

# *Commercial Driver Medical Examinations; What's New, What's Pending and What's Confusing?*

Natalie P. Hartenbaum, MD, MPH, FCOEM

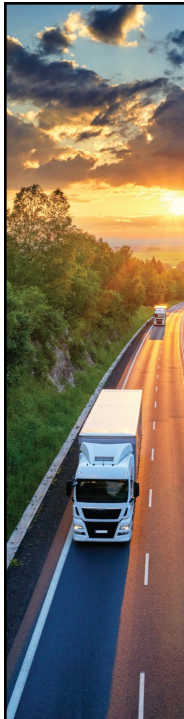
President of Chief Medical Officer

OccuMedix, inc.

December 2, 2021

NECOEM/MaAOHN  
Annual Conference 2021

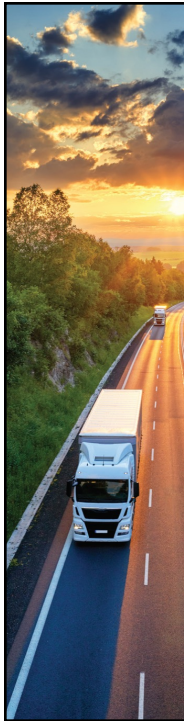
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## Topics

- FMCSA Updates
  - Bulletins, Responses, etc.
  - Rulemakings
- Medical Review Board Advisory Committee (MRB)
  - September 2021– CPAP Machine recall
  - May 2021– focus on ME Handbook draft
- Cannabis

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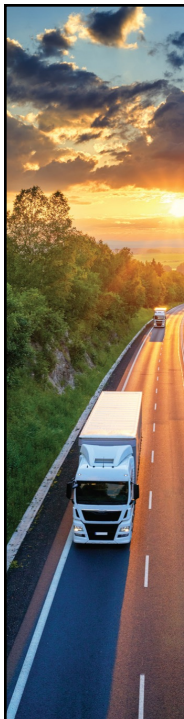


## Periodic Training Letter to MEs – February 20, 2020

*“Certified Medical Examiners (MEs) listed on the National Registry must complete periodic training every five (5) years under 49 CFR 390.111(a)(5)(i) to maintain their National Registry certification to conduct examinations of interstate CMV drivers. The periodic training will be provided by FMCSA and will only be available to certified ME’s through their National Registry account. However, due to unexpected delays, the training is still not yet available. FMCSA will notify MEs once the training becomes available, and will ensure that all MEs required to complete the training have ample time to do so. In addition, FMCSA will not take action against affected MEs for noncompliance with the regulations for not completing the training within the five-year timeframe.*

*Note: Training from other third-party training organizations does not meet the regulatory requirement for periodic training, and FMCSA does not provide continuing education units for completing the periodic training.”*

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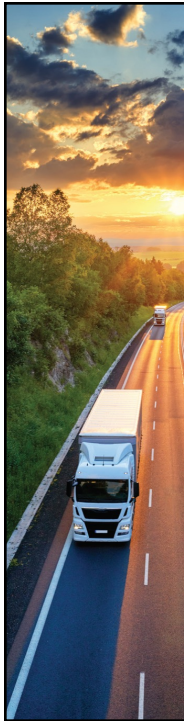


## FMCSA Update



- **New FMCSA email addresses for hearing and seizure exemptions**
  - [fmcsahearingexemptions@dot.gov](mailto:fmcsahearingexemptions@dot.gov)
  - [fmcsaseizureexemptions@dot.gov](mailto:fmcsaseizureexemptions@dot.gov)
- **MEs Who Have Not Migrated Their National Registry Account to Login.gov**
  - Approximately 16,000 MEs identified
  - Multiple attempts to contact
  - 49 CFR 390.111(a)(2) -ME must report to FMCSA any changes in the registration information within 30 days of change
  - FMCSA to remove these MEs from the National Registry for noncompliance with the regulations

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## Reporting Threatening Drivers

*“As discussed in today’s MRB meeting, MEs are encouraged to report threatening encounters with drivers they examine to the local police department.*

*In addition, they can also notify the FMCSA Office of Emergency Preparedness and Security Services at the following toll free number **1-877-831-2250** and/or email [Alex.Keenan@dot.gov](mailto:Alex.Keenan@dot.gov). Mail can be direct to:*

*Attn: Alex Keenan*

*Director, FMCSA Office of Emergency Preparedness and Security Services*

*Federal Motor Carrier Safety Administration*

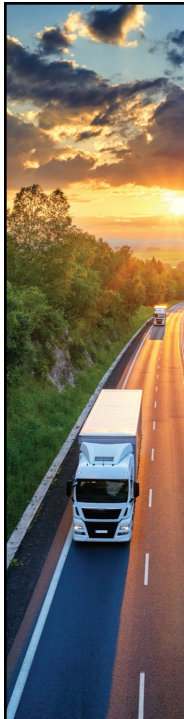
*Room E12-350*

*1200 New Jersey Avenue, SE*

*Washington, DC 20590”*

MRB 5/20/2021


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## Medical Examiner Reminders

- Hearing exemption required
  - Don’t check both hearing exemption and hearing aids
- Do not require current CDL as ID during COVID-19 emergency
- Complete MER - completely
- Upload CDME determinations from during outage
  - By 9/30/2021

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**CDL/CLP HOLDERS ONLY**  
Will ALWAYS need to provide  
paper for others

**Medical Examiner's Certification Integration (NRII) final rule Extension**

FMCSA issued a final rule that delays several provisions of the Medical Examiner's Certification Integration final rule (86 FR 32643, June 22, 2021) to extend the compliance date from **June 22, 2021, to June 23, 2025**, for several provisions of its April 23, 2015, Medical Examiner's Certification Integration final rule. FMCSA issued an interim final rule (IFR) on June 21, 2018, extending the compliance date for these provisions until June 22, 2021. FMCSA published a supplemental notice of proposed rulemaking (SNPRM) on April 22, 2021, that proposed further extending the compliance date to June 23, 2025. This final rule will provide FMCSA time to complete certain information


As a result of this final rule, the following actions should continue:

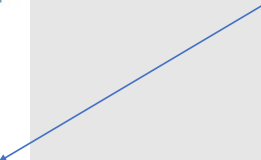
- Certified MEs should continue to issue the original paper MEC to qualified drivers;
- CLP/CDL applicants/holders should continue to provide the SDLA a copy of their MEC;
- Motor carriers should continue verifying that drivers were certified by an ME listed on the National Registry; and
- SDLAs should continue processing the original paper MECs they receive from CLP/CDL applicants/holders.
- Final Rule - <https://www.regulations.gov/document/FMCSA-2018-0152-0017>

Questions Medical Programs Division at 202-366-4001 or at [FMCSAmedical@dot.gov](mailto:FMCSAmedical@dot.gov).

