

Part 391

Qualification of Drivers

Part 391 Qualification of Drivers

Motor carriers must assure that all drivers of commercial motor vehicles meet the minimum qualifications specified in Part 391.

Driver Requirements

A driver must meet the following requirements:

- n Be at least 18 years of age for intrastate commerce and 21 years of age for interstate commerce. Must be 21 years of age in both interstate and intrastate commerce to transport hazardous materials
- n Speak and read English well enough to converse with the public, understand highway traffic signs and signals, respond to official questions, and able to make legible entries on reports and records
- n Be able to drive the vehicle safely
- n Know how to safely load and properly block, brace, and secure the cargo
- n Have only one valid commercial motor vehicle operator's license
- n Provide an employing motor carrier with a list of all motor vehicle violations or a signed statement that the driver has not been convicted of any motor vehicle violations during the past 12 months.
A disqualified driver must not be allowed to drive a commercial motor vehicle for any reason.
- n Pass a driver's road test or equivalent
- n Complete an application for employment
- n Possess a valid medical certificate (unless grandfathered in intrastate commerce 5/13/88)
- n Some individuals with certain physical impairments may apply for a Medical Exemption, or Certificate (See: Medical Program, Page 79)

A medical certificate is required when operating:

Intrastate commerce:

- n A single or combination vehicle with a Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) of 26,001 pounds or more,
- n Is designed or used to transport 9 or more passengers, including the driver,
- n Is designed or used to transport 16 or more passengers, including the driver, and is not used to transport passengers for compensation

- n A single or combination vehicle with a GVWR or GCWR of 10,001 pounds or more when transporting any amount of hazardous material, or
- n Any size vehicle when transporting hazardous material that is required to be placarded.

Interstate commerce:

- n Operating a single or combination vehicle with a GVWR or GCWR of 10,001 pounds or more,
- n Designed or used to transport 9 or more passengers (including the driver);
- n Designed or used to transport 16 or more passengers (including the driver) and is not used to transport passengers for compensation, or
- n Any size vehicle when transporting hazardous material that is required to be placarded.

Examples of Physical Requirements

(Section 391.41 provides the complete list of physical requirements)

- n Has no loss of a foot, a leg, a hand, or an arm
- n Has no established medical history or clinical diagnosis of diabetes requiring insulin for control
- n Has no clinical diagnosis of any disqualifying heart disease
- n Has no clinical diagnosis of high blood pressure
- n Has no clinical diagnosis of epilepsy
- n Has 20/40 vision or better with corrected lenses
- n Has distant binocular acuity of at least 20/40 in both eyes
- n Has the ability to recognize the colors (red, green and amber) of traffic signals
- n Has hearing to perceive a forced whisper
- n Has no history of drug use or any other substance identified in 21 CFR 1308.11 Schedule I
- n Has no clinical diagnosis of alcoholism

Exemptions

There are provisions for an exemption to a disqualification for certain physical defects if the individual is otherwise qualified to drive.

(See: Medical Program, Page 79)

Additional instructions for medical examination

Additional instructions for the examining doctor are available from:

Director, Office of Bus and Truck Standards and Operations
Federal Motor Carrier Safety Administration
400 Seventh Street, S.W. (MC-PS)
Washington, DC 20590

Limited Exemptions

The following specific conditions and types of drivers are exempt from specific record keeping requirements:

Drivers regularly employed before January 1, 1971 — Drivers who have been regular employees of a motor carrier for a continuous period that began before January 1, 1971 are exempt from:

- n Applications for employment
- n Road Tests

Multiple-employer drivers

Multiple-employer drivers * – If a motor carrier employs a person as a driver on any basis, the motor carrier must have on file the driver's name, social security number, identification number, type issuing state of his/her motor vehicle operator's license, medical certificate, road test and certificate, and controlled substance test results, even if that driver's primary employment is with another carrier.

Drivers furnished by other motor carriers * – A motor carrier using a driver regularly employed by another motor carrier must have on file a signed written certificate that includes the driver's name and signature, certification of the driver's full qualifications, and expiration date of the driver's medical examiner's certificate.

