

# DRIVER QUALIFICATION FILE

## CHECKLIST

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(MEDICAL WAIVER, IF ISSUED) 391.43
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\*NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES. DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S CERTIFICATE IN THEIR POSSESSION WHILE DRIVING.

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home telephone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3 Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Experience:

Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_ Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_ Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

Type of vehicle driven \_\_\_\_\_ to \_\_\_\_\_ Dates \_\_\_\_\_ Approximate mileage driven \_\_\_\_\_

All Accidents, last 3 years: (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violations Convictions, last 3 years: (If none, write NONE)**

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes     No    If yes; state of issuance; explanation: \_\_\_\_\_

\_\_\_\_\_

**Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

.....

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?     Yes     No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?     Yes     No

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

.....

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

6) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

7) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

Use backside of sheet for additional employers

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**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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**Certification**

**“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

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**TO BE COMPLETED BY THE EMPLOYER:**

**Application received by:**

**Application reviewed for completeness by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**SIGNIFICANT DATES:**

**Date of Hire:** \_\_\_\_\_

**Time & Date of Pre-Employment CST:** \_\_\_\_\_

**Time & Date of Pre-Employment CST Results Received:** \_\_\_\_\_

**Date First Used in Safety Sensitive Position:** \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**COMMERCIAL VEHICLE DRIVER APPLICANT**  
**Controlled Substance and Alcohol Questionnaire**  
**Pursuant to 49 CFR part 40.25(j)**

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Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**49 CFR 40.25(j)**

<b>Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?</b>	<b>YES</b>	<b>NO</b>
<b>If YES — Have you successfully completed the return-to-duty process?</b>	<b>YES</b>	<b>NO</b>
<b>If YES — <u>Documentation MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</b>		

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed

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**TO BE COMPLETED BY EMPLOYER:**

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Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

**TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Former Employer's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax Number \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

**Applicant's Signature & Date** \_\_\_\_\_

**Witness's Signature & Date** \_\_\_\_\_

**REQUEST FROM:**

Company: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person & Title \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ SSN \_\_\_\_\_

JOB APPLYING FOR: \_\_\_\_\_

**INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS**

- Did applicant work for you as a \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ YES or NO IF NO, please explain: \_\_\_\_\_
- If employed as driver, please answer the following: Company Driver? \_\_\_\_\_ Owner/Operator? \_\_\_\_\_ Other? \_\_\_\_\_  
Type of truck(s) and/or truck/tractor(s) operated: \_\_\_\_\_  
Commodities transported: \_\_\_\_\_ Area of operations: \_\_\_\_\_
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: \_\_\_\_\_
- Why did this employee leave your company? \_\_\_\_\_
- Would you re-employ this person? YES or NO IF NO, please explain: \_\_\_\_\_
- Additional comments: \_\_\_\_\_

**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS**

- Alcohol tests with a result of 0.04 or greater? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Verified positive controlled substances test results? ... YES or NO If yes, please give date(s): \_\_\_\_\_
- Refusals to be tested? ..... YES or NO If yes, please give date(s): \_\_\_\_\_
- Was rehabilitation completed as required? ..... YES or NO If yes, please give date(s): \_\_\_\_\_

**Person providing the above information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Driver's Operators Lic. No.

\_\_\_\_\_  
Driver's Social Sec. No.

Dear \_\_\_\_\_

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

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

Respectfully yours,

\_\_\_\_\_

\_\_\_\_\_  
(printed) name of person making inquiry

\_\_\_\_\_  
Title of person making inquiry

\_\_\_\_\_  
Motor Carrier Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, I find this person is qualified, and, if applicable, only when:

- |  |  |
|--|--|
| <input type="checkbox"/> wearing corrective lenses               | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)         |
| <input type="checkbox"/> wearing hearing aid                     | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> qualified by operation of 49 CFR 391.64                         |

The information I have provided regarding the physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner	Telephone	Date
Medical Examiner's Name (Print)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
Medical Examiner's License or Certificate No. / Issuing State		
Signature of Driver	Driver's License No.	State
Address of Driver		
Medical Certificate Expiration Date		

