

EXAMINATION TO DETERMINE PHYSICAL CONDITION OF DRIVERS

Driver's name _____ New Certification
(Please Print) (Last) (First) (Middle)

Address _____ Recertification
(Number) (Street) (City) (State) (Zip)

Social Security No. _____ Date of Birth _____ Age _____

HEALTH HISTORY

Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Head or spinal injuries. <input type="checkbox"/> Seizures, fits, convulsions, or fainting. <input type="checkbox"/> Extensive confinement by illness or injury.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Cardiovascular disease. <input type="checkbox"/> Tuberculosis. <input type="checkbox"/> Syphilis. <input type="checkbox"/> Gonorrhea. <input type="checkbox"/> Diabetes.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Gastrointestinal ulcer. <input type="checkbox"/> Nervous stomach. <input type="checkbox"/> Rheumatic fever. <input type="checkbox"/> Asthma. <input type="checkbox"/> Kidney disease. <input type="checkbox"/> Muscular disease.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Suffering from any other disease. <input type="checkbox"/> Permanent defect from illness, disease or injury. <input type="checkbox"/> Psychiatric disorder. <input type="checkbox"/> Any other nervous disorder.
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If answer to any of the above is yes, explain: _____

PHYSICAL EXAMINATION

General appearance and development: Good _____ Fair _____ Poor _____ Height _____ Weight _____

Vision: For distance: Right 20/ _____ Left 20/ _____
 Without corrective lenses. With corrective lenses if worn.

Evidence of disease or injury: Right _____ Left _____

Color Test _____ Horizontal field of vision: Right _____ ° Left _____ °

Hearing: Right ear _____ Left ear _____ Disease or injury _____

Audiometric Test (complete only if audiometer is used to test hearing) decibel loss as 500 Hz _____ at 1,000 Hz _____ at 2,000 Hz _____

Throat _____

Thorax: Heart _____
 If organic disease is present, is it fully compensated? _____ Blood pressure: Systolic _____ Diastolic _____
 Pulse: Before exercise _____ Immediately after exercise _____
 Lungs _____

Abdomen: Scars _____ Abnormal masses _____ Tenderness _____ Hernia: Yes _____ No _____
 If so, where? _____ Is truss worn? _____

Gastrointestinal: Ulceration or other disease: Yes _____ No _____

Genito-Urinary: Scars _____ Urethral discharge _____

Reflexes: Romberg _____ Pupillary _____ Light R _____ L _____ Accommodation Right _____ Left _____
 Knee Jerks: Right: Normal _____ Increased _____ Absent _____ Left: Normal _____ Increased _____ Absent _____

Remarks _____

Extremities: Upper _____ Lower _____ Spine _____

Laboratory and other Special Findings: Urine: Spec. Gr. _____ Alb _____ Sugar _____
 Other laboratory data (Serology, etc.) _____ Electrocardiograph _____
 Radiological data _____

Controlled Substances Testing Controlled substances test performed NOT in accordance with subpart H In accordance with subpart H
 Controlled substances test NOT performed

General comments _____

(Date of examination)	(Address of examining doctor)
(Name of examining doctor) (Print)	(Signature of examining doctor)

NOTE: This section to be completed only when visual test is conducted by a licensed ophthalmologist or optometrist.

(Date of examination)	(Address of ophthalmologist or optometrist)
(Signature of optometrist)	(Name of ophthalmologist or optometrist) (Print)

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 his or her duties, I find him or her qualified under the regulations.
 Qualified only when wearing corrective lenses. Qualified only when wearing a hearing aid.

A completed examination form for this person is on file in my office at _____ (Address)

(Signature of driver)	(Date of examination)	(Name of examining doctor)(Print)
(Address of driver)	(Signature of examining doctor)	

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

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

The examining physician 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 examining physician 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 safely operate 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 that certification of physical fitness should be denied. However, these defects should be discussed with the applicant, and he/she be advised to take the necessary steps to insure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her 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 drugs.

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 or aphasic driver are not qualified to operate commercial motor vehicle 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 or she 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 aural 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.

Thorax-heart. Stethoscopic examination is required. Note murmurs and arrhythmias, 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 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a motor vehicle.

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. State how long and if adequately contained by truss.

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 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.

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 albumin-urea 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. Pupillary 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 acmally 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 a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis 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 a 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, radiologic 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 possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining physician.

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 use 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 Substances 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 substances test performed" on the medical examination form. If a test for controlled substances is not performed, the medical examiner is to check the box next to the statement, "Controlled substances 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 physician must date and sign the findings upon completion of the examination.

§ 391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a motor vehicle unless physically qualified to do so and carries the original, or a photographic copy, of a medical examiner's certificate that he or she is physically qualified to drive a motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if he or she—

(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 the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation, which is likely to interfere with the ability to control and safely drive a motor vehicle, or has been granted a waiver pursuant to § 391.49 upon a determination that the impairment will not interfere with the applicant's ability to control and safely drive a motor vehicle;

(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 the ability to control and safely drive a motor vehicle;

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

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

(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 the applicant's ability to safely drive a motor vehicle;

(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° 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 at not less than 6 feet in the better ear without use of a hearing aid, or, if tested by use of an audiometric device, does not have a loss 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 an amphetamine, narcotic, or any habit-forming drug; and

(13) Has no current clinical diagnosis of alcoholism.

(c) Drivers subject to subpart H of this part shall be tested in compliance with the requirements of that subpart.