*(See page 78 for an example of the forms)

Disqualifying Offenses

A driver is disqualified from operating a commercial motor vehicle on public highways, if convicted of the following criminal offenses:

- n Driving a CMV while under the influence of alcohol *
- n Driving a CMV while under the influence of a disqualifying drug or other controlled substance*
- n Having an alcohol concentration of 0.04 or greater while operating a CMV
- n Having an alcohol concentration of 0.08 or greater while operating any motor vehicle*
- n Refusing to take an alcohol test as required by a State or jurisdiction under its implied consent laws or regulations as defined in 383.72*
- n Leaving the scene of an accident that involves a CMV*
- n Using a CMV to commit a felony*
- n Driving a CMV when the driver's CDL is revoked, suspended, or canceled, or the driver is disqualified from operating a CMV*
- n Using a CMV to cause a fatality*
- n Using a CMV to commit serious traffic violations*
- n Using a CMV to violate an Out-of-Service Order
- n Using a CMV to violate the Railroad-Highway Grade Crossing rule*

* Effective September 30, 2005, CDL license holders are subject when driving a non-CMV (personal vehicle) to the moving violation standards in 383.51, the same as if they were driving CMV.

Penalties

A driver convicted of a felony offense for using a CMV for manufacturing, distributing or dispensing a controlled substance is disqualified for life and is not eligible for reinstatement pursuant to 383.52(a)(6).

Suspensions for Traffic Violations

A 60-day, 120-day, 1 year, 3 year and life suspension will be imposed on certain convictions, depending on severity, number of convictions and subsequent convictions. For more information on the types of convictions and disqualification time frames, please reference 383.51.

Driver Qualification File – Check List

Every motor carrier must have a qualification file for each regularly employed driver. This includes drivers that are required to maintain a CDL license and a Class E license. Each driver's qualification file shall be retained for as long as a driver is employed by the motor carrier and for three years thereafter. The file must include:

- Driver's Application For Employment (391.21)**
A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.
- Inquiry To Previous Employers - 3 Years (391.23(a)(2) & (c))**
An investigation of the driver's safety performance history with DOT regulated employers during the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.
- Inquiry To State Agencies – 3 Years (391.23(a)(1) & (b))**
The driver's driving record for the preceding three years within first 30 days of hire and annually thereafter.
- Annual Review Of Driving Record (391.25)**
At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the Driver's Qualification File.
- Annual Driver's Certification Of Violations (391.27)**
At least once every 12 months, a motor carrier must require each driver that it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances during the previous 12 months. Note: Drivers who have provided information required by Section 383.31 need not repeat that information in this annual list of violations.
- Driver's Road Test Certificate Or Equivalent (391.31)**
A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate, which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.
- Medical Examinations (391.43)**
The driver must pass a medical examination conducted by a licensed health care professional and be issued a Medical Examiner's Certificate by which must be carried with the driver until January 30, 2015. After that date, the medical examination must be on file at the carrier's principle place of business. The certificate need not be carried with the driver. As of May 21, 2014, the medical examiner must be listed on the National Registry of Certified Medical Examiners maintained by the FMCSA. Medical certification must be renewed every two years.*
 - n *Unless grandfathered in intrastate commerce 5/13/88
 - n Individuals with some physical impairments may qualify for the Medical Program, (see Page 79)
- Drug & Alcohol Testing (382.301)**
Drivers operating commercial motor vehicles, which require a commercial driver's license (CDL), are subject to drug and alcohol testing as required by Part 382.
 - n Pre-employment drug test results (382.301)
 - n Carrier Drug and Alcohol Policy (382.601(d))
 - n Previous employer check on drug and alcohol (382.413), (40.25)
- Entry-Level Driver Training Certificate (380.505)**
All entry level drivers who drive in interstate / intrastate commerce, and are subject to the CDL requirements of Part 383 must comply with subpart E of Part 380.
 - n Employer must maintain a copy in either the personnel or qualification file (380.509(b))

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
 If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
- Record receipt of the information
 - Retain the form

**CORRECTION REQUEST
OF
ERRONEOUS SAFETY PERFORMANCE HISTORY INFORMATION**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations, §391.23, investigations and inquiries, paragraphs (j)(1) and (2) as printed below.