## DRIVER'S ROAD TEST EXAMINATION

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

### Rating of Performance

- \_\_\_\_\_ The pre-trip inspection (as required by 49 CFR 392.7).
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation.
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment.
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.
- \_\_\_\_\_ Turning the vehicle.
- \_\_\_\_\_ Braking and slowing the vehicle by means other than braking.
- \_\_\_\_\_ Backing and parking the vehicle.
- \_\_\_\_\_ Other, explain: \_\_\_\_\_

Type of equipment used in giving the test: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

**CERTIFICATE OF DRIVER'S ROAD TEST**

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

**CERTIFICATION OF ROAD TEST**

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

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

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)

## ANNUAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

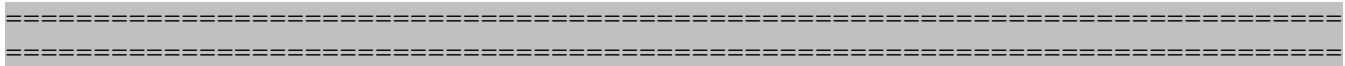
In accordance with 49 CFR 391.27, I \_\_\_\_\_ certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location (City/State)	Type of Vehicle Operated

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

\_\_\_\_\_  
(Date of Certification)

\_\_\_\_\_  
(Driver's Signature)



## ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 CFR 391.25, I certify that I have carefully reviewed the driving record of \_\_\_\_\_ to determine whether or not he/she meets the minimum requirements for safe driving specified in 49 CFR 391.11 or is disqualified to drive a motor vehicle pursuant to 49 CFR 391.15.

In reviewing this driver's record, I certify that I have considered any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations or Hazardous Materials Regulations; and considered the driver's accident record and any evidence that the driver has violated laws governing the operations of motor vehicles, and I have given great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard of the safety of the public.

A copy of the response from each State agency to the inquiry required by 49 CFR 391.25(b) is attached. This form shall be maintained in the driver's qualification file, as required by 49 CFR 391.51.

\_\_\_\_\_  
(Motor Carrier's Name)

\_\_\_\_\_  
(Review Date)

\_\_\_\_\_  
(Motor Carrier's Address)

\_\_\_\_\_  
(Reviewed By: Signature)

\_\_\_\_\_  
(Title)

# ***DRIVER QUALIFICATION FILE***

***IN ADDITION TO THE ATTACHED DOCUMENTS, THE FOLLOWING ITEMS NEED TO BE REVIEWED AND CONTAINED IN THE DRIVER QUALIFICATION FILE.***

***COPY OF CURRENT DRIVER LICENSE.***

***ABSTRACT OF DRIVING RECORD MUST BE OBTAINED UPON HIRE AND KEPT IN THE FILE.***

***ABSTRACT OF DRIVING RECORD MUST BE OBTAINED ANNUALLY AND KEPT IN THE FILE.***

***NOTE-WHAT ITEMS NEEDS TO BE DONE UPON HIRE AND ANNUALLY BY REVIEWING THE NYSDOT COMPLIANCE MANUAL, WWW.NYS DOT.GOV.***

## **Drug/Alcohol Testing Information and Prior Employer Check Data**

### **§391.53 Driver Investigation History File.**

(a) After October 29, 2004, each motor carrier must maintain records relating to the investigation into the safety performance history of a new or prospective driver pursuant to paragraphs [\(d\)](#) and [\(e\)](#) of §391.23. This file must be maintained in a secure location with controlled access.

(a)(1) The motor carrier must ensure that access to this data is limited to those who are involved in the hiring decision or who control access to the data. In addition, the motor carrier's insurer may have access to the data, except the alcohol and controlled substances data.

(a)(2) This data must only be used for the hiring decision.

(b) The file must include:

(b)(1) A copy of the driver's written authorization for the motor carrier to seek information about a driver's alcohol and controlled substances history as required under [§391.23\(d\)](#).

(b)(2) A copy of the response(s) received for investigations required by paragraphs [\(d\)](#) and [\(e\)](#) of §391.23 from each previous employer, or documentation of good faith efforts to contact them. The record must include the previous employer's name and address, the date the previous employer was contacted, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented.

(c) The safety performance histories received from previous employers for a driver who is hired must be retained for as long as the driver is employed by that motor carrier and for three years thereafter.

(d) A motor carrier must make all records and information in this file available to an authorized representative or special agent of the Federal Motor Carrier Safety Administration, an authorized State or local enforcement agency representative, or an authorized third party, upon request or as part of any inquiry within the time period specified by the requesting representative.

