or by the private sector, of $100 million or more in any one year, as required by the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1532).

Executive Order 12612 (Federalism Assessment)

This action will be analyzed in accordance with the principles and criteria contained in Executive Order 12612 to determine if this action has sufficient federalism implications to warrant the preparation of a federalism assessment. Nothing in this document directly preempts any State law or regulation.

Executive Order 12372 (Intergovernmental Review)

Catalog of Federal Domestic Assistance Program Number 20.217, Motor Carrier Safety. The regulations implementing Executive Order 12372 regarding intergovernmental consultation of Federal programs and activities do not apply to this program.

Paperwork Reduction Act

This action, if taken beyond the ANPRM stage, would in all likelihood impact existing collection of information requirements for the purposes of the Paperwork Reduction Act of 1995 (49 U.S.C. 3501–3520). Office of Management and Budget (OMB) reviews and approvals would be required if regulatory changes were proposed and promulgated

National Environmental Policy Act

The agency will analyze this action for purposes of the National Environmental Policy Act of 1969 (42 U.S.C. 4321 *et seq.*) to determine whether would have any effect on the quality of the environment.

Regulation Identification Number

A regulatory identification number (RIN) is assigned to each regulatory action listed in the Unified Agenda of Federal Regulations. The Regulatory Information Service Center publishes the Unified Agenda in April and October of each year. The RIN contained in the heading of this document can be used to cross reference this action with the Unified Agenda.

List of Subjects

49 CFR Part 390

Highway safety, Highways and roads, Motor carriers, Motor vehicle identification and marking, Reporting and record keeping requirements.

49 CFR Part 391

Highways and roads, Motor carriers—driver qualifications, Motor vehicle safety, Reporting and record keeping requirements.

49 CFR Part 392

Highway safety, Highways and roads, Motor carriers—driving practices.

49 CFR Part 393

Highways and roads, Motor carriers, Motor vehicle equipment, Motor vehicle safety.

49 CFR Part 395

Global positioning systems, Highways and roads, Highway safety, Motor carriers—driver hours of service.

49 CFR Part 396

Highways and roads, Motor carriers, Motor vehicle maintenance, Motor vehicle safety.

(49 U.S.C. 31132, 31136, and 31502; and 49 CFR 1.48)

Issued: July 27, 1998.

Kenneth R. Wykle,

Federal Highway Administrator.

[FR Doc. 98–20920 Filed 8–4–98; 8:45 am]

BILLING CODE 4910–22–P

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

49 CFR Part 391

[FHWA Docket No. FHWA–98–3542]

RIN 2125–AC63

Physical Qualification of Drivers; Medical Examination; Certificate

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of proposed rulemaking (NPRM); request for comments.

SUMMARY: The FHWA is seeking comments on a proposal to amend its regulation governing the examination to determine the physical condition of drivers. The FHWA takes this action in response to numerous requests from medical examiners to update and simplify the medical examination form that is currently used. This proposed action is intended to reduce the incidence of errors on such forms and to provide more uniform medical examinations of commercial motor vehicle (CMV) drivers under the Federal Motor Carrier Safety Regulations (FMCSRs). The current Federal physical qualification standards tested by medical examiners and recorded on the form would not be revised in this rulemaking. The FHWA is seeking comments on the proposed form.

DATES: Written comments addressing this rule must be received on or before November 3, 1998.

ADDRESSES: Your signed, written comments must refer to the docket number appearing at the top of this document and you must submit the comments to the Docket Clerk, U.S. DOT Dockets, Room PL–401, 400 Seventh Street, SW., Washington, D.C. 20590–0001. All comments received will be available for examination at the above address between 10 a.m. and 5 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped envelope or postcard.

FOR FURTHER INFORMATION CONTACT: Mrs. Sandra Zywokarte, (202) 366–1790, Office of Motor Carrier Standards, for information regarding the rulemaking, or Ms. Judith A. Rutledge, (202) 366–0834, Motor Carrier Law Division, Office of the Chief Counsel, for information regarding legal issues. Federal Highway Administration, Department of Transportation, 400 Seventh Street, SW., Washington, D.C. 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Electronic Access

Internet users can access all comments received by the U.S. DOT Dockets, Room PL–401, by using the universal resource locator (URL): http://dms.dot.gov. It is available 24 hours each day, 365 days each year. Please follow the instructions online for more information and help.

An electronic copy of this document may be downloaded using a modem and suitable communications software from the **Federal Register** Electronic Bulletin Board Service at (202)512–1661. Internet users may reach the **Federal Register**'s home page at: http://www.nara.gov/nara/fedreg and the Government Printing Office's database at: http://www.access.gpo.gov/su_docs.

