



**ACCREDITED TRAINING FOR THE NATIONAL
REGISTRY OF CERTIFIED MEDICAL
EXAMINERS**

**INTRO,
DEFINITIONS,
FORMS**

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**Postgraduate Institute
for Medicine**

AMA PRA Category 1 Credit(s)[™] will be awarded after the
completion of this FMCSA Accredited Training for the
National Registry of Certified Medical Examiners.

Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing
Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American
Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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TeamCME is **recognized** by the Providers of Approved Continuing Education of the Federation of Chiropractic Licensing Boards (FCLB).

The FCLB has **approved this course for PACE "Distance Learning"** Continuing Education Credits for Doctors of Chiropractic.

For Chiropractic CE approval verification, please contact your State Chiropractic Licensing Board.

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FMCSA is one of nine DOT Administrations

- Established on January 1, 2000
- Services provided by Field Operations, Service Centers, and State level division offices



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Office of Medical Programs

- Oversee medical certification process for CMV drivers operating in interstate commerce
- Develops/Implement medical regs, policies, procedures
- Oversees the MRB (Federal Advisory Committee Act)
- Develops/Implement the National Registry Program
- Oversee Medical Exemption & Certificate Programs
- Lead Office/Agency for CMV driver health, safety, and conducts relevant medical research

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This ME training course conforms to FMCSA's training curriculum and topics on regulations and guidelines for conducting CMV driver medical examinations.

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TeamCME has no relevant financial relationships regarding the content of this presentation.

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Regulations VS Guidelines

Regulations concerning the physical qualifications of drivers are legally binding on those subject to their provisions.

- FMCSA has the authority to compel compliance with regulations

Guidance is provided in the form of advisory criteria, bulletins, interpretations of the regulations, guidelines, and the contents of the medical examiner handbook.

- The handbook assists in applying the regulations governing the physical qualifications of interstate CMV drivers
- Guidance is based in significant part on input from medical expert panels or derived from clinical best practices
- Guidance does not have the force and effect of law and is not meant to bind MEs, drivers, or the public in any way



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FMCSA Medical Examiner Handbook

The FMCSA Medical Examiner Handbook provides information and guidance to the medical examiner who performs the commercial driver medical examination.

Determining driver medical fitness for duty is a critical element of the FMCSA safety program.

Specialists, such as cardiologists and endocrinologists, may perform additional medical evaluation, **but it is the medical examiner who decides if the driver is medically qualified to drive.**



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FMCSRs



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Federal Motor Carrier Safety Regulations (FMCSRs)

FMCSA regulates drivers, trucks and buses, and motor carriers (both private and for-hire) operating in interstate commerce. It also regulates the shipment and transportation of hazardous materials on the highways in interstate and intrastate commerce.

The FMCSRs under the Code of Federal Regulations (CFR), 49 CFR 391.45 states that the following persons must be medically examined and certified as physically qualified to operate a CMV:

- Any person who has not already been medically certified
- Any driver who has not been medically certified in the preceding 2 years
- Any driver authorized to operate a CMV only within an exempt intra-city zone that has not been medically certified during the preceding year

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Federal Motor Carrier Safety Regulations (FMCSRs)

- Any driver with insulin-treated diabetes mellitus who has not been medically certified during the preceding 12 months, with the use of the Insulin-Treated Diabetes Mellitus Assessment Form (MCSA-5870), completed by their treating provider
- Any driver who does not satisfy, with the worse eye, either the distant visual acuity standard with corrective lenses or the field of vision standard, or both, who has not been medically certified during the preceding 12 months
- Any driver that has not been medically certified during the preceding 12 months, who has previously been certified under the Alternate Vision Standard
- Any driver whose ability to perform their normal duties has been impaired by a physical or mental injury or disease

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IMPORTANT REGULATORY DEFINITIONS



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Commercial Driver Licenses, Section 383.5

States are required to issue the following license classifications:

Class A -- Any combination of vehicles with a GCWR of **26,001** or more lbs. where the GVWR of the vehicle(s) being towed is in excess of 10,000 lbs.

Class B -- Any single vehicle with a GVWR of 26,001 or more lbs. or any such vehicle towing a vehicle not in excess of 10,000 lbs. GVWR.

Class C -- Any single or combination of vehicles that does not meet the definition of Class A or B but is either designed to transport 16 or more passengers (including the driver); is placarded hazardous; or is transporting any quantity of a material listed as a select agent or toxin in 42 CFR Part 73.



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Medical certification is generally required when the driver is operating a Commercial Motor Vehicle (CMV) in interstate commerce 49 CFR 390.5T

CMV Definition:

- Has a gross vehicle or gross combination weight or rated to transport 10,001 lbs or more
- Designed or used to transport more than 9 passengers (including the driver) for compensation
- Designed or used to transport more than 16 passengers (including the driver) not for compensation
- Transport requiring Placard for Hazardous Waste



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Driver Qualifications: Motor Carriers' Responsibility

- Be at least 21 Years Old to drive across state lines (unless the driver is in a FMCSA pilot Program)
 - Some states allow 16-year-olds to drive in intrastate commerce
- Speak and Read English well enough to perform the duties of a commercial driver
- Capable to safely operate CMV
- Perform Driving Tasks
- Current Medical Certificate
- Only one valid CDL License
- Provide background/violation background
- Completed driver road test or equivalent

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Medical Standards & Motor Carriers

It is possible for a driver to meet the federal requirements to obtain a medical examiners certificate but fail the motor carrier's pre-employment medical exam.