# DRIVER APPLICATION

Fmcsr Part 391.21

Page 1

Motor Carrier Name:
Motor Carrier Address:

391.21 (d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph 391.21 (b)(10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of §391.23. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received as a result of these investigations. All required disclosures are contained in this document and can also be found by reviewing the Federal Motor Carrier Safety Regulations @ [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)

Applicant Name:	Social Security #:
Current Address: City: St. Zip	Date of Birth:

### Residence Past 3 Years

Address: City: St. Zip	How Long?
Address: City: St. Zip	How Long?
Address: City: St. Zip	How Long?

### Experience and Qualifications

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE AND PLACE IN DRIVER FILE.
Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

### DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van,Flat,Tank,etc	DATES From To		Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Explain in Detail:

<p>This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.</p> <p>Do you consent to such Testing?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
--

In the past 2 years have you:	Yes	No
Tested positive for any Controlled Substances pre-employment test for any other company?		
Tested above .04 on any Alcohol pre-employment test for any other company?		
Refused to be tested for any pre-employment test for any other company?		

If you answer "yes" to any of the above questions, provide the following information on the Substance Abuse Professional (SAP) you consulted.		
Name of SAP:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:		
Date(s) Visited:		

<b>SIGNED:</b>	<b>DATE:</b>
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EMPLOYMENT RECORD 391.21(b10) 391.23(d) (e)	
All jobs for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving:	
Were you subject to the FMCSRs while employed by that previous employer? Yes ___ No ___	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving:	
Were you subject to the FMCSRs while employed by that previous employer? Yes ___ No ___	
Last Employer: _____	
Position held: _____ From: _____ To _____	
Address: _____ City: _____ ST: _____	
Telephone #: _____	
Reason For Leaving:	
Were you subject to the FMCSRs while employed by that previous employer? Yes ___ No ___	



Last Employer: \_\_\_\_\_

Position held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Reason For Leaving:

Were you subject to the FMCSRs while employed by that previous employer? Yes \_\_\_ No \_\_\_

Last Employer: \_\_\_\_\_

Position held: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Reason For Leaving:

Were you subject to the FMCSRs while employed by that previous employer? Yes \_\_\_ No \_\_\_

391.23(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years-via the application form or other written document prior to any hiring decision-that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and (e) of this section:

(i)(1)(i) The right to review information provided by previous employers;

(i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records. Visit [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov) to review the regulations.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DATE

Prior Employer Check Form

<b>Your Company Name:</b>		
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>
<b>Telephone#:</b>	<b>Fax#:</b>	
<b>Email Address:</b>		

<b>Driver Applicant Name:</b>	<b>Social Security No.</b>
<b>I hereby authorize and request</b> (Enter Prior Employer Company Name and Address, Telephone & Fax number)	
<p><b>to release any and all information pertaining to my employment records as required by 49 CFR Section 391.23 and Section 40.25(b) to the above named company. You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulation require that this information be released as part of Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information.</b></p> <p>391.23f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of <a href="#">§40.321(b)</a> for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.</p> <p>(g) After October 29, 2004, previous employers must:</p> <p>(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (<b>Drug and Alcohol Testing Information must be immediately released</b>). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.</p> <p>(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.</p> <p>(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.</p> <p>(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.</p>	

**Driver Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_

<b>The above applicant states that he/she worked for you. Employment dates from _____ to _____</b>				
<b>1. Type of equipment driven [ ]Straight truck [ ]Tractor semi-trailer [ ]Bus Trailer used. [ ]Van [ ]Flatbed [ ]Refrigerated [ ]Cargo Tank [ ]Triples [ ]Doubles</b>				
<b>2. Was the applicant safe and efficient? [ ] Yes [ ] No</b> <b>Remarks:</b>				
<b>3. Did the applicant have any accidents? [ ] Yes [ ] No</b>				
<b>Date</b>	<b>Location City, ST</b>	<b>Towed</b>	<b>Injury</b>	<b>Fatal</b>
<b>4. Reason for leaving your employ. [ ]Discharged [ ]Laid off [ ]Resigned [ ] Other:</b>				
<b>How was the driver in:</b>		<b>EXCELLENT</b>	<b>GOOD</b>	<b>POOR</b>
<b>Quality of work</b>				
<b>Cooperation with others</b>				
<b>Safety Habits</b>				
<b>Personal Habits</b>				
<b>Driving Skills</b>				
<b>Attitude</b>				

