

Part 391

Qualification of Drivers

Part 391

Qualification of Drivers

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

Driver Requirements

A driver must meet the following requirements:

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

A medical certificate is required when operating:

Intrastate commerce:

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

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

Interstate commerce:

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

Examples of Physical Requirements

(Section 391.41 provides the complete list of physical requirements)

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

Exemptions

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

(See: Medical Program, Page 79)

Additional instructions for medical examination

Additional instructions for the examining doctor are available from:

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

Limited Exemptions

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

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

- Applications for employment
- Road Tests

Multiple-employer drivers

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

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

*(See page 71 for an example of the forms)

Disqualification for Criminal and Other Offenses

In addition to CDL disqualifications for CDL drivers, the following disqualifications apply to both CDL and non-CDL commercial motor vehicle drivers. The offenses are only disqualifying if they occurred while on duty.

- Driving a commercial motor vehicle while under the influence of alcohol
- Driving a commercial motor vehicle while under the influence of a Schedule I identified controlled substance, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug
- Transportation, possession, or unlawful use of a Schedule I identified controlled substance, amphetamines, narcotic drugs, a formulation of an amphetamine, or a derivative of a narcotic drug while the driver is on duty
- Leaving the scene of an accident while operating a commercial motor vehicle
- A felony involving the use of a commercial motor vehicle
- Violating an out of service order
- Texting while driving a commercial motor vehicle
- Using a handheld mobile telephone while operating a commercial motor vehicle

Driver Qualification File – Check List

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

Driver's Application For Employment (391.21)

A person will not be allowed to drive a commercial motor vehicle unless he/she has completed and signed an application for employment.

Inquiry To Previous Employers - 3 Years (391.23(a)(2) & (c))

An investigation of the driver's safety performance history with DOT regulated employers during the preceding three years. This investigation must be made within 30 days of the date his/her employment begins.

Inquiry to Driver's Licensing Authority – 3 Years (391.23(a)(1) & (b))

The driver's driving record for the preceding three years within first 30 days of hire and annually thereafter.

Annual Review Of Driving Record (391.25)

At least once every 12 months, a motor carrier must review the driving record of each driver. A note stating the results of this review shall be included in the Driver's Qualification File.

Driver's Road Test Certificate Or Equivalent (391.31)

A person must not be allowed to drive a commercial motor vehicle until he/she has successfully completed a road test and has been issued a certificate, or a copy of the license or certificate, which the motor carrier accepted as equivalent to the driver's road test pursuant to Section 391.33.

Medical Examinations (391.43)

The driver must pass a medical examination conducted by a licensed health care professional and be issued a Medical Examiner's Certificate by which must be carried with the driver until

January 30, 2015. After that date, the medical examination must be on file at the carrier's principle place of business. The certificate need not be carried with the driver. As of May 21, 2014, the medical examiner must be listed on the National Registry of Certified Medical Examiners maintained by the FMCSA. Medical certification must be renewed every two years.

- RSMo 307.400.2-Divers having a valid Chauffeur's License on May 13, 1988 are not subject to the medical requirements of Section 391.41. This exemption applies to Missouri intrastate commerce only.
- Individuals with some physical impairments may qualify for the Medical Program, (see Page 79)
- A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners must be placed in the driver's qualification file in association with each new medical examination.

Drug & Alcohol Testing (382.301)

Drivers operating commercial motor vehicles, which require a commercial driver's license (CDL), are subject to drug and alcohol testing as required by Part 382.

- Pre-employment drug test results (382.301)
- Carrier Drug and Alcohol Policy (382.601(d))
- Previous employer check on drug and alcohol (382.413), (40.25)
- Drug and Alcohol Clearinghouse pre-employment and annual queries (382.701)

Entry-Level Driver Training Certificate (380.505)

All entry level drivers who drive in interstate/ intrastate commerce, and are subject to the CDL requirements of Part 383 must comply with subpart E of Part 380.