§391.23(j)(1) Driver wishing to request correction of erroneous information in records received pursuant to paragraph (i) of this section must send the request for the correction to the previous employer that provided the records to the prospective employer.

§391.23(j)(2) After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____
FROM:	Driver/Applicant: _____ Social Security/I.D. # _____ Street: _____ City, State, Zip: _____ Telephone # _____
I request correction of erroneous information in my Safety Performance History. Please forward to the following prospective employer: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Explanation of desired correction (attach documents as necessary) _____ _____ _____	
Driver/Applicant Signature: _____ Date: ____/____/____ M D Y	
Driver: Retain COPY 4 DRIVER RECORD for your files, Submit copies 1, 2, and 3 to your previous employer.	

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
Disposition of the requested information:	
<input type="checkbox"/> Information was corrected and forwarded to the prospective motor carrier employer.	
<input type="checkbox"/> The driver was notified on ____/____/____ that the previous employer does not agree to correct the data.	
Return copy 3 to the driver.	
Information sent to: Company Name: _____ Attention: _____ Street: _____ City, State, Zip: _____	
Comments: _____ _____	
By: _____ Release Date: ____/____/____ Signature/person providing information Telephone # M D Y	

PART 3:	COMPLETED BY THE PROSPECTIVE MOTOR CARRIER EMPLOYER
The corrected information was received on ____/____/____	
Prospective Employer: _____ Location: _____	
Received by: _____ Signature Title	

COPY 1 PROSPECTIVE EMPLOYER

Inquiry To State Agency For Driver's Record 391.23

Requests to Missouri:

Department of Revenue
Customer Service Division
P.O. Box 2167
Jefferson City, MO 65105-2167
Phone: 573-751-4300
Fax: 573-526-7367

Express Mail to:

Department of Revenue
Motor Vehicle Bureau
301 West High Street
Harry S. Truman State Office Bldg.
Room 470
Jefferson City, MO 65101

Records available through regular mail,
express mail, via fax request and e-mail
at dlrecords@dor.mo.gov.

Fees and methods of payment available at the
above contact information.

(* Additional processing fee may be required

(* Fax fee for transmitting a Driving Record

*Note: If personal information is required,
Document must be notarized.

Driver's Name

Date of Birth

Driver's Operator's Lic. No.

Driver's Social Sec. No.

Dear Sir or Madam:

The above listed individual has made application with us for employment as a driver. He/she has indicated that the above operator's license or permit has been issued by your state to him/her and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant-driver has held a motor vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no driving record exists if that is the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of person making inquiry

Street

(Printed) Name of person making inquiry

City

Title of person making inquiry

State

Zip

Motor Carrier Name

Violation And Review Record

 Driver's Name - please print or type

I. Certification Of Violations

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Vehicle Type Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

 Date of Certification

 Driver's Signature

 Motor Carrier's Name

 Motor Carrier's Address

 Reviewer's Signature

 Reviewer's Signature

II. Review And Evaluation Of Driver's Record

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action taken:

 Motor Carrier's Name

 Motor Carrier's Address

 Reviewer's Signature

 Title

 Date

Driver's Road Test Examination

Driver's Name

Address

City

State

Zip

Phone

Cell

The motor carrier, or a person designated by it, shall give the road test. However, another person must give a driver who is a motor carrier the test. A person who is competent to evaluate and determine whether the

person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign shall give the test.