Background

The authority to require medical certification of CMV driver qualification was originally granted to the Interstate Commerce Commission (ICC) in the Motor Carrier Act of 1935. The authority was transferred to the DOT in 1966 and is currently codified at 49 U.S.C. 31502(b).

The importance of physical qualification of commercial drivers was recognized in 1939 when the first regulatory medical standard was established by the ICC. Those

regulations, published June 7, 1939, required a driver to possess the following minimum qualifications:

> Good physical and mental health; good eyesight; adequate hearing; no addiction to narcotic drugs; and no excessive use of alcoholic beverages or liquors.

The first change to this standard was initiated in 1952 and went into effect on January 1, 1954. The Certificate of Physical Evaluation required under the 1954 rule was slightly more specific than the 1939 regulation, and also required a physical examination form and a doctor's certificate. A second revision made in 1964 amended the standard to allow limb-amputee and limb-impaired drivers, who were otherwise eligible, to become medically qualified through a waiver program. On April 22, 1970, (35 FR 6458) in light of discussions with the FHWA's medical advisors, the existing physical qualification requirements were substantially tightened by including guidelines for evaluation of persons in high-risk medical categories. This rule also provided that the examining physician be given full information about the responsibilities of and the exacting demands made on commercial drivers. There have been no major changes since then.

Current Medical Examination Form

The current form was adopted by the DOT in 1970, recodified in 49 CFR part 391, and has undergone no changes since that time. The physical qualification regulations for drivers in interstate commerce are found at 49 CFR 391.41. Section 391.43 contains instructions to medical examiners for performing physical examinations and recording their findings.

The FHWA has received numerous verbal and written requests from physicians and other medical providers who perform physical examinations of CMV drivers engaged in interstate commerce to make changes to the medical form currently used under § 391.43(e). Medical practitioners have indicated that the format, layout and content of the current form are outdated, difficult to use and contain irrelevancies. For example, the health history section of the form asks about a history of fits, syphilis and gonorrhea, and nervous stomach. Such inquiries reflect outdated terminology, are vague, or are not relative to a driver's ability to operate a CMV safely. Others have suggested that the form is not adaptable to current trends in documentation such as electronic documentation. Given these comments, the FHWA has decided to initiate this proposed rulemaking action.

Over the past two decades there have been substantial changes in medical technology and the technology, operating practices and economics of the motor carrier industry. These changes have affected the lifestyles of and, therefore, the physical and mental demands placed on CMV drivers. The FHWA agrees that the current form is outdated and its continued use problematic.

Methods and Considerations for Developing a Revised Medical Examination Form

The FHWA contracted with the Association for the Advancement of Automotive Medicine (AAAM) to review and evaluate the current form, and to help develop a revised form. In order to assure that the revised form would reflect the most current medical concepts and be responsive to the needs of the groups using the forms such as the medical community and the trucking industry, the AAAM convened a working group to review the draft form. This group included two occupational health physicians, a motor carrier and Federal and State government representatives. A second draft of the form was then submitted for additional review by a correspondence review group made up of medical providers, State agency representatives, motor carriers, FHWA field staff, and other interested groups.

The form revision process was defined and limited by several norms. The underlying physical qualification standards tested by medical providers and recorded on the form would not be revised in this rulemaking. In addition, the instructions for performing and recording physical examinations found in 49 CFR 391.43 would be revised only to the extent necessary to ensure that instructions to medical examiners are understandable and consistent with the information provided on the proposed medical examination form and guidance materials established by the FHWA for medical examiners.

Proposed Medical Examination Form

The proposed form, modeled on physical examination forms in use today, has been organized to gain simplicity and efficiency, to reflect current medical terminology and examination components and to be a self-contained document; that is, the proposed form will, to the extent possible, include all relevant information necessary to conduct the physical examination and certification. The FHWA believes its proposed revision to the form will enhance the accuracy and efficiency of the commercial driver physical qualification process.

Consistent with accepted practices regarding the order of the examination, the first section of the proposed form would be completed by the driver. This section requests information on the driver's health history, seeking ''yes'' or ''no'' answers to a variety of medical condition questions. Any ''yes'' response would require further clarification by the driver. Once the form is completed, the driver would be required to sign it, affirming that all the information contained therein is accurate and complete. An additional statement indicates that inaccurate, false, or missing information may invalidate both the examination and any Medical Examiner's Certificate issued thereon. A result of such invalidation could include revocation of the driver's commercial license by the issuing State. The FHWA believes that the proposed addition of a driver certification requirement would discourage drivers from omitting or falsifying medical information and thereby would ensure the accuracy and completeness of the medical form and strengthen the overall certification process.