**Required information from Section 382.413 and 40.259b)**

<b>Controlled Substance and Alcohol Testing Information</b>	
1. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ? ( )Yes ( )No	
2. Has the above named individual had a controlled substance test with a positive result while in your employ? ( )Yes ( )No	
3. Has the above individual refused a controlled substance test or alcohol test while in your employ? ( )Yes ( )No	
4. Other violations of DOT Agency Drug and Alcohol testing regulations? ( )Yes ( )No ( )Attached ( )Not Attached	
5. Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements? ( )Yes ( )No-( )Attached ( )Not Attached	
Signed by:	Date:
By Prior Employer Official Title:	

<b>With Reference to question number 5, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.</b>	
<b>Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Phone#:</b>	

**NOTE: Failure to furnish information as required by 49 CFR 382.413 & 40.25 will result in the above named individual being removed from any CDL driving position.**

**You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).**

**Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).**

**We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.**

<b>Mailed On:</b>	<b>Faxed On:</b>
<b>Verified by Phone-Talked to:</b>	
<b>Signature:</b>	<b>Date:</b>

**PRIOR EMPLOYER CHECK 49 CFR 382.413/40.25 GOOD FAITH EFFORT**

COMPANY NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE#:	FAX#:	

**PRIOR EMPLOYER CHECK 49 CFR 382.413/40.25 GOOD FAITH EFFORT**

1. Call the company and record date, name and telephone number of who contacted. Fax the required Release with driver's signature. Wait 3 days, then go to step 2.

2. Call the company and record date, name, and telephone number of who contacted. Ask if they received the fax. If they say "Yes", ask for the information that is required. If they say "No", then go back to step 1. Wait 3 days, then go to step 3.

3. Send a certified letter containing the required Release with the driver's signature asking for the information that is required. Wait 10 days, then go to step 4.

4. If the company refuses to release the information, record it and send a copy of the driver's Release with the company's name on the form and a copy of this documentation to the US DOT-FMCSA NY Division, Leo W. O'Brien Federal Building, Room 815, Clinton Ave. & N. Pearl St., Albany, NY 12207, Tel: 518-431-4145, Fax: 518-431-4140.

DRIVER NAME:		
Date:	Tel: Fax:	Who Contacted
1.		
Notes:		

DRIVER NAME:		
Date:	Tel: Fax:	Who Contacted
2.		
Notes:		

DRIVER NAME:		
Date:	Tel: Fax:	Who Contacted
3.		
Notes:		

Conducted By:
Date Completed (Info received or sent to USDOT):

One of the qualification requirements in [§391.11\(b\)](#) states that "by reason of training and/or experience" he/she can safely operate the motor vehicle to be assigned. [§391.31](#) provides the employing carrier with the means for making this determination by requiring a driver to successfully complete a road test.

The road test must be conducted using a motor vehicle of the type the driver is to be assigned, and as a minimum the test must include:

1. A pretrip inspection;
2. Coupling and uncoupling a combination, if the driver may drive such equipment;
3. Placing the vehicle in operation;
4. Using the vehicle's controls and emergency equipment;
5. Driving in traffic and passing other vehicles;
6. Turning;
7. Braking, and slowing by means other than braking; and
8. Backing and parking.

The motor carrier is required to rate the driver's skill in each operation on a road test form, which shall then be signed by the person giving the test. The original of this record is to be retained in the driver's qualification file.

Upon successful completion of the road test, the person administering the test must complete a certificate of road test and give a copy to the driver. The original or a copy of the certificate is to be placed in the driver's qualification file.

### **Equivalent of Road Test**

In lieu of a road test, the regulations allow a motor carrier to accept:

1. a valid Commercial Driver's License (CDL) issued by a state which requires a road test for the type of vehicle the driver is to be assigned; or
2. a certificate of road test issued to the driver by another motor carrier during the preceding 3 years.

If the employer intends to assign to the driver a vehicle necessitating the doubles/triples or tank vehicle endorsement on a CDL, the employer still needs to

administer the road test in that type of vehicle.

