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DEPARTMENT OF TRANSPORTATION
98 SEP 14 AM 11:47
DOCKET SECTION

September 10, 1998

Docket Clerk
U.S. DOT Dockets
Room PL-40 1
400 Seventh Street, SW
Washington, DC 20590-0001

RE: FHWA Docket No. FHWA-98-3 542 -6
RIN 2125-AC63
Physical Qualification of Drivers; Medical Examination; Certificate

Dear Sir or Madam:

Please review the enclosed suggestion for the new driver qualification exam form and certificate. The information on the form comes directly **from** the physical qualifications for drivers and suggestions for examining physicians as stated in the current 49CFR. The reverse side contains no confidential information and is designed to be photocopied and sent to the driver's personnel file. The certificate portion at the bottom of the reverse side of the form is identical to the card carried with the driver. Of course, the driver's card is smaller, printed on card stock, and, when folded, attains the size of a credit card.

Thank you for your interest.

Sincerely yours,



Richard Havel, MD, MPH

PLEASE PRINT LEGIBLY

Patient Name: _____ SS#: _____

Address: _____

Birth Date: _____ Age: _____ M F Date: _____

**PHYSICAL EXAMINATION
DRIVERS**

New Certification ☐ Recertification ☐

Please sign at the bottom of the reverse side of this form.

Health History (may indicate the need for certain laboratory tests or a more stringent examination) Please check "Yes" responses.

- | | | |
|--|--|--|
| <input type="checkbox"/> ¹ Loss or Impairment of an Extremity | <input type="checkbox"/> ⁴ Lung Dysfunction (incl. Tb & Asthma) | <input type="checkbox"/> ⁶ Neurologic or Vascular Disorder |
| <input type="checkbox"/> Head or Spinal Injury/Back Pain | <input type="checkbox"/> ⁵ High Blood Pressure | <input type="checkbox"/> Kidney Disorder |
| <input type="checkbox"/> ² Insulin-dependent Diabetes | <input type="checkbox"/> ⁶ Joint or Muscle Disorder / Surgery | <input type="checkbox"/> ⁷ Seizures, Convulsions, Fainting |
| <input type="checkbox"/> ³ Cardiovascular Disease | <input type="checkbox"/> Gastrointestinal Ulcer / Nervous Stomach | <input type="checkbox"/> ⁸ Psychiatric or Nervous Disorder |
| <input type="checkbox"/> Syphilis / Gonorrhea | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other disease not listed |
| <input type="checkbox"/> Extensive confinement by illness or injury | | <input type="checkbox"/> Permanent defect from illness , disease, or injury |

If the answer to any of the above is yes, please give details: _____

List current medications ^{11,12} : _____

PHYSICAL EXAMINATION (applicant should be advised to take necessary steps to insure correction of abnormalities)

For responses other than "Normal" or "None" refer to Minimum Requirements on reverse side of the "Instructions for performing and Recording Physical Examinations" of Section 391.43.

Height in _____ Weight _____ lbs. Blood Pressure ⁶ (Systolic/Diastolic) _____ Retest if above 160/90 _____

Pulse _____ /min I r r e g u l a r ☐ (ECG recommended if irregular) Pulse / min after exercise

DISTANT VISION ⁹ : R i g h t _____ L e f t _____ Both _____ ☐ Without Corrective Lenses, With ☐ Glasses / ☐ Contacts

COLOR TEST ⁹ : Normal ☐ Red/Green Defect ☐ **HORIZONTAL FIELD OF VISION** ⁹ : Right _____ ° Left _____ °

AUDIOMETRY ⁷ : Average Hearing **Loss** in the better ear at 500, 1000, and 2000 Hz: ☐ Less than 40 dB ☐ More than 40 dB

WHISPER TEST ¹⁰ : ☐ Heard / ☐ Not Heard (at 5 feet or more without aid in the better ear)

GENERAL APPEARANCE AND DEVELOPMENT: Normal ☐ **Overweight** ☐ Obese ☐ Posture Defect ☐ Limp ☐ Tremor ☐

EAR DISEASE/INJURY: Normal ☐ Middle Ear Disease ☐ Discharge ☐ Vertigo ☐ Moniere's ☐ TM Scar ☐

EYE DISEASE/INJURY: Normal ☐ Ptosis ☐ Discharge ☐ Nystagmus ☐ Corneal Scar ☐ Exophthalmos ☐ Strabismus ☐

THROAT: Normal ☐ Disease/deformity that interferes with eating or breathing ☐ Remarks: _____

HEART ³ : Normal ☐ Pathological murmur ☐ Arrhythmia ☐ Enlargement ☐ Congestive Failure ☐
Potential for syncope, dyspnea, collapse ☐ Remarks: _____

LUNGS ⁴ : Normal ☐ Disease: Active ☐ Arrested ☐ Remarks: _____

ABDOMEN : Normal ☐ Scars ☐ Masses ☐ Tenderness ☐ Wounds/Injuries ☐ Remarks: _____

HERNIA : None ☐ Present ☐ Where? _____ Truss used ☐ Abdominal Wall Weakness ☐

ULCER : None ☐ Active ☐ Inactive ☐ **HEMORRHOIDS**: None ☐ Active ☐ Inactive ☐

GENITO-URINARY: Normal ☐ Discharge ☐ Lesions ☐ Scars ☐ **URINE**: Protein _____ S u g a r _____