- Motor carriers can have additional medical requirements beyond the federal driving requirements, such as a demonstration of lifting capacity

ME would certify the driver, issue a MEC, and inform the company that the driver does not meet their requirements.



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Driver Hours of Service (HOS)

Who Has to Comply?

CDL and Non-CDL Drivers operating a commercial motor vehicle and:

- are engaged in interstate commerce
- are engaged in intrastate commerce where the state adopted and enforces the HOS regulations.

11 Hour Maximum Daily Driving Time!

14 Hour Maximum Daily Work Limit (includes non-driving work and driving time)



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Interstate Commerce

Trade, traffic, or transportation of goods or services in the United States that:

- *May* involve the crossing of a state boundary
- Cross from one state to another state or a foreign country
- Travel between two places within a state, but during part of the trip, the CMV crosses into another state or country
- Travel between two places within a state but the cargo is part of a trip that began or will end in another state or country



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Interstate Drivers That Do Not Need a Medical Exam

1. School bus drivers transporting children/staff between home and school
2. Federal, State or local government employees
3. Transportation of human corpses
4. Transportation of sick or injured persons
5. Emergency response vehicles
6. Transportation of propane winter heating fuel when responding to an emergency condition requiring immediate response such as damage to a propane gas system after a storm or flooding
7. Response to a pipeline emergency condition requiring immediate response such as a pipeline leak or rupture

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Interstate Drivers That Do Not Need a Medical Exam

8. In custom harvesting on a farm or to transport farm machinery and supplies used in the harvesting operation and transportation of harvested crops to storage or market
9. Transportation of farm machinery or farm supplies (no placardable hazardous materials) to and from a farm and within 150 air-miles of the farm
10. Beekeepers in the seasonal transportation of bees
11. As a private motor carrier of passengers for non-business purposes
12. Transportation of migrant workers

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Intrastate Commerce

Trade, traffic, or transportation of goods or services in any State that does not meet the description of *interstate* commerce.

States regulate intrastate commercial drivers

- May adopt additional or more stringent requirements
- Drivers can operate with either a medical certificate performed in accordance with FMCSA regulations, **OR**
- With any applicable State variance or exemption

Medical Examiners are responsible for knowing the CMV driver regulations for the state in which they practice.

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Intrastate Drivers That Do Not Need a Medical Exam

- Drive a CMV only in intrastate commerce (goods do not cross state lines) activities for which the State of licensure has determined the driver is not required to meet the State's medical certification requirements

Medical Examiners should know which intrastate drivers are excepted from the requirement to obtain a medical certificate (such as state workers and school bus operations).



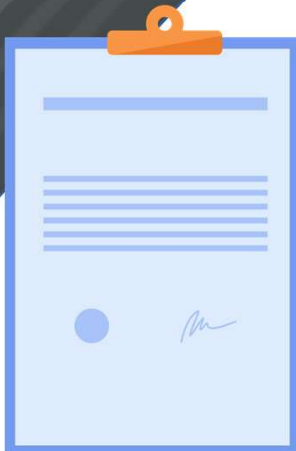
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Issuing an “Interstate” or “Intrastate” Medical Examiner’s Certificate

The ME should conduct the driver medical examination and issue the appropriate Medical Examiner’s Certificate based on “Medical Qualification”

1. **Interstate certificates:** Drivers that are examined and meet the Federal Medical requirements with or without a Federal exemption
2. **Intrastate certificates:** Drivers that are examined and do not meet the Federal Medical Requirements and are therefore required to have a State variance. If the ME is willing, and understands the available State variances, they may perform the examination and issue a medical certificate indicating the requirement of a State variance

If there is a nonmedical reason for NOT being medically qualified to drive across state lines (such as being less than 21 years old), the State Drivers Licensing Agency will limit the driver’s “license” to only being able to drive a CMV within the state.



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School Bus Operations

The following School Bus Drivers are not required by federal regulation to have a medical certificate:

- Drivers of vehicles transporting students and/or staff between home and school, regardless of whether the bus crosses state lines
 - Drivers involved with field trips or sporting events, or any driving outside of home to school are not exempt
- Drivers who are employed by a school district, city, county, or state government entity

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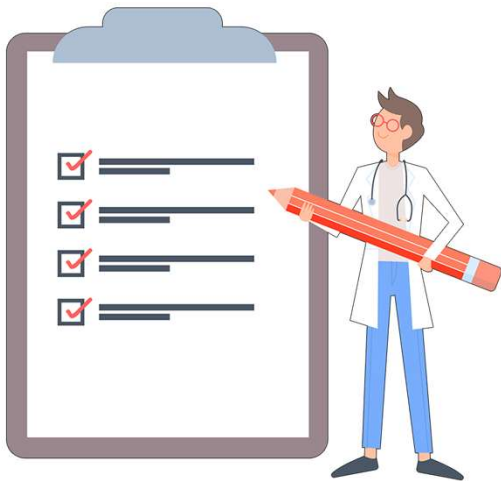


State School Bus Driver Medical Exams

- Most, if not all states require all School Bus Drivers to have a medical examination
- School Bus Driver regulations may be regulated by the State Department of Education
- Many States have additional physical requirements to be a school bus driver
- States may also have their own form rather than the Federal Medical Exam Form
- Some states restrict who can perform a school bus driver physical (DC restrictions in: GA-(1 of 2), MA, MI, NY, SC, WA)
- Download your State's School Bus Driver Handbook

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State Driver Licensing Agencies (SDLA) Requirements



SDLAs must retain a copy of a current medical certificate for interstate and intrastate CDL drivers of a CMV until June 23, 2025.