Rating of Performance

_____ The pre-trip inspection (As required by Sec. 392.7)

_____ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units

_____ Placing the equipment in operation

_____ Use of vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles

_____ Turning the vehicle

_____ Braking, and slowing the vehicle by means other than braking

_____ Backing and parking the vehicle

_____ Other, Explain:

Type of equipment used in giving test:

Examiner's Signature

Date

Record Of Road Test

Instructions to Evaluator: Check () items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name	Home Address	City	State	Zip
Social Security No.	License No.		State	Class
Equipment Driven:				
Truck Tractor (Make & Model)		Trailer(s) (Body Type & Length of Each)		
Length of Test	Mi. From/In	To		
Start Time	Finish Time	Weather Conditions		

Part 1 - Pre-Trip Inspection and Emergency Equipment

- Checks general condition approaching unit
- Checks fuel, oil, water and for excessive oil on engine
- Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage
- Tests steering, brake action, tractor protection valve, and parking brake
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment
- Checks instruments for normal readings
- Checks dashboard warning lights for proper functioning
- Cleans windshield, windows, mirrors, lights and reflectors
- Reviews and signs previous report

Part 2 - Coupling and Uncoupling

- Connects glad hands to trailer to apply trailer brakes before coupling
- Connects glad hands and light line properly
- Couples without difficulty
- Raises landing gear fully after coupling
- Visually checks king pin assembly to be certain of proper coupling
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer
- Assures himself that surface will support trailer before uncoupling

Part 3 - Placing Vehicle In Motion And Use Of Controls

- A. MOTOR
 - Places transmission in neutral before starting engine
 - Starts engine without difficulty
 - Checks instruments at regular intervals
 - Maintains proper engine rpm while driving
- B. BRAKES
 - Knows proper use of and checks tractor-protection valve (trailer air supply valve)
 - Tests service brakes
 - Builds full air pressure before moving
- C. CLUTCH AND TRANSMISSION
 - Starts unit moving smoothly
 - Uses clutch properly
- D. LIGHTS (if tested at night)
 - Adjusts speed for range of headlights
 - Dims lights when approaching another vehicle or following other traffic

Part 4 - Backing and Parking

- A. BACKING
 - Gets out and checks area before backing
 - Understands and utilizes mirrors properly
 - Signals when backing (if appropriate)
 - Avoids backing from blind side
- B. PARKING (CITY)
 - Parks without hitting any other vehicles or stationary objects
 - Parks correct distance from curb
 - Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary)
 - Carefully enters traffic from parked position
- C. PARKING (ROAD)
 - Parks off pavement
 - Secures unit properly
 - Uses emergency warning signal or devices when necessary

Part 5 - Slowing and Stopping

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of crosswalks _____

Part 6 - Operating In Traffic, Passing and Turning

- A. TURNING
 - Signals intention to turn well in advance _____
 - Gets into proper lane well in advance of turn _____
 - Checks traffic conditions and turns only when intersection is clear _____
 - Restricts traffic from passing on right when preparing to complete right hand turn _____
 - Completes turn promptly and safely and does not impede other traffic _____
- B. TRAFFIC SIGNS AND SIGNALS
 - Plans stop in advance and adjusts speed correctly _____
 - Obeys all traffic signals _____
 - Comes to a complete stop at all stop signs _____
- C. INTERSECTIONS
 - Yields right of way _____
 - Checks for cross traffic regardless of traffic controls _____
 - Enters all intersections prepared to stop if necessary _____
- D. GRADE CROSSINGS
 - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
 - Selects proper gear and does not shift gears while crossing _____
 - Knows and understands Federal and State rules governing grade crossings _____

- E. PASSING
 - Allows sufficient space ahead for passing _____
 - Passes only in safe locations _____
 - Signals changing lanes before and after passing _____
 - Warns driver ahead of his intention to pass _____
 - Passes with sufficient speed differential to minimize obstructing traffic _____
 - Returns to right lane promptly but only when safe to do so _____

- F. SPEED
 - Observes speed limits _____
 - Drives at speed consistent with ability _____
 - Adjusts speed properly to road, weather and traffic conditions _____
 - Slows down in advance of curves, danger zones and intersections _____
 - Maintains constant speed where possible _____

- G. COURTESY AND SAFETY
 - Yields right of way _____
 - Consistently strives to drive in safe manner _____
 - Allows faster traffic to pass _____
 - Uses horn only when necessary _____