The second section of the proposed form covers the physical examination and tests performed by the medical examiner. The medical examiner is provided with information on both the relevant Federal physical qualification standards and the tests required to measure compliance with those standards. The Federal standards and guidelines for evaluation of a driver's vision, hearing, and blood pressure are included in this section of the proposed form, thereby reducing the potential for errors by the medical examiner. Missing or inconsistent information on the examination form has been a problem according to anecdotal information provided by the motor carrier industry and other users of the form, and according to information obtained from six pilot demonstration programs to verify the six States' ability to merge the medical process with the CDL licensing process. [1]

[1] The pilot projects were completed in January 1995, and a final report (see docket, FHWA–97–2210) was submitted to the FHWA. On July 23, 1996, the FHWA announced (61 FR 38133) the first meeting of a negotiated rulemaking advisory committee under the Federal Advisory Committee Act and the Negotiated Rulemaking Act to consider the relevant issues and attempt to reach a consensus in developing regulations governing the proposed merger of the State-administered commercial driver's license procedures and the Federal driver physical qualification requirements. For complete information on the six pilot projects and the

Unlike the current physical examination form, the proposed form clearly indicates when numerical readings must be recorded. Moreover, since the physical qualification regulations do not indicate acceptable laboratory values for the presence of protein, blood or sugar in the urine, the proposed form places the medical examiner on notice that the presence of these substances in the urine may be an indication for further testing to rule out an underlying medical condition that may be disqualifying. Space is also provided for optional tests, such as an electrocardiogram (ECG), an echocardiogram, an exercise stress test (EST) or a chest x-ray. In addition, a complete physical examination must be performed for each driver.

Although the ECG and EST are considered optional, the FHWA is proposing specific recommendations for a baseline ECG at age 40, then every six years until age 55, and then every two years. In this proposal, the FHWA also recommends that an EST be given to asymptomatic individuals who are 45 years old or older and who either exhibit two or more cardiac risk factors or have a history of ischemic heart disease. These recommendations were developed during a 2-day conference on cardiac disorders and commercial drivers at the American College of Cardiology in Bethesda, Maryland in 1986. The conference was convened to assist the FHWA in developing a systematic and scientific basis for updating the cardiac standards for commercial drivers. The final report published in 1988 provided very specific recommendations for qualifying drivers with cardiovascular conditions and for screening drivers for cardiac risk factors. This cardiac conference guidance has been extensively peer reviewed and is being updated as necessary. A copy of this cardiac conference guidance is contained in the docket for public inspection.

A full page of the proposed form is devoted to instruction and recordation of the medical examiner's findings. The medical certificate is also provided, and must be completed by the medical examiner if he or she finds that the driver meets all the Federal physical qualification requirements.

The third section of the proposed form not only sets forth the Federal physical qualification standards found at 49 CFR 391.41, but also contains more detailed information for the medical examiner regarding the driver's role and the types of duties he or she may face as a result of his or her employment. The FHWA believes that this information is valuable to the medical examiner in making a determination of physical qualification, and that such information may not have been provided to medical examiners in the past because it was not included on the current medical examination form. This section also contains the FHWA's guidelines to help medical examiners assess a driver's physical qualification. These guidelines are strictly advisory and were established by the FHWA after consultation with physicians, States, and industry representatives.

In addition to the revisions to 49 CFR 391.43 proposed in this NPRM, the FHWA is making technical corrections to paragraphs (d) and (g) of that section.

The FHWA's primary concern is to enhance safety on the Nation's highways, not to unnecessarily limit the employment opportunities of individuals with physical impairments. To the fullest extent possible, consistent with its safety mandate and regulations, the FHWA is interested in promoting individual determinations of medical qualification to operate a CMV. The intent of this proposal is to facilitate medical providers' efforts to establish, and document in a clear and understandable way, the physical qualification of a driver to operate a CMV.

Consequently, the FHWA requests comments from individuals, medical providers, motor carriers, and all other interested parties on the proposed medical examination form. The information should include, but need not be limited to, information on how to improve the proposed examination form and instructions for performing and recording physical examinations.

Rulemaking Analyses and Notices

All comments received before the close of business on the comment closing date indicated above will be considered and will be available for examination in the docket room at the above address. Comments received after the comment closing date will be filed in the docket and will be considered to the extent practicable, but the FHWA may issue a final rule at any time after the close of the comment period. In addition to the late comments, the FHWA will also continue to file in the docket relevant information that becomes available after the comment closing date, and interested persons should continue to examine the docket for new material.