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License / Medical Certificate

- CDL/CLP Drivers are required to submit copies of their medical certificate to their SDLA and the motor carrier.
- FMCSA advises CDL drivers to carry their medical certificate when they drive.
- After 6/23/2025, SLDAs will be receiving medical certificate results directly from FMCSA.
 - Drivers will not be required to carry a copy of their medical certificate after the first 15 days of receiving it
- Non-CDL/CLP drivers are required carry their medical certificate when they drive
 - They are not required by federal law to provide copies to their SDLA
 - May still be required by state law, their employer, DOT officials, or law enforcement

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Downgrading & Upgrading CDL Licenses

When a driver's medical certificate expires, their SDLA will downgrade their CDL license to a regular license. Once a new certificate is produced, the CDL license will be renewed.

Each State will decide how it will comply with downgrading of CDL licenses

- They decide how long a certificate can be expired before the license is downgraded
- They decide how long a license can be downgraded before the driver will be required to obtain re-testing before their CDL license is reinstated

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FOREIGN COUNTRY DRIVERS



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Foreign CDLs that are accepted in the United States:

1. The Federal Government of Mexico
2. Provinces and territories in Canada



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Mexican CDL & Non-CDL Drivers

The United States accepts the *Licencia Federal de Conductor* issued by the United Mexican States

- Mexico-domiciled CDL holders are not required to obtain a US medical certificate

The agreement **does not allow** Mexico-issued **noncommercial** licensed drivers to drive a CMV in interstate commerce

A US employer of a Mexican driver may require the driver to obtain a US medical certificate.

- *Not submitted to FMCSA*
- ME maintains documents as part of office records



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Canadian CDL & Non-CDL Drivers

The agreement with Canada allows Canadian CDL drivers to drive without a US medical certificate

- They have their own CDL medical examination.

Canada does not require their **Non-CDL** drivers to have a Canadian CDL medical exam

- These drivers **must obtain a US medical certificate** to drive a CMV in the US
- This is why "Province" is listed on the medical exam report form and certificate
- **MEs report exams performed on Canadian non-commercial/non-CDL drivers to FMCSA**



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Medical Conditions of Foreign Drivers

Conditions that disqualify a foreign driver:

- Drivers who use insulin
- Drivers with epilepsy
- Drivers with diminished vision
- Drivers who are hearing impaired

Canadian drivers who must wear a **prosthesis** to drive must also wear the prosthesis while driving in the US.

- They cannot apply for a SPE in the United States

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CMV DRIVER DEMANDS & DUTIES



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All drivers of commercial vehicles must be treated as if they are driving an 18-wheeler weighing 110,000 lbs. from coast to coast

It does not matter if they...

- have easy driving duties
- are currently employed or currently driving
- just want to keep their CDL privileges current
- need a medical examiner's certificate for a non-driving position or employment



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Heavy Labor & Other Job Tasks of a Driver

- **Coupling and uncoupling trailers** requires strength and full range of motion to climb, balance, turn, grip, and pull
- **Loading and unloading trailers** of freight after sitting for a long period of time without any stretching period
- **Lifting, installing, and removing heavy tire chains** requires pulling/lifting motions in the range of 35 to 90 pounds
- **Lifting tarpaulins to cover open top trailers** requires pulling/lifting motions in the range of 50 to 100 pounds
- **Performing pre-trip and post-trip safety checks** requires climbing, bending, kneeling, crawling, reaching, stretching, turning, and twisting



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Driving Maneuvers & Operations of a Driver

- **Moving gear shift levers** requires timely coordination and complex manipulation skills of right upper and left lower extremity
- **Controlling the steering wheel** requires mobility, power grasp, and prehension of hands and fingers
- **Operating brakes and accelerator pedals** requires coordinated movement in lower extremities
- **Operating light switches, windshield wipers, directional signals, emergency lights, horn, etc.** requires mobility and manipulative skills of upper extremities
- **Backing and parking** requires adequate depth perception and coordinated manipulative skills



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THE MEDICAL EXAMINER

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Medical examiners shall:

1. "Be knowledgeable of the specific physical and mental demands associated with operating a commercial motor vehicle and the requirements of this subpart, including the medical advisory criteria prepared by the FMCSA as guidelines to aid the medical examiner in making the qualification determination"
2. "Be proficient in the use of and use the medical protocols necessary to adequately perform the medical examination required by this section."



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The *purpose of the physical exam* is to detect the presence of a medical or physical condition that could affect safe driving.

- Medical examiners frequently communicate with the driver's PCP or with a specialist whose medical opinions should be considered.
 - PCPs or specialists may not be familiar with the driver medical standards
 - It is the medical examiner's responsibility to determine the driving status for every examination performed
- FMCSA describes the CDL medical exam as a medical "*fitness for duty*" examination

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Additional Testing

- MEs order tests to determine if the standards / guidelines for a particular medical condition are met
 - For some guidelines, these tests may determine the severity of the medical condition

Example: A driver with a diagnosis of COPD must meet PFT testing minimums. A ME might order spirometry to help make that determination.



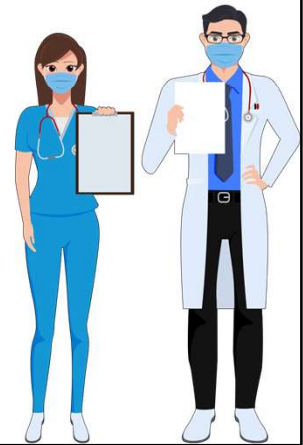
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MEs are required to complete the ENTIRE physical qualification examination

- Even if you detect a medical condition that you consider disqualifying, such as deafness

“MEs are expected to determine if the driver meets the physical qualification standards. Thus, if you find a disqualifying condition for which a driver may receive a Federal medical exemption from FMCSA, please record that on the driver’s Medical Examiner’s Certificate, Form MCSA-5876, as well as on the Medical Examination Report Form, MCSA-5875.”

- **If the exam was not completed**, the ME fills in the form with all the available information and *marks the box indicating the examination was incomplete*
- Ensure the driver signs the medical exam report form
- For those qualified to drive, the driver signs and the ME issues the *original copy of the medical examiner’s certificate* to the driver
- There is no requirement to issue a copy of the medical exam report to the driver unless a skill performance evaluation or exemption is required



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Commercial Driver’s Signature

CMV DRIVER’S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner’s Certificate, that submission of fraudulent or intentionally false information is a violation of [49 CFR 390.35](#), and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under [49 CFR 390.37](#) and [49 CFR 386](#) Appendices A and B.

Driver’s Signature: _____ Date: _____

Medical Examiners are not expected to be lie detectors, but they should not ignore well-based suspicions.

The driver is responsible for providing complete and truthful information.

What can a ME do if they believe a driver has lied?

1. Report to FMCSA: FMCSA requires verifiable evidence to act
2. Talk to driver to resolve the matter
3. Report (without disclosing reason) to the employer that the driver is not qualified to drive
4. Report the issue to the SDLA, ask for instructions

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Determination Pending

Medical Examiners must make a qualification determination on the day of the exam...with one exception.

When the ME does not have sufficient information to make a driving status determination, they can delay making the driving status decision for up to 45 days

The driver is **not** issued a *medical certificate* on the day of the exam and the exam is left open until the needed information is received, or 45 days have passed.

Do not use determination pending if the driver has a condition making them unsafe to operate a CMV.

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Determination Pending

Things to consider:

1. Is the ME unsure of whether they meet the qualification guidelines?
2. Are the certification requirements part of a discretionary or a non-discretionary standard?
3. Are there signs that the driver is not being forthcoming?
4. Are there physical signs that indicate the driver may be unsafe to drive?




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Things to Remember


- MEs must **report all exams** that have been performed (qualified, disqualified, incomplete) and those that have been placed into determination pending **by midnight of the calendar day following the exam**
 - This is for all interstate CMV drivers and for intrastate CMV drivers **that have a CDL or CLP license**
- All CMV drivers must meet the medical requirements regardless of whether they have a CDL license or not, and regardless of whether they are working as a driver
 - Some non-driving occupations require a medical examiner's certificate by the employer
- A DOT exam can be performed on nearly anyone, but the only exams submitted to FMCSA are for the categories of drivers previously discussed
 - An exam can be performed on a driver less than 18 years of age or of another nationality, but they will not be submitted to FMCSA

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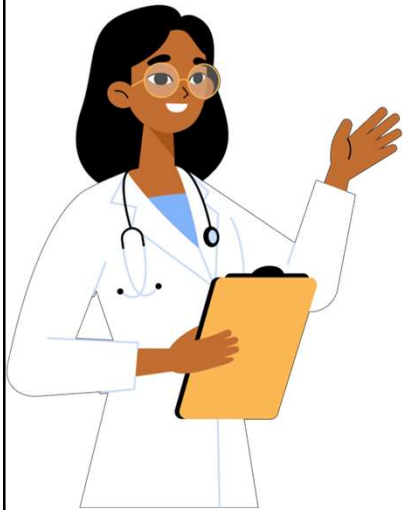


TEAMCME[®]

FEDERAL EXEMPTIONS & SKILL PERFORMANCE EVALUATION



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FEDERAL EXEMPTIONS FOR DRIVERS

FMCSA has two medical exemption programs for Interstate drivers who don't meet the standard. Both are valid for 2 years.

1. **Seizure/Epilepsy Exemption**
 - Driver can be certified for one year at a time
2. **Hearing Exemption**
 - Driver can be certified for two years at a time

Medical Examiners cannot issue an exemption. However, the option for applying for a federal or state exemption should be discussed with the driver.

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Drivers Applying for a Federal Exemption

Medical Examiners should:

1. Complete the exam just like any other exam
2. Certify the driver up to two years for the hearing exemption and up to one year for the seizure exemption, if otherwise qualified
3. Check "Accompanied by a _____ waiver/exemption" on the MER and MEC, and write Federal or State and the exemption name in the blank on both forms, such as federal hearing
4. Give a copy of the exam report form and the original Medical Examiner's certificate to the driver
5. Inform the driver they cannot drive until they have their exemption
6. Give the federal or state phone number to call or print the application to the waiver or exemption program and give it to the driver

Federal Exemption Phone Number: 202.366.4001

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Applying for a State Exemption

Medical Examiners should know what exemptions available in their state. They should be familiar with the application procedures required by their State

- Complete page 5 of the medical exam form MER
- Check the box indicating the accompaniment of a state variance
- Check the second oval on the certificate indicating “intrastate only”
- Give the original copy to the driver

Some States have a process for an intrastate driver to follow rather than require the driver to obtain a waiver/exemption.