REFLEXES Romberg: Normal ☐ A b n o r m a l _____ to degrees Specific Gravity _____

Pupillary-Light: R Normal ☐ Abnormal ☐ L Normal ☐ Abnormal ☐ Remarks: _____

Accommodation: R Normal ☐ Abnormal ☐ L Normal ☐ Abnormal ☐ Remarks: _____

Knee Jerks - Right: Normal ☐ Increased (foot lifts from the floor) ☐ Absent (even with reinforcement) ☐

Left: Normal ☐ Increased (foot lifts from the floor) ☐ Absent (even with reinforcement) ☐

Vibration Sense: Normal ☐ Decreased ☐ _____

Position Sense: Normal ☐ Absent ☐ _____

EXTREMITIES ^{1,6} : Normal ☐ Amputation ☐ Deformity ☐ Impairment ☐ Atrophy ☐ Paralysis ☐ Varicosities ☐
Sufficient grasp to control wheel: Yes ☐ No ☐ Sufficient mobility to operate pedals: Yes ☐ No ☐

SPINE : Normal ☐ Deformity ☐ Limitation of motion ☐ Pain ☐ Injury ☐ Remarks: _____

OTHER LAB/X-RAY/ECG/COMMENTS: _____

PHYSICAL EXAMINATION OF DRIVERS

☐ New Certification

Name: _____ Social Security No.: _____

☐ Recertification

MINIMUM REQUIREMENTS OF SECTION 391.41

- (a) A person shall not drive a motor vehicle unless he is physically qualified to do so and, except as provided in Sec. 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 Sec. 391.49. And has no impairment of:
 - (i) A hand or finger which interferes with prehension or power of grasping; or
 - (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or has been granted a waiver pursuant to Sec. 391.49.
 - (2) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control unless granted a waiver.
 - (3) 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.
 - (4) 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.
 - (5) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a motor vehicle safely (see Criteria below).
 - (6) 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.
 - (7) 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.
 - (8) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a motor vehicle safely.
 - (9) 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.
 - (10) 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, 1000 Hz, and 2000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.
 - (11) Does not use a Schedule I drug, an amphetamine, a narcotic, or any other habit-forming drug, except that 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 who has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a motor vehicle.
 - (12) Has no current clinical diagnosis of alcoholism.

EVALUATION CRITERIA UNDER SECTION 591.41 (b)(6)

An initial blood pressure elevation should be confirmed by at least two additional measurements on different days using the appropriate cuff size and with the subject seated comfortably and relaxed. Further evaluation should include target organ damage, additional risk factors (smoking, CV disease in relatives, alcohol, salt, etc.), an ECG, and a blood profile including glucose, total and HDL cholesterol, creatinine, and potassium. For moderate or severe hypertension, an echocardiogram and chest X-ray are recommended. Grade 3 or 4 hypertensive retinopathy, left ventricular hypertrophy, severely reduced left ventricular function, or serum creatinine greater than 2.5 warrant disqualification. Driver should be warned of antihypertensive drug side effects (somnolence, syncope, etc.) and interactions with other medications and alcohol.

1. Mild Hypertension (161-180/91-104): Issue a 3 month certificate with expiration date. After 3 months, if the pressure is less than 161/91, issue a 1 year certificate and confirm the lower pressure in the 3rd month of the 1 year period. If the pressure remains below 161/91 recertify annually thereafter with expiration date noted on the certificate.
2. Moderate to Severe Hypertension (>180/>104): Not qualified, even temporarily, until the pressure is reduced to less than 181/106 at which time a 3-month certificate can be issued as for mild hypertension to allow a further reduction to less than 161/91. By the end of the 3-month period, if the pressure goes below 161/91, issue a certificate for a 6-month period and confirm blood pressure control in the 3rd month. For initial pressure greater than 180/104, recertify every 6 months with expiration date noted on the certificate.

Based on the Minimum Requirements above, the driver is: ☐ Qualified Unconditionally ☐ /Conditionally ☐ (see certificate below).
☐ Disqualified due to Temporary ☐ / Permanent ☐ Impairment.

Recertification required in: 3 months ☐, 6 months ☐, 1 year ☐, 2 years (routine) ☐

(Examination Date)

(Print examining doctor's name)

(Signature of Examining Doctor)

• Please provide a photocopy of this side to the driver for the personnel file

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (Print Driver's Name)

- (49 CFR 391.41 through 391.49) and, with knowledge of his/her duties, I find him/her under the regulations: ☐ Qualified
- ☐ Qualified only when wearing corrective lenses. ☐ Medically unqualified unless accompanied by a _____ waiver.
- ☐ Qualified only when wearing a hearing aid. ☐ Medically unqualified unless driving within an exempt intracity zone
- ☐ Qualified by operation of 49 CFR 391.64

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

(Examination Date)

(Print Medical Examiner's Name & Title)

(Signature of Medical Examiner)

(Area Code & Telephone Number)

(State in Which Licensed)

(License or Certificate No.)

(Address of Driver)

(Signature of Driver certifying that true and complete information was provided)

(Expiration Date)