Executive Order 12866 (Regulatory Planning and Review) and DOT Regulatory Policies and Procedures

The FHWA has determined that the proposed action, if implemented, would not be a significant regulatory action under Executive Order 12866 or significant under the regulatory policies and procedures of the DOT. It is anticipated that the economic impact of this proposed rule would be minimal because the use of existing printed supplies of the forms addressed in this action will be allowed until the forms are depleted, or until 12 months after the date of publication of this rulemaking in the **Federal Register**, whichever occurs first. Allowing the use of existing forms would avert substantial monetary loss by motor carriers, medical providers, and vendors of forms that might otherwise result from this rulemaking. Moreover, the proposed action would facilitate regulatory uniformity and result in easier compliance with and enforcement of the driver qualification requirements of the FMCSRs. The proposed form would, to the extent possible, include all relevant information necessary to establish and record the physical qualification of a driver to operate a CMV. As a result, the FHWA believes that this rulemaking would have a positive economic impact. That is, time and cost burdens on truck and bus companies would not increase and, indeed, such burdens on medical examiners could actually decrease. Therefore, a full regulatory evaluation is not required.

Regulatory Flexibility Act

In compliance with the Regulatory Flexibility Act, 5 U.S.C. 601–612, the FHWA is evaluating the effects of this proposal on small entities. The FHWA believes that this proposed action, if implemented, would not have a significant economic impact on a substantial number of small entities or the nation's economy because it would allow individual small carriers, medical providers and vendors of the form to use the forms they now have on hand until those supplies have been depleted, or until 12 months after the date of publication of this rulemaking in the **Federal Register**. To the extent that the proposed revised form would facilitate compliance with driver qualification requirements, the projected positive economic impact is not expected to be sufficiently significant to warrant a full regulatory evaluation. The FHWA intends to further evaluate the economic consequences of this proposal on small entities, however, in light of the

negotiated rulemaking advisory committee proceedings, see 59 FR 36338 (July 15,1994) and 61 FR 18713 (April 29, 1996).

comments received in response to this notice of proposed rulemaking.

Unfunded Mandates Reform Act of 1995

The FHWA will analyze any proposed rule to determine whether it would result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year, as required by the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1532).

Executive Order 12612 (Federalism Assessment)

This proposed rulemaking, if promulgated, would amend Part 391 of the FMCSRs (Title 49, Code of Federal Regulations) pertaining to the physical qualification and examination of drivers. This proposal has been analyzed in accordance with the principles and criteria contained in Executive Order 12612. Nothing in this proposal would preempt any State law or regulation. This proposal would not limit the policy making discretion of the States. Therefore, the FHWA has determined that this proposal does not have sufficient federalism implications to warrant the preparation of a separate Federalism Assessment.

Executive Order 12372 (Intergovernmental Review)

Catalog of Federal Domestic Assistance Program Number 20.217, Motor Carrier Safety. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on Federal programs and activities do not apply to this program.

National Environmental Policy Act

The agency has analyzed this action for the purposes of the National Environmental Policy Act of 1969, as amended (42 U.S.C. 4321 *et seq.*), and has determined that this action will not have any effect on the quality of the environment.

Paperwork Reduction Act

The information collection requirements that would be imposed as a result of this rulemaking are being submitted to the OMB for approval in accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3501–3520. This rulemaking proposes a revision of a form used to collect medical information about drivers of commercial motor vehicles (CMVs).

Title: Medical Qualifications Requirements.

Affected Public: Approximately 400,000 motor carriers and 500,000 medical examiners.

Abstract: Medical examiners are required to perform examinations of CMV drivers who operate in interstate commerce. The results must be recorded substantially in accordance with the instructions and the form found at 49 CFR 391.43. Medical examiners are also required to fill out a medical certificate upon completing an examination. The certificate affirms that the driver is medically qualified to drive a CMV in interstate commerce.

Under 49 CFR 391.51 and 398.3, motor carriers are required to retain the medical examiner's certificate in the driver's qualification file for 3 years.

Need: To ensure that only physically qualified CMV drivers operate in interstate commerce.

Requested Time Period of Approval: The information collection for this item, OMB Control Number, 2125–0080, was last approved by OMB on September 2, 1997. It is valid through September 30, 2000.

Estimated Annual Burden: Based on an estimate of 5,500,000 interstate CMV drivers, the annual time burden upon medical examiners and motor carriers for examinations and recordkeeping would be approximately 412,500 hours. This is a decrease of 46,605 hours from the burden under the previous form.

Comments are invited on any aspect of the proposed collection of information, including but not limited to: (1) The necessity and utility of the information collection for the proper performance of the functions of the FHWA; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the collected information; and (4) ways to minimize the collection burden without reducing the quality of the collected information.

Regulation Identification Number

A regulation identification number (RIN) is assigned to each regulatory action listed in the Unified Agenda of Federal Regulations. The Regulatory Information Service Center publishes the Unified Agenda in April and October of each year. The RIN contained in the heading of this document can be used to cross reference this action with the Unified Agenda.

List of Subjects in 49 CFR Part 391

Driver qualifications—physical examinations, Highway safety, Motor carriers, Reporting and recordkeeping requirements, Safety, Transportation.