Part 7 - Miscellaneous

- A. GENERAL DRIVING ABILITY AND HABITS
 - Consistently alert and attentive _____
 - Consistently is aware of changing traffic conditions _____
 - Anticipates problems _____
 - Performs routine functions without taking eyes from road _____
 - Checks instruments regularly while driving _____
 - Personal appearance is professional _____
 - Remains calm under pressure _____

- B. USE OF SPECIAL EQUIPMENT (SPECIFY)
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

Remarks _____

General Performance Satisfactory Needs Training Explain _____

Qualified For Straight Truck Tractor-Semitrailer Twin Trailers Other Combination
Special Equipment _____
Specify _____

Signature of Examiner _____

Date _____

Certification of Road Test

Driver's Name

Social Security Number

Operators or Chauffeurs License Number

State

Type of Power Unit

Type of Trailer(s)

If passenger carrier, type of bus

This is to certify that the above named driver was given a road test under my supervision on

_____, 20 ____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Examiner's Signature

Title

Organization and Address of Examiner

Equivalent of Road Test for CDL Drivers

§391.33 Equivalent of Road Test

a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -

- 1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
- 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.

- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

Medical Examination Report For Commercial Driver Fitness Determination

The Motor Carrier Services Division, in an effort to assist commercial motor vehicle drivers, has included a Medical Examination Report Form in this compliance Manual. Every commercial motor vehicle driver whose medical examination comes due must use a medical examination report that complies with the format requirements.

There are several medical examination report formats available from various form suppliers. The enclosed Medical Examination Report is a 3-page form published by J.J. Keller & Associates, Inc. The Missouri Department of Transportation (MoDOT), Motor Carrier Services Division has obtained authorization from J.J. Keller & Associates, Inc. to include their version of the medical examination report in our Compliance Manual. Although MoDOT has included their form as an example of how to achieve compliance, the Department does not endorse J.J. Keller & Associates, Inc. products.

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION <small>Driver completes this section</small>					
Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>
Address	City, State, Zip Code	Work Tel: ()	Home Tel: ()	Driver License No.	Date of Exam
					State of Issue
					License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other

2. HEALTH HISTORY <small>Driver completes this section, but medical examiner is encouraged to discuss with driver.</small>			
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Any illness or injury in the last 5 years?</p> <p><input type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> Heart disease or heart attack, other cardiovascular condition <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Muscular disease</p> <p><input type="checkbox"/> Shortness of breath</p> </td> <td style="width: 50%;"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</p> <p><input type="checkbox"/> Kidney disease, dialysis</p> <p><input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> Digestive problems</p> <p><input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression</p> <p><input type="checkbox"/> Loss of, or altered consciousness</p> </td> </tr> </table>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Any illness or injury in the last 5 years?</p> <p><input type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> Heart disease or heart attack, other cardiovascular condition <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Muscular disease</p> <p><input type="checkbox"/> Shortness of breath</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</p> <p><input type="checkbox"/> Kidney disease, dialysis</p> <p><input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> Digestive problems</p> <p><input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression</p> <p><input type="checkbox"/> Loss of, or altered consciousness</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Fainting, dizziness</p> <p><input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> Stroke or paralysis</p> <p><input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe</p> <p><input type="checkbox"/> Spinal injury or disease</p> <p><input type="checkbox"/> Chronic low back pain</p> <p><input type="checkbox"/> Regular, frequent alcohol use</p> <p><input type="checkbox"/> Narcotic or habit forming drug use</p>
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Any illness or injury in the last 5 years?</p> <p><input type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> Heart disease or heart attack, other cardiovascular condition <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</p> <p><input type="checkbox"/> High blood pressure</p> <p><input type="checkbox"/> Muscular disease</p> <p><input type="checkbox"/> Shortness of breath</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</p> <p><input type="checkbox"/> Kidney disease, dialysis</p> <p><input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> Digestive problems</p> <p><input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression</p> <p><input type="checkbox"/> Loss of, or altered consciousness</p>		

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) 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 (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, First, Middle,

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees 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 <input type="radio"/>
Left Eye	20/	20/	Left Eye <input type="radio"/>
Both Eyes	20/	20/	

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: Corrective Lenses

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 (print) _____ Tel. No. _____ License No./ State of Issue _____ Signature _____

4. HEARING

Standard: a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 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 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard. Right ear \ Feet Left Ear \ Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.6-1951)	Right Ear			Left Ear		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:						

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

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

Driver qualified if \leq 140/90.