July 6, 2021

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**Minor Changes to the Medical Examination Report Form, MCSA-5875**

On July 7, 2021, FMCSA published a [Technical Amendment](#) that includes minor changes to the Medical Examination Report Form, MCSA-5875, which have been approved by the Office of Management and Budget (OMB). The current approved version of the Medical Examination Report Form, MCSA-5875, has been posted on the FMCSA website. The changes include the removal of the request for gender as FMCSA determined that the collection of this information is not necessary, corrections to punctuation and grammar, and minor formatting changes to correct errors and promote consistency in the style of bullet points, quotation and apostrophe marks, use of bolding and italics, and use of a forward slash instead of a comma. Use of the revised form will become effective on September 5, 2021 (60 days after publication of the Technical Amendment) to provide sufficient time for the public to make any necessary information technology changes.

**Expiration Date on Diver Examination Forms**

The date found on the top right corner of the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, is the date of expiration for OMB approved information collection 2126-0006, that includes the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and

Changes are also made to address the elimination of the diabetes exemption program.

General Technical, Organizational, Conforming, and Correcting Amendments to the Federal Motor Carrier Safety Regulations. DOT, FMCSA. Final Rule. Fed Reg. Vol 86 (127). July 27, 2021. 35633 – 35653. <https://www.govinfo.gov/content/pkg/FR-2021-07-07/pdf/2021-13888.pdf>

August 19, 2021

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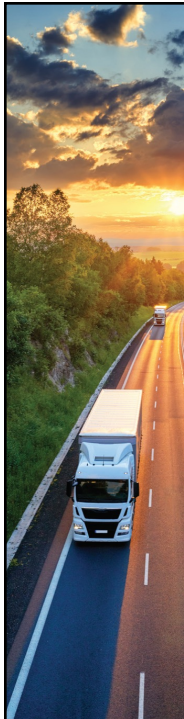
### Expiration Date on Diver Examination Forms

The date found on the top right corner of the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, is the date of expiration for OMB approved information collection 2126-0006, that includes the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870. The current forms posted on the FMCSA website are scheduled to expire on November 30, 2021. However, FMCSA is in the process of submitting the information collection renewal request for approval. MEs should continue to use the forms that are currently posted on the FMCSA website until we receive notification from OMB. Once the information collection renewal has been approved, new versions of the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, MCSA-5876, and Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, will be posted on the FMCSA website indicating that the collection has been renewed.

MEs that have purchased these forms in bulk, or require time to reprogram electronic system forms, may continue to use the old forms until stocks have been depleted or forms have been reprogrammed but should transition to use of the new forms as quickly as possible. However, based on the Technical Amendment, after September 5, 2021, instructions should be provided to the driver that they should leave the gender question blank on the Medical Examination Report Form, MCSA-5875.

August 19, 2021 – Part 2

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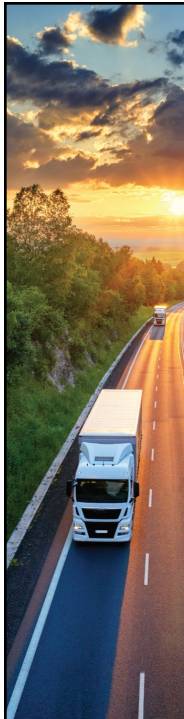


## NPRM - Alternative Vision Standard Published January 12, 2021

- The criteria for the **proposed alternative** vision standard are that the individual must - (differences in bold);
  - (1) Have in the **better** eye distant visual acuity of at least 20/40 (Snellen), with or without corrective lenses, and field of vision of at least **70 degrees** in the horizontal meridian;
  - (2) Be able to recognize the colors of traffic signals and devices showing standard red, green, and amber;
  - (3) **Have a stable vision deficiency; and**
  - (4) **Have had sufficient time to adapt to and compensate for the change in vision.**

<https://www.fmcsa.dot.gov/regulations/rulemaking/2020-28848>

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# Alternative Vision Standard

- Final MRB Task 21-1 Letter Report Alternative Vision Standard – 7/20/2021
  - Recommend current FOV be changed from 70 degrees to 120 degrees for the alternative vision standard for monocular\* vision drivers.
  - Requirement for sufficient time to adapt to and compensate for the vision deficiency should not be changed
  - Edits to form
- Federal Register with Request for Comments – Closed 9/23/2021
- Add Chromatic Lenses not permitted to Advisory Criteria
  - MRB Meeting 5/19-20/2021
- Final Rule – Pending

\*as defined by FMCSA

<https://www.fmcsa.dot.gov/advisory-committees/mrb/final-mrb-task-21-1-letter-report-mrb>

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Attachment

Form MCSA-5871 OMB Control Number: 2126-0006  
Expiration Date:

U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 8 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RTA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

**VISION EVALUATION REPORT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number (if applicable): \_\_\_\_\_ State: \_\_\_\_\_

This individual is being evaluated to determine whether he/she meets the vision standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle in interstate commerce. This report is required to provide additional information for an individual who has "monocular vision" or did not meet FMCSA's vision standard at a physical qualification examination. An ophthalmologist or optometrist should complete this report to the best of his/her ability based on his/her evaluation of the individual and knowledge of the individual's medical history. Completion of this report does not imply that the ophthalmologist or optometrist is making a decision to qualify the individual to drive a commercial motor vehicle. Any determination as to whether the individual is physically qualified to drive a commercial motor vehicle will be made by a certified medical examiner on FMCSA's National Registry of Certified Medical Examiners.

FMCSA defines monocular vision as (1) in the better eye, distant visual acuity of at least 20/40 (with or without corrective lenses) and field of vision of at least 70 degrees in the horizontal meridian, and (2) in the worse eye, either distant visual acuity of less than 20/40 (with or without corrective lenses) or field of vision of less than 70 degrees in the horizontal meridian, or both.

To be physically qualified under the alternative vision standard, the individual must: (1) have in the better eye distant visual acuity of at least 20/40 (Snellen), with or without corrective lenses, and field of vision of at least 120 degrees in the horizontal meridian; (2) be able to recognize the colors of traffic signals and devices showing standard red, green, and amber; (3) have a stable vision deficiency; and (4) have had sufficient time to adapt to and compensate for the vision deficiency.

**Instructions to the Individual:**

The certified medical examiner must receive this report and begin the examination no later than 45 calendar days after an ophthalmologist or optometrist signs this report.