If an employer accepts a previous road test certificate or operator's license in lieu of a road test, the employing carrier must retain a legible copy of the certificate or license in the driver's qualification file.

The form for the certificate of driver's road test is substantially as follows:

**§391.31 CERTIFICATION OF ROAD TEST**

Driver's name	
Social Security No.	
Operator's or Chauffeur's License No.	
State	
Type of power unit	Type of trailer(s)
If passenger carrier, type of bus	
This is to certify that the above-named driver was given a road test under my supervision on _____, 20____, consisting of approximately ____ miles of driving.	
It is considered my opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.	
(Signature of examiner)	
(Title)	
(Organization and address of examiner)	

A copy of the certificate shall be given to the person who was examined. The motor carrier shall retain in the driver qualification file of the person who was examined — The original of the signed road test form or a copy of the certificate.

# Entry-Level Driver Training Certificate

[Applicable to interstate drivers who have less than one year experience driving CDL Vehicles]

Date of certificate issuance:

Name of training provider:

Mailing address of training provider:

Name of driver:

**I certify \_\_\_\_\_ has completed training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR [380.503](#)-Entry-level driver training requirements as described below.**

(a) *Driver qualification requirements.* The Federal rules on medical certification, medical examination procedures, general qualifications, responsibilities, and disqualifications based on various offenses, orders, and loss of driving privileges ([part 391](#), subparts B and E of this subchapter).

(b) *Hours of service of drivers.* The limitations on driving hours, the requirement to be off-duty for certain periods of time, record of duty status preparation, and exceptions (part 395 of this subchapter). Fatigue countermeasures as a means to avoid crashes

(c) *Driver wellness.* Basic health maintenance including diet and exercise. The importance of avoiding excessive use of alcohol.

(d) *Whistleblower protection.* The right of an employee to question the safety practices of an employer without the employee's risk of losing a job or being subject to reprisals simply for stating a safety concern (29 CFR part 1978).

Certification

Instructor Name \_\_\_\_\_. I certify and attest that the above named driver has received the required training in accordance with Part 380.503 and have complied with the training requirement outlined in Parts 380.500 through 380.513.



**ANNUAL CERTIFICATE OF VIOLATIONS AND REVIEW OF DRIVING RECORD IN ACCORDANCE WITH FMCSR PART 391.25 & 391.27**

Driver Name:	License #:	St:
<b>ANNUAL CERTIFICATE OF VIOLATIONS</b>		

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.  **Violations are as listed below**  
 **I have had no violations.**

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

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

Date of Certification:	
Driver Signature:	
Reviewed By:	Title:

**ANNUAL REVIEW OF DRIVING RECORD**

The motor carrier must consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations in this subchapter or Hazardous Materials Regulations (49 CFR chapter I, subchapter C).

The motor carrier must consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations) , all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months.

Reviewer:	Date:
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# Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

**1. DRIVER'S INFORMATION** Driver completes this section

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

**2. HEALTH HISTORY** Driver completes this section, but medical examiner is encouraged to discuss with driver.

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

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Examiner's Comments on Health History** (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below. )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. VISION**

**Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.**

**INSTRUCTIONS:** When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. **Monocular drivers are not qualified.**

**Numerical readings must be provided.**

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye <input type="checkbox"/>
Left Eye	20/	20/	Left Eye <input type="checkbox"/>
Both Eyes	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?  Yes  No

Applicant meets visual acuity requirement only when wearing:  Corrective Lenses

Monocular Vision:  Yes  No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination \_\_\_\_\_ Name of Ophthalmologist or Optometrist (print) \_\_\_\_\_ Tel. No. \_\_\_\_\_ License No./ State of Issue \_\_\_\_\_ Signature \_\_\_\_\_

**4. HEARING**

**Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB**  
 Check if hearing aid used for tests.  Check if hearing aid required to meet standard.

**INSTRUCTIONS:** To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

**Numerical readings must be recorded.**

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

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

**5. BLOOD PRESSURE/ PULSE RATE**

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

Blood Pressure	Systolic	Diastolic
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Driver qualified if ≤140/90.