Pulse Rate: Regular Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if \leq 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record) _____

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

7. PHYSICAL EXAMINATION

Height: _____ (in.) Weight: _____ (lbs.)

Name: Last, _____

First, _____ Middle, _____

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 if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irreparable deformities likely to interfere with breathing or swallowing.			10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		

*COMMENTS: _____

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

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
 - Does not meet standards
 - Meets standards, but periodic monitoring required due to _____
 - Driver qualified only for: 3 months 6 months 1 year Other
- Temporarily disqualified due to (condition or medication): _____
- Return to medical examiner's office for follow up on _____

- Wearing corrective lenses
 - Wearing hearing aid
 - Accompanied by a _____-waiver/ exemption. Driver must present exemption at time of certification.
 - Skill Performance Evaluation (SPE) Certificate
 - Driving within an exempt intracity zone (See 49 CFR 391.62)
 - Qualified by operation of 49 CFR 391.64
- Medical Examiner's signature _____
 Medical Examiner's name _____
 Address _____
 Telephone Number _____

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a 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 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers), and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-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 fatigued condition; long 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/or 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.

§391.45 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial 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 commercial 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 Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) 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 interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate 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 commercial motor vehicle safely.

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

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial 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 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 device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;

(12) (i) Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) Is familiar with the driver's medical history and assigned duties; and (B) 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; and (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 physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar 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, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. 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 conditions 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 more frequent 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. Contact the FMCSA at (202) 366-1790 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called **Advisory 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 -Advisory Criteria-

Diabetes

§391.41(b)(3)

A person is physically qualified to drive a commercial motor vehicle if that person:

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. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, the FMCSA 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. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-1790 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Cardiovascular Condition

§391.41(b)(4)

A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

Loss of Limb:

§391.41(b)(1)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

Limb Impairment:

§391.41(b)(2)

A person is physically qualified to drive a commercial motor vehicle if that person:

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 commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate 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 motor vehicle is subject to the Skill Performance Evaluation Certification 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 SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a 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 SPE certificates when a State Director for the FMCSA 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 SPE certificate. 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 SPE certificate for his/her physical disability.

accompanied by" is designed to include a clinical 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.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. 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 FMCSA should be contacted at (202) 366-1780 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Respiratory Dysfunction

§391.41(b)(5)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, 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 sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. 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.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Hypertension

§391.41(b)(6)

A person is physically qualified to drive a commercial motor vehicle if that person:

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

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1987).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 100/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP-related event. The driver may not be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at recheck BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

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. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive

on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

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

A person is physically qualified to drive a commercial motor vehicle if that person:

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

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), 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 deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

23, etc. The examiner should not use only sibilants (s sounding 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.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid."
(See Hearing Disorders and Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Drug Use

§391.41(b)(12)
A person is physically qualified to drive a commercial motor vehicle if that person:

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 exception does not apply to methadone. The intent of the medical certification process is to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit-forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Alcoholism

§391.41(b)(13)

A person is physically qualified to drive a commercial motor vehicle if that person:

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.

Medical Requirements

- Medical Professionals, Motor Carriers and Drivers

The Federal Motor Carrier Safety Administration published a final rule establishing a National Registry of Certified Medical Examiners that is effective May 21, 2014.

Medical Examiners

- Only medical professionals who have passed training authorized by FMCSA are authorized to conduct the medical examination report and provide a medical examiner's certificate.
- Medical examiners are certified for a period of 10 years. Within 4-5 years issuance of authorization, FMCSA requires examiners undergo periodic training. The recertification process begins nine years after the medical professional receives an examiner credential.
- FMCSA may remove a medical examiner from the NRCME when a medical examiner fails to meet or maintain established qualifications. .
- Upon completion of a driver medical examination, the medical examiner must date and sign the medical examination report and provide his or her full name, office address, and telephone number on the report.