Issued: July 29, 1998.

Kenneth R. Wykle,

Federal Highway Administrator.

In consideration of the foregoing, the FHWA proposes to amend title 49, CFR, chapter III, part 391 as follows:

PART 391—QUALIFICATIONS OF DRIVERS [REVISED]

1. The authority citation for part 391 continues to read as follows:

Authority: 49 U.S.C. 504, 31133, 31136, and 31502; and 49 CFR 1.48.

2. Section 391.43 is amended in paragraphs (d), (f), (g), and (h), to read as follows:

§ 391.43 Medical examination; certificate of physical qualification.

* * * * *

(d) Any driver authorized to operate a commercial motor vehicle within an exempt intracity zone pursuant to § 391.62 of this part shall furnish the examining medical examiner with a copy of the medical findings that led to the issuance of the first certificate of medical examination which allowed the driver to operate a commercial motor vehicle wholly within an exempt intracity zone.

(e) * * *

(f) The medical examination shall be performed, and its results shall be recorded, substantially in accordance with the following instructions and examination form. Existing forms may be used until current printed supplies are depleted or until (Insert date 12 months after the date of publication in the **Federal Register**), whichever occurs first.

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

The medical examiner must be familiar with 49 CFR 391.41, Physical qualifications for drivers, and should review these instructions before performing the physical examination. Answer each question ''yes'' or ''no'' and record numerical readings where indicated on the physical examination form.

The medical examiner must be aware of the rigorous physical, mental, and emotional demands 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 condition that might affect the driver's ability to operate a commercial motor vehicle safely.

General information. The purpose of this history and physical examination is to detect the presence of physical, mental, or organic conditions of such a character and extent as to affect the driver's ability to operate a commercial motor vehicle safely. The examination should be conducted carefully and should at least include all of the information requested in the following form. History of certain conditions may be cause for rejection, indicate the need for further testing, and/or require evaluation by a specialist. Conditions may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these conditions should be discussed with the driver and he/she should be advised to take the necessary

steps to insure correction, particularly of those conditions which, if neglected, might affect the driver's ability to drive safely.

General appearance and development. Note marked overweight. Note any postural defect, perceptible limp, tremor, or other conditions that might be caused by alcoholism, thyroid intoxication or other illnesses.

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 driver wears corrective lenses for driving, these should be worn while driver's visual acuity is being tested. If appropriate, indicate the driver's need to wear corrective lenses to meet the vision standard 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 the numerator and the smallest type read at 20 feet as the denominator. Monocular drivers are not qualified to operate commercial motor vehicles in interstate commerce. The use of contact lenses should be noted on the form and there should be sufficient evidence of good tolerance of and adaptation to their use.

Ears. Note evidence of any ear disease, symptoms of aural vertigo, or Meuniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18, 23, etc. The examiner should not use only sibilants (s-sounding test materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered. For the audiometric test, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz. Average the decibel loss at 500 Hz, 1,000 Hz and 2,000 Hz and record as described on the form. If the individual fails the audiometric test and the whispered voice test has not been administered, the whispered voice test should be performed to determine if the standard applicable to that test can be met.

Throat. Note any irremediable deformities likely to interfere with breathing or swallowing.

Heart. Note murmurs and arrhythmias, and any history of an enlarged heart, congestive heart failure, or cardiovascular disease that is accompanied by syncope, dyspnea, or collapse. Indicate onset date, diagnosis, medication, and any current limitation. An electrocardiogram (ECG), exercise stress test (EST) and other tests are required when findings so indicate. It is recommended that a baseline ECG be done at age 40, then every 6 years until age 55, then every 2 years thereafter, and an EST be done at age 45 if the individual manifests one or more cardiac risk factors or has a history of ischemic heart disease.

Blood pressure(BP). If a driver has hypertension and/or is being medicated for hypertension, he or she should be recertified more frequently. An individual diagnosed with mild hypertension (initial BP is greater than 160/90 but below 181/105) should be certified for one 3-month period and should be recertified on an annual basis thereafter if his or her BP is reduced. An individual diagnosed with moderate to severe hypertension (initial BP is greater than 180/104) should not be certified until the BP has been reduced to the mild range (below 181/105). At that time, a 3-month certification can be issued. Once the driver has reduced his or her BP to below 161/91, he or she should be recertified every 6 months thereafter.

Lungs. Note abnormal chest wall expansion, respiratory rate, breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, or cyanosis. Abnormal finds on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.

Abdomen and Viscera. Note enlarged liver, enlarged spleen, abnormal masses, bruits, hernia, and significant abdominal wall muscle weakness and tenderness. If the diagnosis suggests that the condition might interfere with the control and safe operation of a commercial motor vehicle, further testing and evaluation is required.