- Employer must maintain a copy in either the personnel or qualification file (380.509(b))

APPLICATION FOR EMPLOYMENT

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

PREVIOUS THREE YEARS RESIDENCY

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

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

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

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

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

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

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

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

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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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

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

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

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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

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

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

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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

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

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

TO BE READ AND SIGNED BY APPLICANT

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

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

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

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

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

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

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

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

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

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

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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

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

**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(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 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-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.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	
Prospective Employer: _____	
Street/P.O. Box: _____	
City, State, Zip: _____ Telephone # _____	
FROM:	
Driver/Applicant: _____ Social Security/I.D. # _____	
Street: _____	
City, State, Zip: _____ Telephone # _____	
I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.	
This information should be: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____ Date: _____	
	M / D / Y

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
The information must be provided 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.	
Information supplied to:	
Name: _____	
Street: _____	
City, State, Zip: _____	
Comments: _____	

By:	
_____	Release Date: _____
Signature/person providing information	Telephone # M / D / Y

COPY 1 PROSPECTIVE EMPLOYER

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

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

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

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

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

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

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

COPY 1 PROSPECTIVE EMPLOYER

	Name	Date of Birth (MM/DD/YYYY)	Driver License or Social Security Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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28.			
29.			
30.			
31.			
32.			
33.			
34.			

Annual Review of Driver's Record

Driver's Name - please print or type

Date of Certification

Driver's Signature

Motor Carrier's Name

Motor Carrier's Address

Reviewer's Signature

Reviewer's Signature

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations has been reviewed for the past 12 months.

Action taken:

Motor Carrier's Name

Motor Carrier's Address

Reviewer's Signature

Title

Date

Driver's Road Test Examination

Driver's Name

Address

City

State

Zip

Phone

Cell

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

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

Rating of Performance

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

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

_____ Placing the equipment in operation

_____ Use of vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles

_____ Turning the vehicle

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

_____ Backing and parking the vehicle

_____ Other, Explain:

Type of equipment used in giving test:

Examiner's Signature

Date

Record Of Road Test

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

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

Part 1 - Pre-Trip Inspection and Emergency Equipment

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

Part 2 - Coupling and Uncoupling

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

Part 3 - Placing Vehicle In Motion And Use Of Controls

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

Part 4 - Backing and Parking

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

Part 5 - Slowing and Stopping

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

Part 6 - Operating In Traffic, Passing and Turning

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

- E. PASSING
 - Allows sufficient space ahead for passing _____
 - Passes only in safe locations _____
 - Signals changing lanes before and after passing _____
 - Warns driver ahead of his intention to pass _____
 - Passes with sufficient speed differential to minimize obstructing traffic _____
 - Returns to right lane promptly but only when safe to do so _____
- F. SPEED
 - Observes speed limits _____
 - Drives at speed consistent with ability _____
 - Adjusts speed properly to road, weather and traffic conditions _____
 - Slows down in advance of curves, danger zones and intersections _____
 - Maintains constant speed where possible _____
- G. COURTESY AND SAFETY
 - Yields right of way _____
 - Consistently strives to drive in safe manner _____
 - Allows faster traffic to pass _____
 - Uses horn only when necessary _____

Part 7 - Miscellaneous

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

Remarks

General Performance Satisfactory Needs Training Explain _____

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

Signature of Examiner

Date

Certification of Road Test

Driver's Name

Social Security Number

Operators or Chauffeurs License Number

State

Type of Power Unit

Type of Trailer(s)

If passenger carrier, type of bus

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

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

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

Examiner's Signature

Title

Organization and Address of Examiner

Equivalent of Road Test for CDL Drivers

§391.33 Equivalent of Road Test

- a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -
 - 1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
 - 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

Medical Examination Report

For Commercial Driver Fitness Determination

On December 22, 2015 the Federal Motor Carrier Safety Administration (FMCSA) implemented a requirement for medical examiners to start using a new medical examination form and certificate. This new requirement allows for the continued use of the existing form until April 20, 2016. Medical examiners who have been trained and certified to conduct medical examinations should have copies of both the new medical form and certificate. Should there be a need, please find a copy of both forms on the following pages. This new form and certificate are property of the FMCSA and may be copied for commercial driver certification.