(CA & MT have different procedures for intrastate exemptions.)



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Alternative for Limb Loss/Impairment

Skilled Performance Evaluation (SPE):

- Allows a driver with a *fixed* deficit, or loss of hand, foot, arm or leg to drive a CMV
- The option for applying for a SPE should be discussed with the driver
- SPEs are performed by FMCSA representatives or an assigned State representative
- Valid for 2 years and drivers can be certified for same amount of time

An SPE is not an exemption program



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DRIVER EXAMINATION FORMS

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Record Retention

Medical Examiners must retain the original exam form, a copy of the certificate, and related health records for **three years**. Acceptable forms of retained records include:

- Paper copies
- Scanned versions of the paper copies
- Documents stored within electronic health records

If the medical exam establishes a doctor/patient relationship keep the medical exam records for the period required by state law.



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Medical Exam Report Request



When requested by a federal/state authority, regulatory requirements take precedence over HIPPA, and MEs must provide a copy within 48 hours.

If transmitting a copy of the Exam Report to the employer, get the driver's signature for HIPPA release of medical information.

FMCSA does not require the driver's employer to keep a copy of their drivers' Medical Exam Report form but does not prohibit employers from obtaining copies.

What information must or can be turned over to the carrier is a legal issue, and if in doubt, the examiner should obtain a legal opinion.

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Form MCSA-5875

Public Burden Statement
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 that does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2048-0047. The average burden for this collection of information is estimated to average approximately 25 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 the burden, to Washington Field Office, Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-989A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL REPORT
(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____

E-Mail (optional): _____ CLP/CDL Applicant/Holder*: Yes No

Driver ID Verified By**: _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions. **Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, etc.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No

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Medical Examination Report Form (MCSA-5875)

Commonly referred to as the “Long Form”
Composed of 5 (fillable) pages:

1. Driver’s information, Health history specifically medications, and past surgeries
2. Continued Health History, Driver’s signature area, ME history review
3. Divided into upper and lower halves
 - Upper Half: Vision, Height, Weight, Hearing, BP, Pulse Rate, Heart Rhythm, UA, other testing results
 - Lower Half: Physical Examination Findings. It is generally accepted that the page’s lower half is performed by a ME
4. Certification for Interstate Drivers
5. Certification for Intrastate Drivers
6. Instructions on use of the forms

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MCSA 5875 - Page 1 Upper Half

Form MCSA-5875 OMB No.: 2126-0006 Expiration Date: 03/31/2025

Public Burden Statement
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 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. 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-RBA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

Medical Examination Report Form
(for Commercial Driver Medical Certification)

MEDICAL RECORD #
(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: Johnson First Name: Jack Middle Initial: D Date of Birth: 12/3/87 Age: ?
 Street Address: Permanent Address City: Pendleton State/Province: OR Zip Code: 97801
 Driver's License Number: 13579 Issuing State/Province: OR Phone: 541-276-0001
 E-Mail (optional): _____ CLP/CDL Applicant/Holder*: Yes No
 Driver ID Verified By**: _____
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions. **Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

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MCSA 5875 - Page 1 Lower Half

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

Drivers forget to mark "no" if they haven't had surgery or are not taking any medications. If the driver did not make any comments, make Sure "No" has been checked in both upper and lower section.

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below. Yes No Not Sure

#7 Lisinopril 10mg twice a day, Dr. Jeff Carlson, Pendleton, OR

To provide a copy of the exam report form (HIPPA Protected) to an employer the ME should have a signed release from the driver.

(Attach additional sheets if necessary)

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.

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MER 5875 - Page 2

Form MCSA 5875 OMB No. 2126-0006 Expiration Date: 03/31/2025

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Yes	No	Sure	Do you have or have you ever had:	Yes	No	Sure
1. Head/brain injuries or diseases (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures/epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Have you ever used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Other health condition(s) not described above: Yes No Not Sure

If you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: Yes No Not Sure

(Attach additional sheets if necessary)

DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.203, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.203, and 49 USC 31306. Appendix A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report (to be filed by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any visible medical records. Comment on the driver's responses to the "Health History" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Page 2

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MER 5875 - Page 2 Upper Half

Form MCSA 5875 OMB No. 2126-0006 Expiration Date: 03/31/2025

Last Name: Johnson First Name: Jack DOB: 12/3/1980 Exam Date: 10/31/

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Yes	No	Sure	Do you have or have you ever had:	Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures/epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				31. Have you ever used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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Other health condition(s) not described above: Yes No Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: Yes No Not Sure

#7 I have high blood pressure but it's under control, treated by Dr. Carlson

#7 From Upper
Page 2

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: Jack Johnson Date: 10/31/16

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

#7 HTN PCP Dr. Jeff Carlson, Pendleton, OR 541-276-0001

(Attach additional sheets if necessary)

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MER 5875 - Page 3

Form MCSA-5875 OMB No. 2126-0066 Expiration Date: 03/31/2025

Last Name: Johnson First Name: Jack DOB: 12/3/1980 Exam Date: 10/31/16

TESTING

Pulse Rate: 85 Pulse rhythm regular: Yes No Height: 6 feet 1 inches Weight: 210 pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>145</u>	<u>92</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.020</u>	<u>None</u>	<u>NEG</u>	<u>TR</u>
Second reading (optional)	<u>140</u>	<u>90</u>					