If the medical examiner finds that the person examined is physically qualified to operate a commercial motor vehicle, he or she must complete a certificate in the form prescribed and furnish the original to the person who was examined. The examiner must provide a copy to a prospective or current employing motor carrier who requests it.

Once every calendar month, beginning May 21, 2014, the medical examiner must electronically transmit, via a secure FMCSA-designated website, a completed Form MCSA-5850, Medical Examiner Submission of CMV Driver Medical Examination Results. The form must include all information specified for each medical examination conducted during

the previous month for any driver who is required to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners.

- The medical examiner's certificate shall be substantially in accordance with the form listed in Title 49 CFR 391.43.
- Each original (paper or electronic) completed medical exam report and a copy or electronic version of each medical examiner's certificate must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours of the request

Drivers

- Drivers are responsible to ensure they are examined by medical professionals on the NRCME list.
- Drivers need to ensure they maintain their current mailing address and current medical exam certificate filed with their State Driver License Office to avoid a lapse of medical coverage and maintain compliance by being physically qualified to operate a commercial motor vehicle, regardless of operating in interstate or intrastate commerce.
- Drivers that may not be physically qualified because of a limb amputation, limb impairment, vision impairment, or insulin-treated diabetes mellitus may wish to pursue an exemption to operate in interstate commerce (vehicle and/or product cross state lines).
- FMCSA has an application process for drivers to obtain a Skill Performance Evaluation if they have a limb amputation or impairment and an

application process for a diabetes or vision exemption. The vision exemption process through FMCSA requires that a driver have three years of commercial motor vehicle driving experience after their vision impairment before accepting an application.

- MoDOT has an application process for drivers and can grant a medical exemption only by issuing an SPE certificate to those drivers who may not be physically qualified only for a limb amputation, limb impairment, vision impairment or insulin-treated diabetes mellitus and not for any other physical impairment or issue. MoDOT does not have a minimum requirement for the years of commercial motor vehicle driving experience for any of the exemptions available.

Helpful Links

Federal Motor Carrier Safety Administration

www.fmcsa.dot.gov

FMCSA Medical

www.fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm

NRCME

<https://nationalregistry.fmcsa.dot.gov/>

NRCME Part 390.101 – 390.115

www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrguidedetails.aspx?menukey=390

MoDOT Motor Carrier Services Medical

www.modot.org/mcs

Multiple-Employer Drivers

Instructions: If a motor carrier employs a person as a multiple-employer driver (as defined in CFR 390.5), the motor carrier shall comply with all requirements of Part 391, except the carrier need not-

- (1) Require the person to furnish an application for employment (391.21);
- (2) Make an inquiry into the person's driving record during the preceding three years to the appropriate State agency(s) and an investigation of the person's employment record during the preceding three years (391.23);

- (3) Perform annual driving record inquiry required (391.25(a));
- (4) Perform the annual review of the person's driving record required (391.25(b)); or
- (5) Require the person to furnish a record of violations or a certificate (391.27).

The checklist below may be helpful to ensure that required documents are obtained.

Multiple-Employer Drivers

Name _____

Social Security Number _____

Driver's License Number _____

Type of License _____ State _____

In addition to the above information, copies of the following must be obtained.

- Medical Examiner's Certificate
- Road Test (or equivalent)
- Certificate of Road Test
- Controlled Substances Test

Driver Furnished by Other Motor Carriers Certificate

Driver's Name _____

Social Security Number _____

Driver's Signature _____

I certify that the above named driver, as defined in 390.5 is regularly driving a commercial motor vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations. His current medical examiner's certificate expires on _____ (Date).

This certificate expires: _____
(Date not later than expiration date of medical certificate)

Issued on _____
(Date)

Issued by _____
(Name of carrier)

Address _____