Pulse Rate:  Regular  Irregular

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤140/90
>180/110	Stage 3	6 months from date of exam if ≤10/90	6 months if ≤ 140/90

**6. LABORATORY AND OTHER TEST FINDINGS**

**Numerical readings must be recorded.**

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
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Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record) \_\_\_\_\_

**7. PHYSICAL EXAMINATION**

Height: \_\_\_\_\_ (in.) Weight: \_\_\_\_\_ (lbs.)

Name: Last, First, Middle,

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

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

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

**\*COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to \_\_\_\_\_  
 Driver qualified only for:  3 months  6 months  1 year  Other

Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

- Wearing corrective lense
- Wearing hearing aid
- Accompanied by a \_\_\_\_\_ waiver/ exemption. Driver must present exemption at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (See 49 CFR 391.62)
- Qualified by operation of 49 CFR 391.64

Medical Examiner's signature \_\_\_\_\_

Medical Examiner's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h).** (Driver must carry certificate when operating a commercial vehicle.)

## 49 CFR 391.41 Physical Qualifications for Drivers

### THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s).

In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

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### §391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS

- (a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.
- (b) A person is physically qualified to drive a motor vehicle if that person:
- (1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.
  - (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
  - (3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
  - (4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
  - (5) Has no established medical history or clinical diagnosis

- of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.
- (6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.
  - (7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.
  - (8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
  - (9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely;
  - (10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber;
  - (11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not

- have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;
- (12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.
- (ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
- (13) Has no current clinical diagnosis of alcoholism.

# INSTRUCTIONS TO THE MEDICAL EXAMINER

## General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, **The Driver's Role**.

In addition to reviewing the **Health History** section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. **Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring.** In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202) 366-1790 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

## Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in italics and it's reference by section is highlighted.

## Federal Motor Carrier Safety Regulations -Advisory Criteria-

### Loss of Limb:

#### §391.41(b)(1)

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

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

### Limb Impairment:

#### §391.41(b)(2)

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

*Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.*

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

### Diabetes

#### §391.41(b)(3)

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

*Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.*

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-1790 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

### Cardiovascular Condition

#### §391.41(b)(4)

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

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

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be

accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 366-1790 for additional recommendations regarding the physical qualification of drivers on coumadin.

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

### **Respiratory Dysfunction**

#### **§391.41(b)(5)**

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

*Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.*

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

### **Hypertension**

#### **§391.41(b)(6)**

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

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

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1997).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

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

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

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

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

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages.

## **Epilepsy**

### **§391.41(b)(8)**

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

*Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.*

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonepileptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication **and** seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free **and** off antiseizure medication for a 5-year period or more.

(See Conference on Neurological Disorders and Commercial Drivers at:

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

## **Mental Disorders**

### **§391.41(b)(9)**

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

*Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.*

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "nagging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns. Excessively antagonistic, instinctive, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

(See Conference on Psychiatric Disorders and Commercial Drivers at:

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

## **Vision**

### **§391.41(b)(10)**

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

*Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.*

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered, (such as Ishihara, Pseudoisochromatic, Yarn) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard may call (202) 366-1790 for an application for a vision exemption.

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

## **Hearing**

### **§391.41(b)(11)**

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

*First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ADA Standard) Z24.5-1951.*

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18,



23, etc. The examiner should not use only sibilants (s sounding materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

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

### **Drug Use**

#### **§391.41(b)(12)**

A person is physically qualified to drive a commercial motor vehicle if that person does not use any drug or substance identified in 21 CFR 1308.11, an amphetamine, a narcotic, or other habit-forming drug. A driver may use a non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 if the substance or drug is prescribed by a licensed medical practitioner who: (A) is familiar with the driver's medical history, and assigned duties; and (B) has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to methadone. The intent of the medical certification process is

to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses an amphetamine, a narcotic or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. If a driver uses a Schedule I drug or substance, it will be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

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

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

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free

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

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

### **Alcoholism**

#### **§391.41(b)(13)**

A person is physically qualified to drive a commercial motor vehicle if that person:  
*Has no current clinical diagnosis of alcoholism.*

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined \_\_\_\_\_ In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- |  |  |
|--|--|
| <input type="checkbox"/> wearing corrective lenses               | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)         |
| <input type="checkbox"/> wearing hearing aid                     | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver exemption | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64                         |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
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MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
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MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
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ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE