interfere with the control and safe operation of a motor vehicle, will disqualify an applicant from operating a motor vehicle.

Neurological: If positive Romberg is reported, indicate degrees of impairment. Papillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted.

Extremities: Carefully examine upper and lower extremities. Record the loss or impairment of leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalyses or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to and record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a motor vehicle safely.

Spine: Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiological and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

Recto-genital studies: Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

Laboratory and other special findings: Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the

Diabetes: If insulin is necessary to control a diabetic condition, the driver is not qualified to operate a motor vehicle. If mild diabetes is noted at the time of examination, and it is stabilized by used of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

Controlled substance testing: If a test for controlled substances is performed as part of the medical examination, the medical examiner is to check the box next to the statement, "Controlled substance test performed" on the medical examination form. If a test for controlled substance is not performed, the medical the medical examiner is to check the box next to the statement "Controlled substance test not performed." If a controlled substances test is performed under the requirements of Subpart H of this part, then the medical examiner must also check the box next to the statement, "in accordance with Subpart H" and must obtain information that the results of such test were negative prior to certifying that the driver is otherwise medically qualified. If a controlled substance test is performed, but not in accordance with Subpart H, the medical examiner must also check the box next to the statement, "not in accordance with Subpart H," and ensure that the results of the test were negative prior to certifying that the driver is otherwise medically qualified. The medical examiner must date and sign his findings upon completion of the examination. A licensed ophthalmologist or optometrist may perform examinations pertaining to visual acuity, field of vision and ability to recognize colors. If the medical examiner finds that the person he examined is physically qualified to drive a motor vehicle, he shall complete the Medical Examiner's Certificate and furnish one copy to the person examined and one copy to the motor carrier employer.