Other testing if indicated: 10/15/16 A1c = 7.5

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

VISION

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 20° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity: Uncorrected Corrected Horizontal Field of Vision

Right Eye: 20/ 20 20/ 20 Right Eye: 90 degrees

Left Eye: 20/ 20 20/ 20 Left Eye: 90 degrees

Both Eyes: 20/ 20 20/ 20

Check if hearing aid used for test: Right Ear Left Ear Neither

Whisper Test Results: Record distance (in feet) from driver at which a forced whispered voice can first be heard

Right Ear: 12 Left Ear: 8

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, and is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider referring the driver to a physician. Note the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if regulating the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Diaphragm	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/muscle	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Nervous system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/heart	<input type="radio"/>	<input type="radio"/>	14. Muscular system	<input type="radio"/>	<input type="radio"/>

Focus on abnormal answers indicated in the space below and indicate whether it would affect the driver's ability to operate a CMV. Other qualifications may be noted in the space below.

(Attach additional sheets if necessary)

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MER 5875 - Page 3 Upper Half

Form MCSA-5875 OMB No. 2126-0066 Expiration Date: 03/31/2025

Last Name: Johnson First Name: Jack DOB: 12/3/1980 Exam Date: 10/31/16

TESTING

Pulse Rate: 85 Pulse rhythm regular: Yes No Height: 6 feet 1 inches Weight: 210 pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>145</u>	<u>92</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.020</u>	<u>None</u>	<u>NEG</u>	<u>TR</u>
Second reading (optional)	<u>140</u>	<u>90</u>					

Other testing if indicated: 10/15/16 A1c = 7.5

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

VISION

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 20° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity: Uncorrected Corrected Horizontal Field of Vision

Right Eye: 20/ 20 20/ 20 Right Eye: 90 degrees

Left Eye: 20/ 20 20/ 20 Left Eye: 90 degrees

Both Eyes: 20/ 20 20/ 20

Check if hearing aid used for test: Right Ear Left Ear Neither

Whisper Test Results: Record distance (in feet) from driver at which a forced whispered voice can first be heard

Right Ear: 12 Left Ear: 8

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, and is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider referring the driver to a physician. Note the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if regulating the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Diaphragm	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/muscle	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Nervous system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/heart	<input type="radio"/>	<input type="radio"/>	14. Muscular system	<input type="radio"/>	<input type="radio"/>

Focus on abnormal answers indicated in the space below and indicate whether it would affect the driver's ability to operate a CMV. Other qualifications may be noted in the space below.

(Attach additional sheets if necessary)

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RECORDING TEST RESULTS

Hearing
Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: Right Ear Left Ear Neither

Whisper Test Results
Record distance (in feet) from driver at which a forced whispered voice can first be heard

	Right Ear	Left Ear
	4ft	2ft

OR

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
20dB	30dB	40dB	40dB	50dB	60dB
Average (right): 30dB			Average (left): 50dB		

MEDICAL EXAMINER DETERMINATION (Federal)
Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

Does not meet standards (specify reason): _____

Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: 3 months 6 months 1 year Other (specify): _____

Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Driving within an exempt intrastate zone (see 49 CFR 391.62) (Federal)

Determination pending (specify reason): _____

Return to medical exam office for follow-up on (must be 45 days or less): _____

Medical Examination Report amended (specify reason): _____
(If amended) Medical Examiner's Signature: _____ Date: _____

Incomplete examination (specify reason): _____

Public Notice Statement
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 the collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2120-0066. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. 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 Office, Federal Motor Carrier Safety Administration, MC 804, 1200 New Jersey Avenue, SE, Washington, DC 20590.

Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

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PHYSICAL EXAMINATION

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 neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Genito-urinary system including hernias	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Back/spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Extremities/joints	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Mouth/throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Neurological system including reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cardiovascular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Gait	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Lungs/chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Vascular system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

#11: Missing 5th digit on left hand, driver has sufficient grasp strength and prehension

(Attach additional sheets if necessary)

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1. **General:** Appearance, Over/Under Weight, Cognition, Communication
2. **Skin:** Note any significant findings including large scars and open wounds, cyanosis
3. **Eyes:** PERRLA = Pupils are equal, round, and reactive to light and accommodation. EOMI = Extra-ocular eye movements intact. Note any abnormalities.
4. **Ears:** Scarring, occlusion, perforation, drainage
5. **Mouth/Throat:** breathing, speaking, swallowing
6. **Cardiovascular:** RRR with no MRG: regular rate and rhythm with no murmurs, rubs or gallops
7. **Lung/Chest:** Resp Rate, No WRR: no wheezes, rales, or rhonchi
8. **Abdomen:** Liver/Spleen enlargement, pain, AAA/bruit, bowel sounds
9. **Genito-Urinary:** Hernia, Kidneys
10. **Back/spine:** Surgery, deformity, limited motion, tenderness
11. **Extremities/joints:** Impairment, missing extremity, grasp, prehension, mobility
12. **Neurological:** Equilibrium, coordination, DTRs, sensory loss, tremor
13. **Gait:** normal, steppage, scissoring, unsteady, limp
14. **Vascular:** Note signs of vascular insufficiency, edema, varicosities



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Form MCSA-5875 OMB No.: 2126-0006 Expiration Date: 03/31/2025

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

Does not meet standards (specify reason): _____

Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: 3 months 6 months 1 year Other (specify): _____

Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Driving within an exempt intracity zone (see 49 CFR 391.62 (Federal))

Determination pending (specify reason): _____

Return to medical exam office for follow-up on (must be 45 days or less): _____

Medical Examination Report amended (specify reason): _____

(If amended) Medical Examiner's Signature: _____ Date: _____

Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(b), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____ Issuing State: _____

Medical Examiner's State License, Certificate, or Registration Number: _____

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Page 4 - Interstate Drivers

Form MCSA-5875 OMB No.: 2126-0006 Expiration Date: 03/31/2025

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.69) with any applicable State variances (which will only be valid for intrastate operations):

Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____

Meets standards in 49 CFR 391.41 with any applicable State variances

Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: 3 months 6 months 1 year Other (specify): _____

Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (date): _____

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____ Issuing State: _____

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Page 5 - Intrastate Drivers

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Form MCSA-5876

Public Burden Statement
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 if it does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. 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-800, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Johnson** **First Name: Jack** in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: **10/31/202?**

Medical Examiner's Signature: **Jeff Carlson, MD** Medical Examiner's Telephone Number: **555-225-2056** Date Certificate Signed: **10/31/202?**

Medical Examiner's Name (please print or type): **Jeff Carlson, MD**

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: **AK3055692493** Issuing State: **OR** National Registry Number: **99334400**

Driver's Signature: _____ Driver's License Number: _____ Issuing State: _____

Driver's Address: Street Address: **Permanent Address** City: **Pendleton** State/Province: **OR** Zip Code: _____

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.

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Medical Examiner's Certificate (MCSA-5876)

Form MCSA-5876 OMB No. 2126-0006 Expiration Date:

Public Burden Statement
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 if it does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. 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-800, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Johnson** **First Name: Jack** in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: **10/31/**

Medical Examiner's Signature: **Jeff Carlson, MD** Medical Examiner's Telephone Number: **555-225-2056** Date Certificate Signed: **10/31/**

Medical Examiner's Name (please print or type): **Jeff Carlson, MD**

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: **AK3055692493** Issuing State: **OR** National Registry Number: **9933440022**

Driver's Signature: _____ Driver's License Number: _____ Issuing State/Province: _____

Driver's Address: Street Address: **Permanent Address** City: **Pendleton** State/Province: **OR** Zip Code: **97801** Yes No **CLP/CDL Applicant/Holder**

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.

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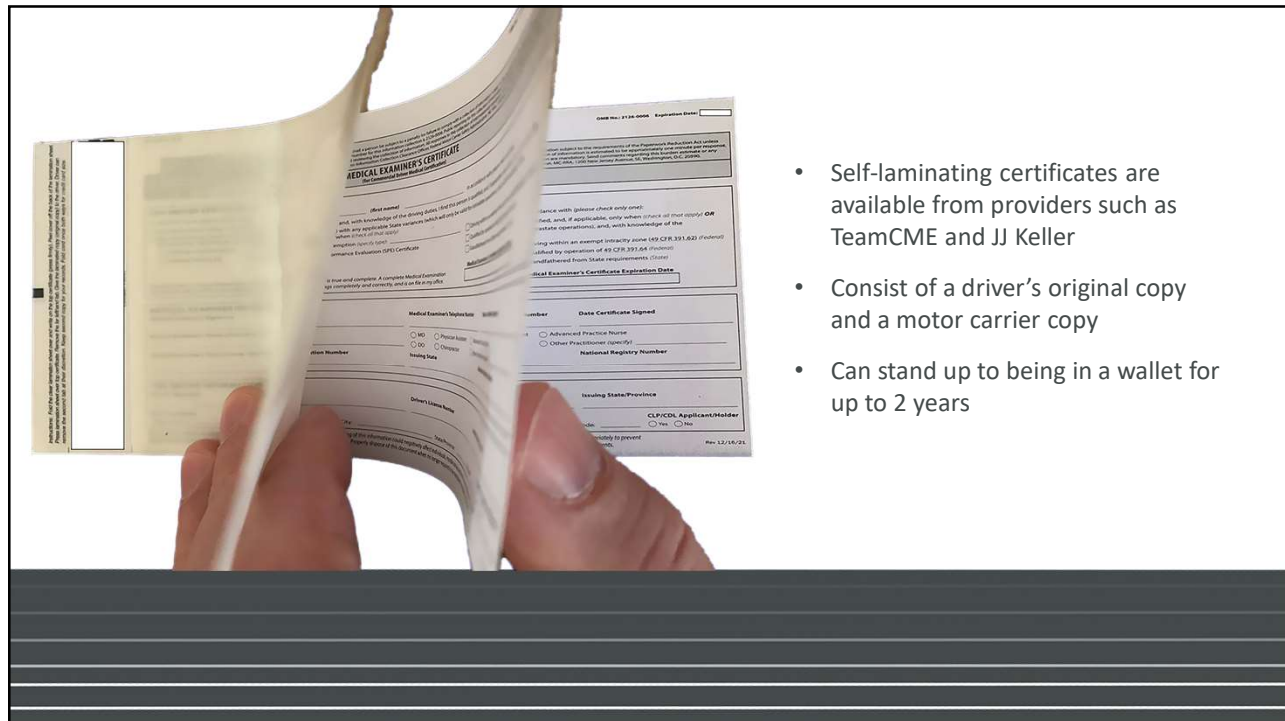
When issuing a MEC:

- The driver gets the original copy that was signed by the driver
- The motor carrier is required to have a copy

It is the responsibility of the driver to provide a copy of the Medical Examiners Certificate to their motor carrier and their State Driver's License Agency.

The certificate cannot be altered except for enlargement or reduction of the overall size of the certificate. If reduced, all the print must be readable.

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- Self-laminating certificates are available from providers such as TeamCME and JJ Keller
- Consist of a driver's original copy and a motor carrier copy
- Can stand up to being in a wallet for up to 2 years

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When is a Medical Certificate Required?

- **Before operating a Commercial Motor Vehicle.** Drivers who are attending driving school have a commercial learner's permit (CLP) and must have a valid medical certificate before being behind the wheel of CMV
- **At least every two years** or more often, as directed by the ME
- **Whenever the ability to drive has been impaired**, a new medical certificate may be required. This decision is a shared responsibility of the driver and the motor carrier. MEs are frequently contacted for guidance regarding whether the medical condition or injury warrants a new medical certificate be issued



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Expiration dates of MEC are always based on the date the MEC was signed!

Once a medical examiner's certificate has been issued, that medical exam has been closed and cannot be amended.

If at any time, there are necessary alterations to be made:

- Medical history
- Physical exam findings
- Driving status determination

A completely new exam must be performed using a new blank form.

- A new medical certificate is issued with an expiration date based on the date this new certificate is signed

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When can a Medical Examiner Reissue a Medical Certificate?

Reissuing a MEC from a previously performed exam is allowed under the following instances:

- When issuing an **exact copy** of an existing MEC when requested by the driver, motor carrier, State or Federal government agency, or HIPAA-acceptable entity
- **Change of Name.** ME issues a MEC with the driver's new name but is otherwise identical to the previously issued MEC.
 - Although a new exam is not required, it **must be resubmitted to FMCSA**



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When can a Medical Examiner Reissue a Medical Certificate?



- If the driver's **address changes within the same state**, the ME can provide the driver with a duplicate MEC except for the change in address, without a new exam, if the ME is comfortable doing so
- When a **Non-CDL driver obtains a CDL license from the same SDLA**. The SDLA makes the appropriate changes to the driver's license

Medical Examiners **MUST NOT** reissue a medical certificate when a driver is obtaining a CDL license **in a different state**. A *new exam must be performed, and the driver must enter their new place of residence in that state.*

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CMV DRIVER MEDICAL EXAMINATION RESULTS FORM (MCSA-5850)

This is the electronic form located within your National Registry account that notifies FMCSA of physical qualification results.

These exam results must be reported by midnight (local time) of the next calendar day following the examination.

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MCSA-5870

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

Individual's Name: _____

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 provide information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 8 minutes, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments on this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-RR-1, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSULIN-TREATED DIABETES MELLITUS ASSESSMENT FORM

Name: _____ DOB: _____

Driver's License Number (if applicable): _____ State: _____

This individual is being evaluated either to determine whether he/she meets the physical qualification standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle or because the individual has recently experienced a severe hypoglycemic episode. A treating clinician should complete this form to the best of his/her ability based on his/her knowledge of the individual's medical history. Completion of this form does not imply that the treating clinician is making a medical certification 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 a treating clinician as a healthcare professional who manages, and prescribes insulin, for an individual's diabetes mellitus as authorized by the healthcare professional's applicable State license.

Instructions to the Individual:

When you are being evaluated prior to a medical certification examination, the certifi

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Insulin-Treated Diabetes Mellitus Assessment Form (MCSA-5870)

This form is required for individuals diagnosed with insulin-treated diabetes mellitus.

- The treating clinician of the individual must complete the form, attesting that the individual has a stable insulin regimen and properly controlled diabetes
- The completed form must be provided to the ME within 45 days of completion by the treating clinician
- The form then becomes part of the physical examination record

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Form MCSA-5871
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 failing to provide information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current control number. The control number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average 15 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 Burden Estimate, Office of Management and Budget, Paperwork Project (0330-0047), Washington, DC 20503.

VISION EVALUATION REPORT

Name: _____ DOB: _____
Driver's License Number: _____ State: _____

Information for the Individual:
The medical examiner must receive this report and begin the physical qualification examination not more than 45 calendar days after an ophthalmologist or optometrist signs this report.

Information for the Ophthalmologist or Optometrist:
This individual is being evaluated as part of the process to determine whether the individual meets the vision standard of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle in interstate commerce. This report is required to provide information for an individual who has "monocular vision," as defined by FMCSA, who did not meet FMCSA's vision standard at a physical qualification examination. An ophthalmologist or optometrist must complete this report to the best of the ophthalmologist's or optometrist's ability based on the evaluation and knowledge of the individual's medical history. The determination as to whether the individual meets the vision standard and is physically qualified to drive a commercial motor vehicle will be made by a medical examiner registered with the 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)

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Vision Evaluation Report, Form (MCSA-5871)

This form is required for individuals who do not satisfy, with the worse eye, either the distant visual acuity standard with corrective lenses, or the field of vision standard, or both.

- An ophthalmologist or optometrist must complete the form prior to the individual's physical qualification examination
- The examination conducted by the ME must begin not more than 45 days after an ophthalmologist or optometrist signs and dates the form
- The form then becomes part of the physical examination record

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CMV DRIVER MEDICATION FORM (MCSA-5895)

This is an optional, voluntary tool that can be used to request additional information regarding medications prescribed by the treating provider.

It can also be used as a tool by MEs to request additional information from the prescribing licensed medical practitioner to determine if a driver is physically qualified.

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