Genital-urinary and rectal examination. A urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problems. Note hernias or severe hemorrhoids. A condition causing discomfort should be evaluated to determine the extent to which the condition might interfere with the control and safe operation of a commercial motor vehicle.

Neurological. Note impaired equilibrium, coordination, or speech pattern; paresthesia; asymmetric deep tendon reflexes; sensory or positional abnormalities; abnormal patellar and Babinski's reflexes; ataxia. Abnormal neurological responses may be an indication for further testing to rule out an underlying medical condition. Any neurological condition should be evaluated for the nature and severity of the condition, the degree of limitation present, the likelihood of progressive limitation, and the potential for sudden incapacitation. In instances where the medical examiner has determined that more frequent monitoring of a condition is appropriate, a certificate for a shorter period should be issued.

Spine, musculoskeletal. Previous surgery, deformities, limitation of motion, and tenderness should be noted. Findings may indicate additional testing and evaluation should be conducted.

Extremities. Carefully examine upper and lower extremities and note any loss or impairment of leg, foot, toe, arm, hand, or finger. Note any deformities, atrophy, paralysis, partial paralysis, clubbing, edema, or hypotonia. If a hand or finger deformity exists, determine whether prehension and power grasp are sufficient to enable the driver to maintain steering wheel grip and to control other vehicle equipment during routine and emergency driving operations. If a foot or leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. In the case of any loss or impairment to an extremity which may interfere with the driver's ability to operate a commercial motor vehicle safely, the medical examiner should state on the medical certificate ''medically unqualified unless accompanied by a limb waiver.'' The driver must then apply to the Regional Director of Motor Carriers, in the region in which the driver has legal residence, for a limb waiver under § 391.49.

Laboratory and Other Testing. Other test(s) may be indicated based upon the medical history or findings of the physical examination.

Diabetes. If insulin is necessary to control a diabetic driver's condition, the driver is not qualified to operate a commercial motor vehicle in interstate commerce. If mild diabetes is present and it is controlled by use of an oral hypoglycemic drug and/or diet and exercise, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

Upon completion of the examination, the medical examiner must date and sign the form, provide his/her full name, office address and telephone number. The completed medical examination form shall be retained on file at the office of the medical examiner.

BILLING CODE 4910–22–P

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION Driver completes this section.

Driver's Name (Last, First, Middle)	Social Security No.	Birthdate D / M / Y	Age	Sex ☐ M ☐ F	☐ New certification ☐ Recertification ☐ Follow Up	Date of Exam

Address	City, State, Zip Code	Work Tel: AC Home Tel: AC	Driver License No.	License Class ☐ A ☐ C ☐ B ☐ D	State of Issue

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

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

For any YES answer, indicate onset date, diagnosis, medication, treating physician's name and address, and any current limitation.

_____

_____

_____

List any other medications, not already given above, used regularly or recently.

_____

_____

_____

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

_____ Driver's Signature _____ Date

Medical Examiner's Comments on Health History

_____

_____

This form was electronically produced by Elite Federal Forms, Inc.

Form MCS 156 (Rev. 3-98)

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 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

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

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye o
Left Eye	20/	20/	Left Eye o
Both Eyes	20/	20/	o

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☐ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Glasses ☐ Contact Lenses (Lenses well tolerated) ☐ Right lens ☐ Left lens

Monocular Vision: ☐ Yes ☐ No

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

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

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, -10 dB 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 patient at which forced whispered voice can first be heard.	Right Ear Feet	Left Ear Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI S3, 6-1969)	Right Ear 500 Hz	Right Ear 1000 Hz	Right Ear 2000 Hz	Left Ear 500 Hz	Left Ear 1000 Hz	Left Ear 2000 Hz
	Average:			Average:		

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded.

Blood Pressure	Systolic	Diastolic

Driver qualified if ≤ 160/90 on initial exam.

Pulse Rate	☐ Regular ☐ Irregular

GUIDELINES FOR BLOOD PRESSURE EVALUATION

On initial exam		Within 3 months		Certify
If 161-180 and/or 91-104, Qualify 3 mos. only	___'	If ≤ 160 and/or 90, Qualify for 1 yr. Document Rx & control the 3rd month	___'	Annually if acceptable BP is maintained
If > 180 and/or 104, not qualified until reduced to < 181/105. Then qualify for 3 mos. only.	___'	If ≤ 160 and/or 90, qualify for 6 mos. Document Rx & control the 3rd month	___'	Biannually

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

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.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR

If performed, record findings:

☐ Electrocardiogram: Baseline at age 40, then every 6 years until age 55, then every 2 years _____

☐ Exercise Stress Test: 45 years old and manifests CRFs or history of ischemic heart disease _____

☐ echocardiogram _____

☐ chest x ray _____

7. PHYSICAL EXAMINATION

Height: _____ (cm) Weight: _____ (kg)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES or NO to the question, "Is driver's ability to safely operate a commercial motor vehicle affected?" Explain YES answers. Note any disease or injury present.

See Instructions To The Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		
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.		
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		
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.		
7. Abdomen and Viscera	Enlarged liver, enlarged spleen, abnormal masses, bruits, hernia, significant abdominal wall muscle weakness.		
8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
9. Genito-urinary system, (pelvic examination, if necessary).	Hernias.		
10. Rectal	Severe hemorrhoids.		
11. Extremities - Limb impaired. Driver may be subject to limb waiver program if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, semiparalysis, 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.		
12. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
13. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

* COMMENTS: Describe any abnormality in detail. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

_____

_____

_____

How long have you known this patient? _____

Complete this section only if driver *does not* qualify for 2-year medical certificate. *See Instructions To The Medical Examiner for guidance.*

- ☐ Does not meet standards
- ☐ Meets standards, but periodic evaluation required.

  Due to _____ driver qualified only for:

  - ☐ 3 months ☐ Other
  - ☐ 6 months
  - ☐ 1 year
- ☐ Temporarily disqualified due to _____. condition or medication.

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

Medical Examiner's Signature _____

Medical Examiner's Name (print) _____

Address _____

Telephone Number _____

Complete this medical certificate if driver qualifies.

MEDICAL EXAMINER'S CERTIFICATE

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

- ☐ wearing corrective or contact lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver
- ☐ driving within an exempt intracity zone
- ☐ Qualified by operation of 49 CFR 391.64

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

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
NAME (PRINT)	☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advance Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO / ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		

This medical certificate must be carried by the driver when operating commercial vehicle.

49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER's ROLE

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

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

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

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

§391.41 PHYSICAL QUALIFICATIONS for DRIVERS

(a) A person shall not drive a motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if that person --

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver pursuant to §391.49;

(2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which intereferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or has been granted a waiver pursuant to §391.49.

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

(4) 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.

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a motor vehicle safely;

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a motor vehicle safely;

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

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

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a motor vehicle safely;

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

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

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

(13) Has no current clinical diagnosis of alcoholism.

INSTRUCTIONS TO THE MEDICAL EXAMINER

General Information

The purpose of this examination is to determine a driver's medical fitness to operate a commercial motor vehicle as governed by Part 49, Code of Federal Regulations, Sections 391.41-.49. The medical examiner should have some familiarity, therefore, with the driver's responsibilities and work environment, and is referred to the section on the form, The Driver's Role.

In addition to reviewing the Health History section with the driver and conducting the physical examination, particular attention should be given to evaluating any side effects from medications which sometimes can be more functionally impairing than the conditions for which they are administered. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the condition to render the driver unsafe.

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

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require monitoring. In such situations, the medical certificate should be issued for a shorter length of time.

The physical examination should be done carefully and *at least* as complete as is indicated by the attached form. For most drivers, the medical examiner will not need to consult any other information to conduct the examination. It is advisable, however, that the medical examiner become familiar with the detailed recommendations of the medical qualification standards which follow.

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Highway Administration (FHWA) has published recommendations called Regulatory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in italics and its reference by section is highlighted.

Federal Motor Carrier Safety Regulations
- Regulatory Criteria -

A person is physically qualified to drive a motor vehicle if he or she:

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

Has no loss of a foot, leg, hand or an arm, or has been granted a waiver pursuant to Section 391.49.

Limb Impairment
Section 391.41(b)(2)

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

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial vehicle is subject to the waiver program pursuant to Section 391.49, assuming the person is otherwise qualified.

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

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

Diabetes
Section 391.41(b)(3)

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

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

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

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. These individuals have a less severe form of diabetes mellitus than those requiring insulin for control. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule.

Cardiovascular Condition
Section 391.41(b)(4)

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

The term "has no current clinical diagnosis of" is specifically designed to encompass: a "clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be accompanied by" is defined to include: a "clini-

cal diagnosis of" a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving. Commercial drivers should be evaluated for coronary risk factors (CRF)--family history of coronary heart disease (CHD), personal history of smoking, elevated blood pressure and serum cholesterol, glucose intolerance and obesity. Exercise stress testing (EST) to determine functional status is recommended for men over 45 years of age who manifest one or more CRFs. Asymptomatic drivers without disease need not undergo EST unless considered a high risk for developing CHD. Drivers without disease should have a baseline ECG at age 40, then every 6 years until age 55, then every 2 years.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and not cardiovascular conditions. Thus, while the operations per se do not render the driver unqualified, the underlying conditions which necessitated the surgery may do so. However, the final determination, as stated above, remains on an individual basis. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FHWA should be contacted directly for additional recommendations regarding the physical qualification of drivers on coumadin.

Respiratory Dysfunction
Section 391.41(b)(5)

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a motor vehicle safely.

A driver must be alert at all times; therefore, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and fibrotic pleurisy. If the examining physician determines that a respiratory condition is, in any way, likely to interfere with the driver's ability to safely operate a motor vehicle, then he must find the driver not qualified. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

Hypertension
Section 391.41(b)(6)

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

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

Initial blood pressure of greater than 180 systolic and/or greater than 104 diastolic is considered moderate to severe. The driver may not be qualified, even temporarily, until his or her blood pressure has been reduced to less than 181/105. The examining physician may temporarily certify the individual once the individual's blood pressure is below 181 and/or 105. For initial blood pressure greater than 180 and/or 104, documentation of continued control should be made every 6 months. The individual should be certified biannually thereafter. The expiration date must be stated on the medical certificate.

Evaluation of the hypertensive commercial driver should include additional risk factors and evidence of target organ damage. Inquiry should be made regarding smoking, cardiovascular disease in relatives, and immoderate use of alcohol. An ECG and blood profile, including glucose, cholesterol, HDL cholesterol, creatinine and potassium, should be made. An echocardiogram and chest x-ray are desirable in subjects with moderate or severe hypertension.

Since the presence of target organ damage increases the risk of sudden collapse, group 3 or 4 hypertensive retinopathy, left ventricular hypertrophy not otherwise explained (echocardiographic or ECG by Estes criteria), evidence of severely reduced left ventricular function, or serum creatinine of greater than 2.5 warrants the driver being found unqualified.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Side effects of somnolence or syncope are particularly undesirable in commercial drivers. Commercial drivers should be informed of the side effects of drug therapy and the interaction of these drugs with other medications, prescription and nonprescription, and alcohol. Commercial drivers who present for certification with normal blood pressures but are taking medication(s) for hypertension should be certified on the same basis as individuals who present with blood pressures in the mild or moderate to severe range. Annual recertification is recommended if the medical examiner is unable to establish the blood pressure at the time of diagnosis.

A commercial driver who has a normal blood pressure 3 or more months after a successful operation for pheochromocytoma, primary aldosteronism (unless bilateral adrenalectomy has been performed), renovascular disease, or unilateral renal parenchymal disease and who shows no evidence of target organ damage should be qualified. If residual hypertension is present and can be controlled with acceptable drugs and there is no target organ disease, the driver should be qualified on the same basis as those with essential hypertension.

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

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

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

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he or she has an established history of that disease. The medical examiner should consider the following: (1) the nature and severity of the individual's condition, (2) the degree of limitation present, (3) the likelihood of progressive limitation, and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not meet the FMCSRs. In cases where more frequent monitoring is required, a certificate for a shorter time period may be issued.

Epilepsy
Section 391.41(b)(8)

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

It is the intent of this Section to render permanently unqualified a driver who has a medical history or clinical diagnosis of epilepsy.

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

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications.

Mental Illness
Section 391.41(b)(9)

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

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

Vision
Section 391.41(b)(10)

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

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

Hearing Section
Section 391.41(b)(11)

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

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

Drug Use
Section 391.41(b)(12)

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

This rule does not prohibit the use of a drug or medication that is prescribed or authorized by a medical practitioner (physician or dentist) licensed or otherwise authorized to practice by the State. This is contingent on the treating medical practitioner or physician making a good faith judgment, with notice of the driver's assigned duties and on the basis of available medical history, that use of the substance by the driver at the prescribed or authorized dosage level is consistent with the safe performance of the driver's duties. This exception does not apply to methadone. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug medication by a commercial driver if the carrier has concern. A test for controlled substances is not required as part of this biennial fitness certification process. The FHWA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

Alcoholism
Section 391.41(b)(13)

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.

(g) If the medical examiner finds that the person he/she examined is physically qualified to drive a commercial motor vehicle in accordance with § 391.41(b), the medical examiner shall complete a certificate in the form prescribed in paragraph (h) of this section and furnish one copy to the person who was examined and one copy to the motor carrier that employs him/her.

(h) The medical examiner's certificate shall be substantially in accordance with the following form. Existing forms may be used until current printed supplies are depleted or until (insert date 12 months after the date of publication in the **Federal Register**), whichever occurs first.

MEDICAL EXAMINER'S CERTIFICATE

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

- ☐ wearing corrective or contact lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver
- ☐ driving within an exempt intracity zone
- ☐ Qualified by operation of 49 CFR 391.64

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

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE

NAME (PRINT)	☐ MD ☐ DO ☐ Chiropractor ☐ Physician Assistant ☐ Advance Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO / ISSUING STATE

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE

ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE

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