**PLEASE CHECK / FILL IN REQUESTED INFORMATION (PLEASE PRINT)**

1. I am an ophthalmologist  I am an optometrist

2. Date of vision evaluation \_\_\_\_\_ (MM/DD/YYYY)

3. Distant visual acuity (please provide both if applicable):

Uncorrected: right eye: 20/\_\_\_\_ left eye: 20/\_\_\_\_

Corrected: right eye: 20/\_\_\_\_ left eye: 20/\_\_\_\_

Type of correction: glasses  contacts

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Attachment

Form MCSA-5871 OMB Control Number: 2126-0066  
 U.S. Department of Transportation Expiration Date:  
 Federal Motor Carrier Safety Administration

4. Field of vision, including central and peripheral fields, utilizing a testing modality that tests to at least 120° in the horizontal. Formal perimetry is required. Attach a copy of the formal perimetry test for each eye and interpret the results in degrees of field of vision.

Right eye: \_\_\_\_\_ degrees ("normal" or "full" are not acceptable)  
 Left eye: \_\_\_\_\_ degrees ("normal" or "full" are not acceptable)

Test used to determine results: \_\_\_\_\_

5. Is the individual able to recognize the standard red, green, and amber traffic control signal colors?  
 YES  NO

6. Date of last comprehensive eye examination \_\_\_\_\_ (MM/DD/YYYY) or unknown

7. Does the individual have monocular vision as it is defined by FMCSA? YES  NO

8. If yes, cause of the monocular vision (describe): \_\_\_\_\_

9. When did the monocular vision begin? \_\_\_\_\_ (MM/YYYY)

10. Current treatment \_\_\_\_\_ or N/A

11. In your medical opinion, is the individual's vision deficiency stable? YES  NO

112. In your medical opinion, has sufficient time passed to allow the individual to adapt to and compensate for the change in vision and to drive a commercial motor vehicle safely? YES  NO

123. Does the individual have any progressive eye condition or disease (e.g., macular edema, cataracts, glaucoma, or retinopathy)? YES  NO

If yes, provide the condition or disease, date of diagnosis, severity (mild, moderate, or severe), current treatment, and whether the condition is stable. Please enter the information in the table below.

Condition or Disease	Date of Diagnosis	Severity		Current Treatment	Is Condition Stable?	
		Mild	Moderate/Severe		Yes	No
a)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

In your medical opinion, is a vision evaluation required more often than annually? YES  NO

If yes, how often? \_\_\_\_\_

134. In your medical opinion, is the individual's vision deficiency stable? YES  NO

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- Meeting - meeting material from September 11, 2013
- Proceedings – Meeting summaries 2006- 2015

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Meeting Dates	Topic
September 29, 2021	Voluntary recall of certain Continuous Positive Air Pressure (CPAP) machines due to potential health risks.
May 19 – 20, 2021	FMCSA Proposed Alternative Vision Standard, Non-Insulin-Treated Diabetes Mellitus Assessment Form, 2021 Draft Medical Examiners Handbook, Seizure Standard and Length of Medical Certification
April 27, 28, 2020. April 27 closed	Medical Handbook, Seizure Standard, NRCME examination (closed meeting). Cardiovascular MEP Report (June 2013) posted
July 15 – 16, 2019	Medical Examiner Handbook, Vision and Vision Exemption
June 25 – 26, 2018	Medical Examiner Handbook, Vision
September 26-27, 2017	Medical Examiner Handbook, Seizures
October 24-25, 2016	Medical Advisory Criteria, FDA Warnings, OSA, Driver Wellness
August 22-23, 2016	Obstructive Sleep Apnea
August 10, 2016 -Meeting of the MCSAC-MRB	Driver Health and Wellness Working Group -
Sept. 21-22, 2015 Joint Meeting with MCSAC	Driver Health and Wellness

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Meeting Dates	Topic
July 21-22, 2015	Diabetes Mellitus and Vision Standard
October 27, 2014 Joint Meeting with MCSAC	Schedule II Controlled Substances
July 29-30, 2014	Schedule II Controlled Substances
September 11, 2013	Schedule II Medications
September 9-10, 2013 Joint MCSAC-MRB Meeting	Motorcoach Hours of Service; Schedule II Medications
February 2013	Bus Driver Fatigue
October 19, 2012	Field of Vision.
February 6, 2012 MCSAC and MRB	Obstructive Sleep Apnea (OSA).
January 4-5, 2012	Obstructive Sleep Apnea (OSA)..
December 2 and 5, 2011	OSA
June 30, 2011	updated Diabetes, cochlear implants, OSA
January 6, 2010	Parkinson's Disease, Multiple Sclerosis; Narcolepsy, Traumatic Brain Injury; Diabetes and Crash Risk
July 1, 2000	Psychiatric Disorders; Circadian Rhythm Disorders; Implantable Cardioverter Defibrillators and Cardiac Resynchronization

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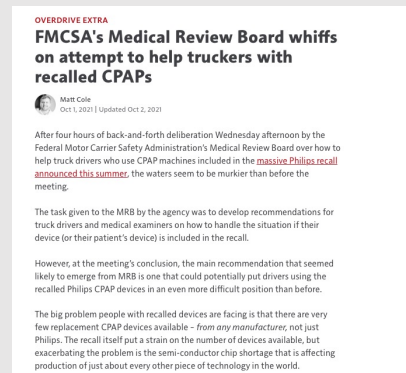


Meeting Dates	Topic
January 12, 2009	Stroke
October 6, 2008	Hearing, Vestibular Function; Psychiatric Disorders
July 18, 2008	Chronic Kidney Disease
April 7, 2008	Chronic Kidney Disease; Vision Deficiency
January 28, 2008	Obstructive Sleep Apnea; Seizures
July 26, 2007	Seizures
April 25, 2007	Cardiovascular
January 10, 2007	Schedule II Medication
November 1, 2006	Diabetes

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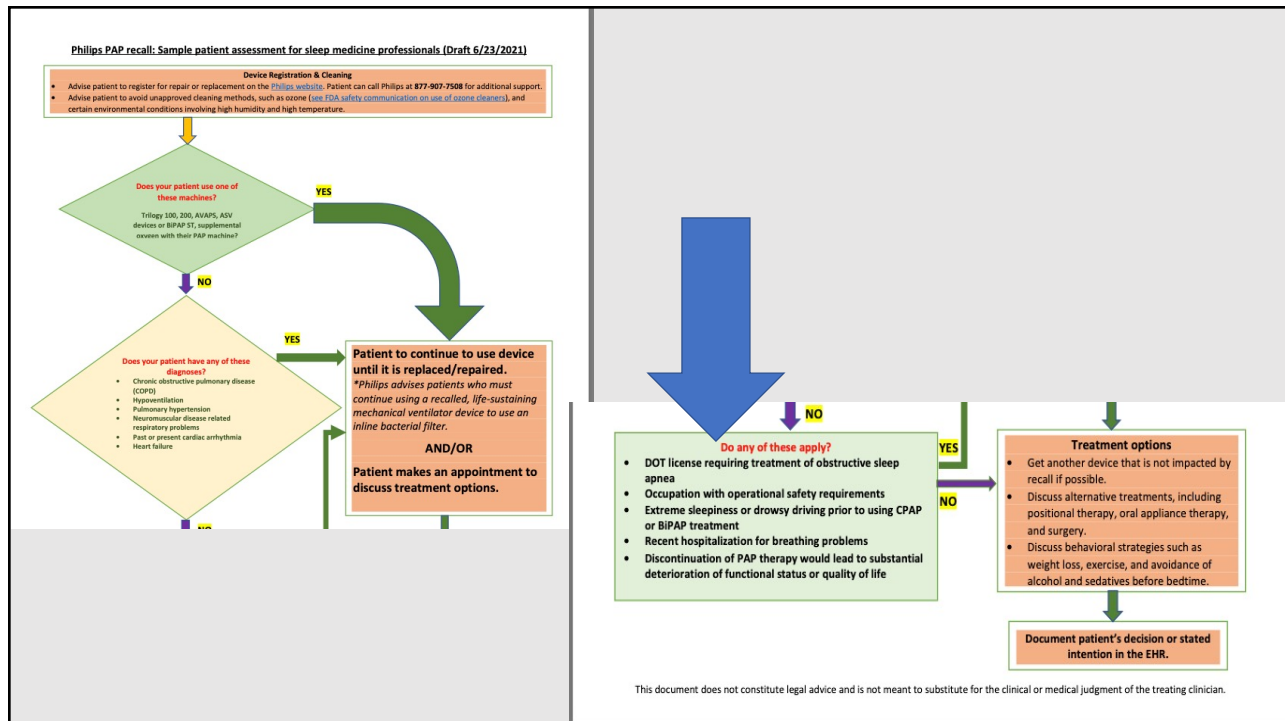
## Medical Review Board – September 29, 2021 Phillips CPAP Recall

- Consideration of Oral Appliances
  - Moderate – yes-ish, Severe – no-ish
- How long
  - 90 days?
  - Only for those affected by recall?
- Untreated Severe OSA should be disqualifying
  - 20 vs 30 ??
  - Desaturation??
- AASM

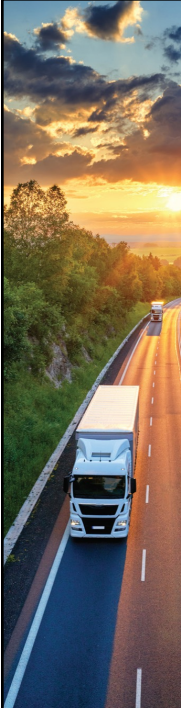


<https://www.overdriveonline.com/overdrive-extra/article/15161956/fmcsa-fails-to-reach-agreement-on-truckers-recalled-cpaps>

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## Medical Review Board Phillips CPAP Recall

- Modification of 2016 MRB Recommendation

**VI. → Treatment: Oral appliance**

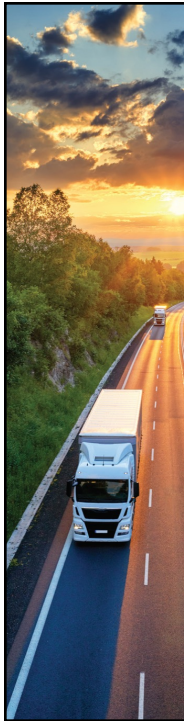
**A. → MRB-MCSAC Recommendation:** A driver with a diagnosis of moderate to severe OSA should try PAP therapy before oral appliance therapy, unless a board-certified sleep specialist has determined that an alternative therapy such as PAP is intolerable for a driver, in which case the driver should have the option to pursue oral appliance therapy to treat OSA.

- Rationale:** Based on the available medical literature, drivers with a diagnosis of moderate to severe OSA are less likely to achieve resolution of moderate to severe OSA with an oral appliance than with PAP therapy.
- There is limited data regarding compliance and long-term efficacy of oral appliances.
- In response to CPAP recall, appropriate oral appliance usage for recertification is accepted for drivers diagnosed with moderate sleep apnea impacted by the Philips recall. This therapy will be accepted until CPAP machines become available again for treatment.

**B. A driver may be certified or re-certified for up to 1 year (per Section III.A) if the following conditions are met:**

- A repeat sleep study shows resolution of moderate to severe OSA, and
- The driver has been cleared by the treating clinician, and

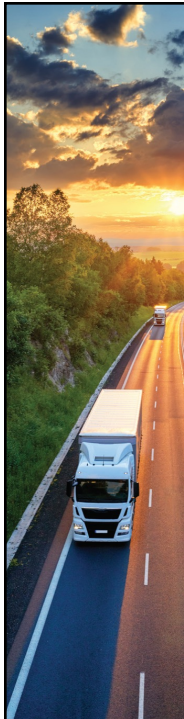
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## MRB Meeting May 19 -20, 2021

- FMCSA Proposed Alternative Vision Standard
- Non-Insulin-Treated Diabetes Mellitus Assessment Form
- 2021 Draft Medical Examiners Handbook
- ~~Seizure Standard and Length of Medical Certification Reports~~

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## Motions – May 2021 MRB Meeting From Meeting Minutes

- Following statement to be included in MEH – passed
  - “Idiopathic ~~insomnia~~ hypersomnia and narcolepsy cause loss of consciousness making them non-qualifying per the Federal Motor Carrier Safety Regulations.”
- Clarification of alternative standard for drivers to have a minimal 120-degree field of vision - passed
- Requirement for driver to have a minimum six-month period of stability for a progressive eye disease. – Motion withdrawn
- Add vision advisory criteria in the MEH to prohibit the use of chromatic lenses – passed

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U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

**NON- INSULIN-TREATED DIABETES MELLITUS ASSESSMENT FORM**

**Driver Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The individual named above is being evaluated to determine whether he/she meets the physical qualification standards [49 CFR 391.41(b)(1-13)] of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle (CMV) in interstate commerce. During the medical evaluation, it was determined this individual has a diagnosis of non-insulin-treated diabetes mellitus, which may impair his/her ability to safely operate a CMV. As the certified Medical Examiner (ME), I request that you review and complete this form, and return it to me via the individual, or at the mailing address, email address, or fax number specified below. The final determination as to whether the individual listed in this form is physically qualified to drive a CMV will be made by the certified ME.

**THE DRIVER'S ROLE**  
49 CFR 391.43

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.

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**Non-Insulin-Treated Diabetes Mellitus Diagnosis**

- Date of Diabetes Mellitus Diagnosis \_\_\_\_\_
- Diabetes-related medications and date treatment began (List all diabetes-related medications, dosage and date treatment initiated. *Attach additional pages if necessary.*)  
\_\_\_\_\_  
\_\_\_\_\_
- Has the individual been on a stable diabetes regimen in the last 3 months?  
\_\_\_ Yes \_\_\_ No

**Blood Glucose Self-Monitoring Records**

- How many times per day is the individual testing their blood glucose? \_\_\_\_\_
- Is the individual compliant with glucose monitoring based on their specific treatment plan?  
\_\_\_ Yes \_\_\_ No

**Diabetes Management and Control**

- Has the individual experienced any severe hypoglycemic episodes within the preceding three months? *FMCSA defines severe hypoglycemic episode as an episode resulting in impaired cognitive function that occurred without warning, loss of consciousness, seizures or coma, requiring the assistance of others or needing urgent treatment with glucagon injection or IV glucose.*  
\_\_\_ Yes \_\_\_ No  
If yes, provide date(s) of occurrence and associated details (*attach additional pages if necessary*): \_\_\_\_\_  
\_\_\_\_\_
- Has the individual experienced any severe hypoglycemic episodes since the last medical certification date?  
\_\_\_ Yes \_\_\_ No  
If yes, provide date(s) of occurrence and associated details: *attach additional pages if necessary*: \_\_\_\_\_  
\_\_\_\_\_

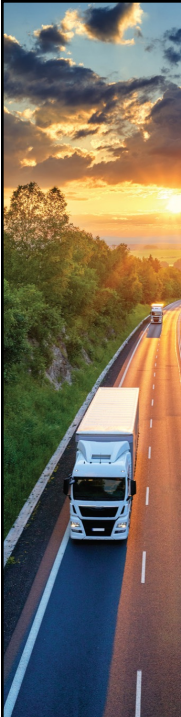
**Hemoglobin A1C (HgbA1C) Measurements**

- Has the individual had Hemoglobin A1c (HgbA1c) measured intermittently over the last 12 months, with the most recent HgbA1c measured within the preceding three months?  
\_\_\_ Yes \_\_\_ No  
If yes, attach a copy of most current lab result.

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**Diabetes Complications**

9. Does the individual have signs of diabetic complications or target organ damage? *This information will be used by the medical examiner in determining whether the listed conditions would impair the individual's ability to safely operate a commercial motor vehicle.*

a. Renal disease/renal insufficiency (diabetic nephropathy, proteinuria, nephrotic syndrome)?  
 Yes  No  
 If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: \_\_\_\_\_

b. Diabetic cardiovascular disease (coronary artery disease, hypertension, transient ischemic attack, stroke, peripheral vascular disease)?  
 Yes  No  
 If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: \_\_\_\_\_

c. Neurological disease/autonomic neuropathy (cardiovascular, gastrointestinal, genitourinary)?  
 Yes  No  
 If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: \_\_\_\_\_

d. Peripheral neuropathy (sensory loss, decreased sensation, loss of vibratory sense, loss of position sense, infection)?  
 Yes  No  
 If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: \_\_\_\_\_

e. Lower limb (foot ulcers, amputated toes/foot, infection)?  
 Yes  No  
 If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: \_\_\_\_\_

f. Other? (specify condition) \_\_\_\_\_  
 Yes  No  
 If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: \_\_\_\_\_

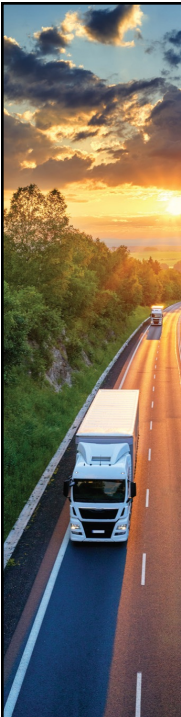
**Diabetic Retinopathy**

10. Date of last eye exam: \_\_\_\_\_

3

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosures by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

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MCSA  
 U.S. Department of Transportation  
 Federal Motor Carrier Safety Administration

11. Has the individual been diagnosed with either severe non-proliferative diabetic retinopathy or proliferative diabetic retinopathy?  
 Yes  No  
 If yes, provide date of diagnosis: \_\_\_\_\_

Comments (if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am the treating healthcare provider for the above individual.

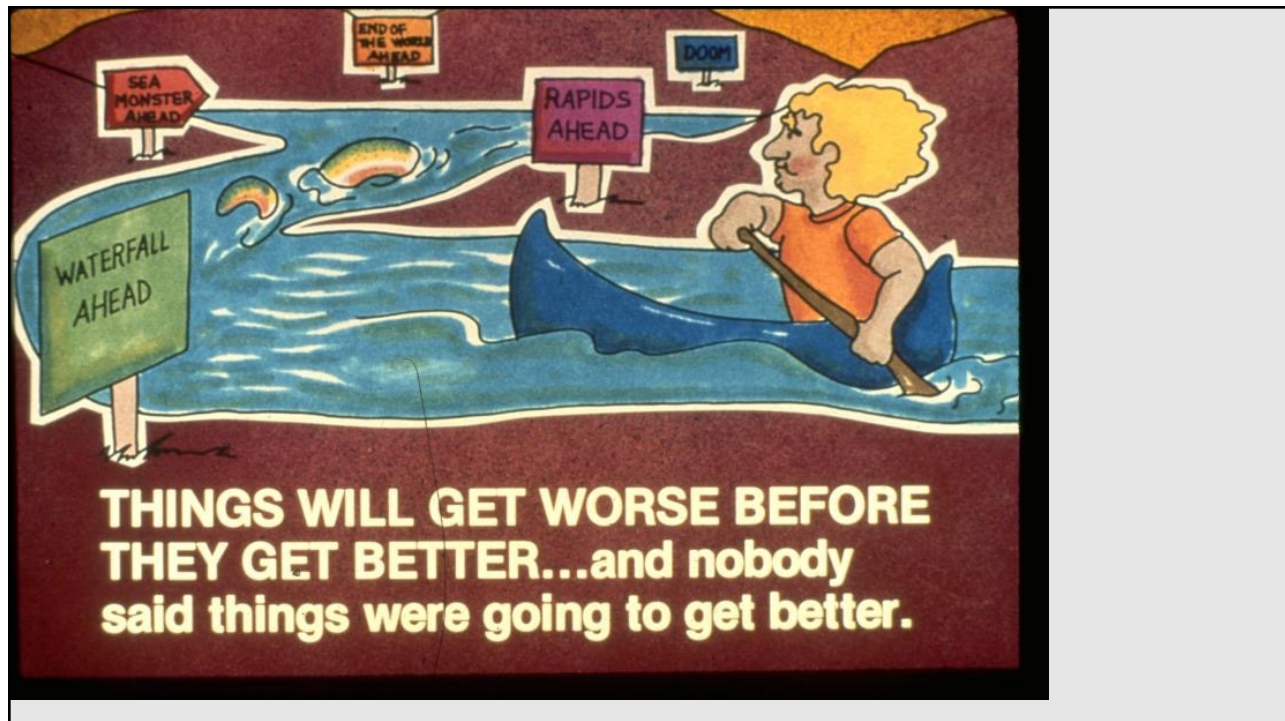
This individual has a stable diabetes medication regimen and maintains stable control and management of his/her non-insulin treated diabetes mellitus.  
 Yes  No

This individual has no diabetes-related medical concerns that would adversely affect the ability to safely operate a CMV.  
 Yes  No

Comments (if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Treating Healthcare Provider \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name of Treating Healthcare Provider \_\_\_\_\_ State of Licensure \_\_\_\_\_  
 Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_ Email \_\_\_\_\_

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Pending OMB Approval to Publication for Comment

**DRAFT**

Federal Motor Carrier Safety Administration  
(FMCSA)

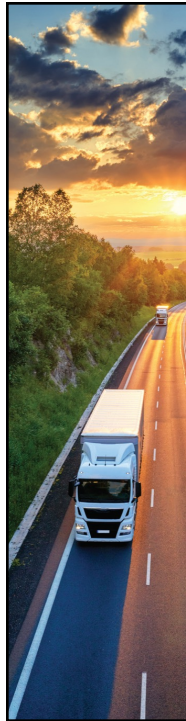
**NATIONAL REGISTRY OF CERTIFIED  
MEDICAL EXAMINERS:**

**Medical Examiner Handbook  
2021 Edition**

U.S. Department of Transportation  
**Federal Motor Carrier Safety Administration**

<https://www.fmcsa.dot.gov/medical-review-board-mrb-meeting-topics>

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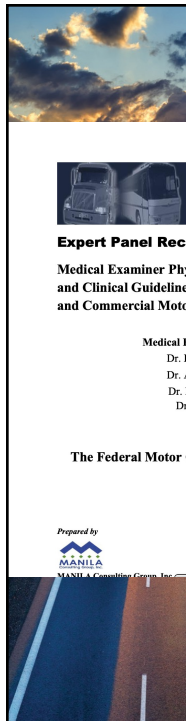
### 2019 - Part III -Medical Examination Guidelines

### 2020 - Part III – Physical Qualification Examination Guidelines

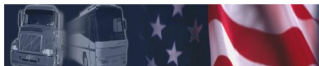
### 2021 -Part III – Physical Qualification *Standards and Guidance*

- 2019 - “Other sources of guidance, which can be used by the medical examiner **include, but are not limited to, medical expert panel reports, medical reports from literature, and Medical Review Board (MRB) recommendations.**”
  - *But are they taught in training programs*
  - *No link to MRB proceedings or reports – suggested*
- 2020 and 2021 – *This statement NOT in 2020 or 2021 draft*
  - *But some MEP recommendations are included*

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## 2013 Cardiovascular Expert Panel Recommendations



### Expert Panel Recommendations

Medical Examiner Physical Qualification Standards  
and Clinical Guidelines for Cardiovascular Disease  
and Commercial Motor Vehicle Driver Safety

#### Medical Expert Panel Members

Dr. Heidi M. Connolly  
Dr. Andrew E. Epstein  
Dr. Richard E. Kerber  
Dr. Chris Simpson

Presented to  
The Federal Motor Carrier Safety Administration  
June 5, 2013

Prepared by  
  
MANILA CONSULTING GROUP, INC.

- Noted during 2020 MEH discussion
- FMCSA requested 2013 MEP review CVD guidelines
- Charged with recommending revisions
  - Prior 2002, 2007
- Presented revised Recommendations Tables to FMCSA but not to MRB
- Partially referenced in 2021 draft of ME Handbook

<https://www.fmcsa.dot.gov/advisory-committees/mrb/medical-examiner-physical-qualification-standards-and-clinical-guidelines>

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**Appendix D: Cardiovascular Recommendation Tables**

The first publication of the Cardiovascular Recommendation Tables occurred in the October 2002, Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers, FMCSA-MCP-02-002. To review this publication, visit: <http://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020/04/publications/cardio.htm>

**Preface**

The Federal Motor Carrier Safety Administration (FMCSA) has an ongoing process for reviewing all Federal medical standards and guidelines used to determine driver medical fitness for duty. These tables will be updated when changes are made to FMCSA medical standards and guidelines. All proposed changes to the medical standards are subject to public notice-and-comment rulemaking.

As part of its review process, FMCSA considers medical evidence reports, medical expert panel (MEP) reports, and Medical Review Board (MRB) recommendations. FMCSA also considers other factors such as feasibility and impact.

These tables do not include recommendations that have been submitted to FMCSA for consideration but not adopted by FMCSA. However, FMCSA applies copies of the medical evidence report narrative summaries and MEP recommendations on the FMCSA Web page Reports - How Medical Conditions Impact Driving listed at <http://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020/04/reports.htm>

Reports of MRB proceedings are posted on the MRB Web site at <http://www.mrb.fmcsa.dot.gov/proceedings.aspx>, and the MRB public meeting schedule at <http://www.mrb.fmcsa.dot.gov>.

Medical examiners may submit questions or comments to the FMCSA Office of Medical Programs by sending an email to [fmcsaomd@dot.gov](mailto:fmcsaomd@dot.gov).

## Cardiovascular Recommendation Tables

Current as of:  
February, 2009

The first publication of the Cardiovascular Recommendation Tables occurred in the October 2002, Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers, FMCSA-MCP-02-002. PDF Version - HTML Version

Effort has been made to ensure the accuracy of data conversion when creating these tables. Please Contact NRCME if you identify an issue.

**Important Note: If you print the tables, you should periodically verify that the print file is current with the last update posted on the NRCME Web site at: [http://nrcme.fmcsa.dot.gov/part\\_4\\_guide\\_ep.htm#lastup](http://nrcme.fmcsa.dot.gov/part_4_guide_ep.htm#lastup).**

See the Cardiovascular Table Archives for descriptions of the updates. A log of changes made is posted on the NRCME Web site, on the Cardiovascular Table Archives Web page located at [http://nrcme.fmcsa.dot.gov/cvcs\\_tables\\_archive.htm](http://nrcme.fmcsa.dot.gov/cvcs_tables_archive.htm).



**Expert Panel Recommendations**  
Medical Examiner Physical Qualification Standards and Clinical Guidelines for Cardiovascular Disease and Commercial Motor Vehicle Driver Safety

Medical Expert Panel Members  
Dr. Heidi M. Connolly  
Dr. Andrew E. Epstein  
Dr. Richard E. Kerber  
Dr. Chris Simpson

Presented to  
**The Federal Motor Carrier Safety Administration**  
June 5, 2013





**Expert Panel Recommendations**  
Cardiovascular Disease and Commercial Motor Vehicle Driver Safety

**Panel Members**  
Roger S. Blumenthal, MD  
Andrew E. Epstein, MD  
Richard E. Kerber, MD

Presented to  
**Federal Motor Carrier Safety Administration**  
April 10, 2007





This report is comprised of research conducted to analyze the impact of Cardiovascular Disease on Commercial Motor Vehicle Driver Safety. Federal Motor Carrier Safety Administration considers

Recommendation Table in ME Handbook From 2002 MAP



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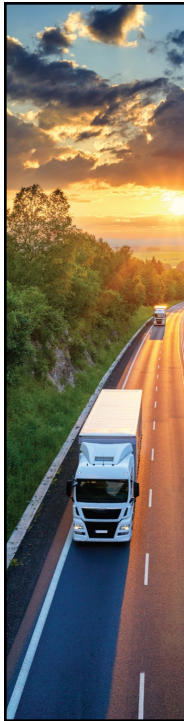
## ME Handbook Draft 5/2021

- Heart Transplant- “For additional guidance on certification of drivers with a heart transplant, one source MEs could consider is the July 5, 2013 Expert Panel Recommendations titled “Medical Examiner Physical Qualification Standards and Clinical Guidelines for Cardiovascular Disease and Commercial Motor Vehicle Driver Safety” in Appendix A on page 23, available at <https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-04/FMCSA%20CVD%20MEP%20Recommendations%2005062013.pdf>. “

That's All Folks

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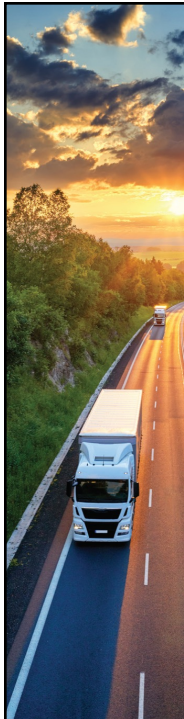
## ME Handbook Draft 5/2021 4.7.3.3.1 Implantable Cardioverter Defibrillators

- \_\_\_\_\_ BACKGROUND

- \_\_\_\_\_

ICDs terminate but do not prevent arrhythmias. Therefore, the driver remains at risk for syncope as a result of the underlying cardiovascular condition and does not satisfy the cardiovascular standard. This is different from coronary artery bypass surgery and pacemaker implantation which are considered remedial procedures and therefore do not preclude medical qualification. ***Combination ICD/pacemaker devices, however, are ineffective in preventing incapacitating cardiac arrhythmia events and do preclude medical certification because the individual does not satisfy the cardiovascular standard.***

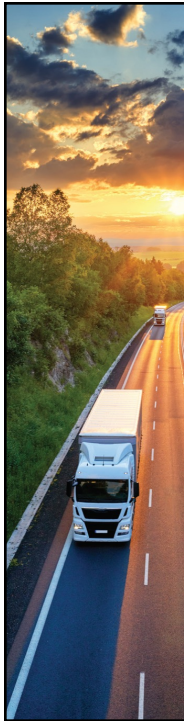
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## ME Handbook Draft 5/2021 4.7.3.3.1 Implantable Cardioverter Defibrillators

- Whether to medically certify a driver whose ICD has been disabled will depend on the status of the underlying cardiovascular condition. If the driver's underlying cardiovascular condition has not resolved, the driver does not satisfy the cardiovascular standard. The ME should decide on a case-by-case basis whether a driver's underlying condition has resolved based on recommendations from a cardiologist and evidence that has been presented to the ME.
- With respect to ICDs, the FMCSRs do not include any specific requirements for waiting periods, maximum certification periods, specific diagnostic procedures or treatment, or specific diagnostic results.

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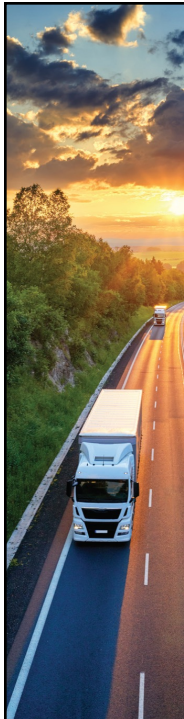
## ME Handbook Draft 5/2021

### 4.7.3.2.5.1 Thoracic Aneurysm

- While relatively rare, thoracic aneurysms are increasing in frequency. Size of the aorta is considered the major factor in determining risk for dissection or rupture of a thoracic aneurysm. In general, thoracic aneurysms that are less than 5.0 cm and are asymptomatic are not likely to rupture. See Cleveland Clinic Journal of Medicine, September 1, 2020 at <https://www.ccm.org/content/87/9/557>.

*That's All Folks*

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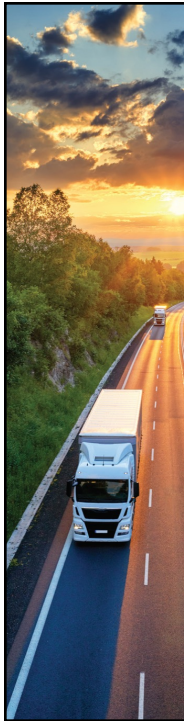


ME Handbook Draft 5/2021

### 4.7.3.12 Renal Dialysis

- End stage renal disease often occurs as a result of cardiovascular conditions such as hypertension and congestive heart failure which are treated with renal dialysis. Because section 391.41 does not include a physical qualification standard that specifically addresses end stage renal disease or renal dialysis, the effects of renal dialysis should be evaluated as treatment for the underlying medical condition for which it is prescribed.
- .....
- Considerations for an ME when making a physical qualification determination could include but may not be limited to the following:
  - Evaluate on a case-by-case basis to determine whether the driver is likely to experience syncope, dyspnea, collapse, or congestive cardiac failure.
  - Assess the driver's symptoms post dialysis.
    - Is the driver having excessive fatigue, muscle cramps, or syncope, dyspnea, collapse, or congestive cardiac failure.
- *Does not include reference to CKD MEP*

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ME Handbook Draft 5/2021

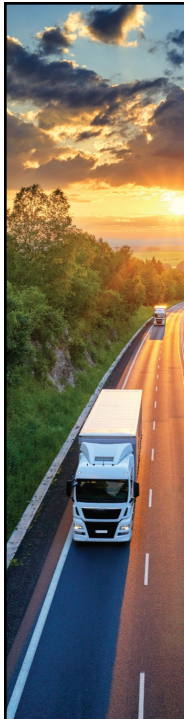
#### 4.9 Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease, and Loss or Impairment of Limbs Regulations - 49 CFR 391.41(b)(7), (b)(1), and (b)(2)

.....

##### • 4.9.7 Other Information

- Disorders of the musculoskeletal system affect driving ability and functionality necessary to perform heavy labor tasks associated with the job of commercial driving. Medical certification means the driver is **physically able to safely drive and perform non-driving tasks**. The ME should consider that **certification is not limited to a single employer or type of work**. For example, no lifting may be required for one employer while heavy lifting may be required for other employers. **Certification also is not limited to a specific vehicle type or size.**

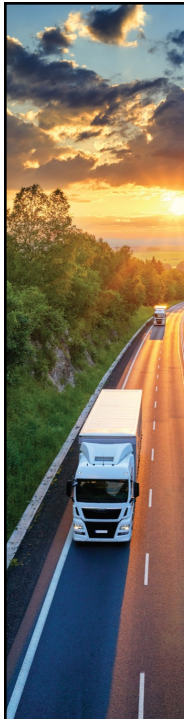
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ME Handbook Draft 5/2021

- Thus, a driver who is medically certified under the FMSCRs is physically qualified to operate every vehicle type and to perform the activities typically associated with commercial driving. MEs cannot issue a Medical Examiner's Certificate, Form MCSA-5876, with restrictions other than those listed on the certificate. If physical restrictions are necessary, they must be imposed by the employer as a condition of employment.
- AND detailed Job Description

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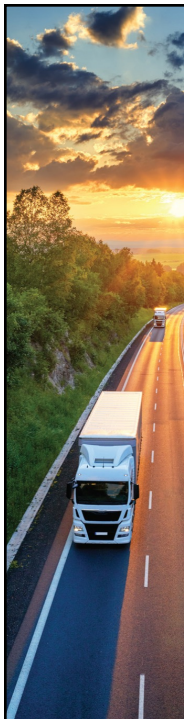
ME Handbook Draft 5/2021

#### 4.10.3.9 Embolic Strokes, Thrombotic Strokes and Transient Ischemic Attacks

- Read between lines
- Individuals with embolic or thrombotic cerebral infarctions may have residual intellectual or physical impairments. Fatigue, prolonged work hours, and stress may exaggerate the neurological residuals from a stroke. After undergoing a stroke, the greatest period of recurrence of a stroke occurs at 7-9 months. Most will recover from a stroke within 1 year of the event.
- Transient ischemic attack is a temporary period of symptoms similar to those of a stroke. Often called a ministroke, the transient ischemic attack may be a warning. About 1 in 3 individuals who have a transient ischemic attack will eventually have a stroke, with about half occurring within a year after the transient ischemic attack.
- See <https://www.mayoclinic.org/diseases-conditions/transient-ischemic-attack/symptoms-causes/syc-20355679>.

NO other guidance – but shouldn't a competent ME know above ?

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ME Handbook Draft 5/2021

#### 4.10.3.12 Traumatic Brain Injury


- The Expert Panel opinions regarding evaluating severe, moderate, and mild TBI are as follows:

.....

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U.S. Department of Transportation  
Office of the Secretary of Transportation  
Office of Drug and Alcohol  
Policy and Compliance  
Sue Lenhard, Policy Advisor



## DOT "CBD" NOTICE

**IMPACT OF HEMP LEGALIZATION ON SAFETY OVERSIGHT OF CMV DRIVERS**

FMCSA-Motor Carrier Safety Advisory Committee (MCSAC)  
July 13, 2020

<https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-07/ODAPC-FMCSA-MCSAC-FINAL-7-9-20.pdf>

**What you need to know:**

- **A positive test for THC is a positive test for "marijuana"**
- The DOT requires testing for marijuana and not CBD.
- CBD products may contain more THC than what the label lists.
- The DOT does not authorize the use of Schedule I drugs, including marijuana, for any reason and that **CBD use is not a legitimate explanation for laboratory-confirmed marijuana positive result.**
- It is unacceptable for any safety-sensitive employee subject to DOT's drug testing regulations to use marijuana.
- [www.transportation.gov/odapc/cbd-notice](http://www.transportation.gov/odapc/cbd-notice)

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## Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events




Distributed via the CDC Health Alert Network  
September 14, 2021, 10:00 AM ET  
CDCHAN-00451

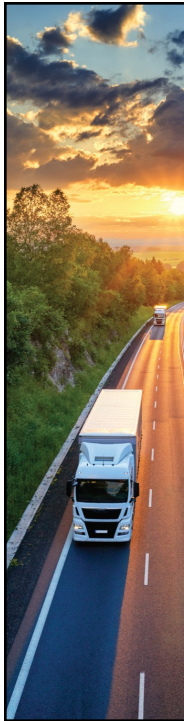
<https://emergency.cdc.gov/han/2021/han00451.asp>

**Summary**

The purpose of this Health Alert Network (HAN) Health Advisory is to alert public health departments, healthcare professionals, first responders, poison control centers, laboratories, and the public to the increased availability of cannabis products containing delta-8 tetrahydrocannabinol (THC) and the potential for adverse events due to insufficient labeling of products containing THC and cannabidiol (CBD).

- Loophole in the 2018 farm bill, delta-8 THC unregulated at federal level.
- Hemp, - a cannabis plant that contains 0.3 percent delta-9 THC or less
  - Does not address delta-8 THC levels
- 14 states — Alaska, Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Mississippi, Montana, New York, Rhode Island, Vermont and Utah — have blocked the sale of delta-8

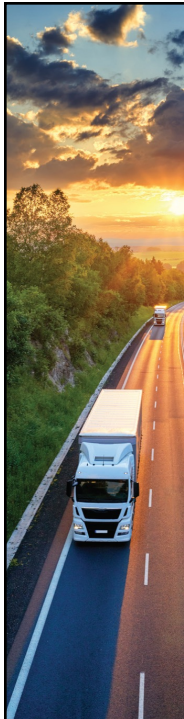
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## Enhancing public health and safety by diagnosing and treating obstructive sleep apnea in the transportation industry: an American Academy of Sleep Medicine position statement

- Endorsed by others including ACOEM
  - <https://jcsa.aasm.org/doi/10.5664/jcsa.9670>
- *“As directed by the FMCSA, employers should ensure that their examiners are using current best practices to determine medical qualification of their drivers. Employers should implement OSA management programs even in the absence of a regulatory requirement. Currently, examiners should utilize the 2016 MRB recommendations as a starting point for identifying at-risk drivers who should be referred for diagnostic testing for suspected OSA.”*
- Companion paper - Obstructive sleep apnea screening, diagnosis, and treatment in the transportation industry
  - <https://jcsa.aasm.org/doi/10.5664/jcsa.9672>

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