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 be 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-RRA, 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: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____
 Street Address: _____ City: _____ State/Province: _____ Zip Code: _____
 Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: M F
 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.

DRIVER HEALTH HISTORY

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

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

SAMPLE FORM - SAMPLE FORM - SAMPLE FORM - SAMPLE FORM

(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.

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

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Not				Not		
	Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (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 procedures	<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 Insulin used	<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 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"/>

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

(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: _____ Date: _____

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).

(Attach additional sheets if necessary)

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

TESTING

Pulse rate: _____ Pulse rhythm regular: Yes No Height: ___ feet ___ inches Weight: ___ pounds

Blood Pressure		Urinalysis			
Systolic	Diastolic	Sp. Gr.	Protein	Blood	Sugar
Sitting		Urinalysis is required. Numerical readings must be recorded.			
Second reading (optional)					
Other testing if indicated		Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.			
<div style="border: 1px solid black; height: 20px;"></div>					

<p>Vision Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.</p> <p>Acuity</p> <table border="0"> <tr> <td></td> <td>Uncorrected</td> <td>Corrected</td> <td>Horizontal Field of Vision</td> </tr> <tr> <td>Right Eye:</td> <td>20/ _____</td> <td>20/ _____</td> <td>Right Eye: _____ degrees</td> </tr> <tr> <td>Left Eye:</td> <td>20/ _____</td> <td>20/ _____</td> <td>Left Eye: _____ degrees</td> </tr> <tr> <td>Both Eyes:</td> <td>20/ _____</td> <td>20/ _____</td> <td></td> </tr> </table> <p>Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors <input type="radio"/> Yes <input type="radio"/> No</p> <p>Monocular vision <input type="radio"/> Yes <input type="radio"/> No</p> <p>Referred to ophthalmologist or optometrist? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Received documentation from ophthalmologist or optometrist? <input type="radio"/> Yes <input type="radio"/> No</p>		Uncorrected	Corrected	Horizontal Field of Vision	Right Eye:	20/ _____	20/ _____	Right Eye: _____ degrees	Left Eye:	20/ _____	20/ _____	Left Eye: _____ degrees	Both Eyes:	20/ _____	20/ _____		<p>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).</p> <p>Check if hearing aid used for test: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Neither</p> <p>Whisper Test Results Record distance (in feet) from driver at which a forced whispered voice can first be heard _____</p> <p>Audiometric Test Results</p> <table border="0"> <tr> <td></td> <td colspan="3">Right Ear</td> <td colspan="3">Left Ear</td> </tr> <tr> <td></td> <td>500 Hz</td> <td>1000 Hz</td> <td>2000 Hz</td> <td>500 Hz</td> <td>1000 Hz</td> <td>2000 Hz</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td colspan="3">Average (right): _____</td> <td colspan="3">Average (left): _____</td> </tr> </table>		Right Ear			Left Ear				500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz		_____	_____	_____	_____	_____	_____		Average (right): _____			Average (left): _____		
	Uncorrected	Corrected	Horizontal Field of Vision																																										
Right Eye:	20/ _____	20/ _____	Right Eye: _____ degrees																																										
Left Eye:	20/ _____	20/ _____	Left Eye: _____ degrees																																										
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	Right Ear			Left Ear																																									
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz																																							
	_____	_____	_____	_____	_____	_____																																							
	Average (right): _____			Average (left): _____																																									

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 type="radio"/>	<input type="radio"/>	8. Abdomen	<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/Spine	<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. Neurological 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/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

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.

SAMPLE FORM - SAMPLE FORM - SAMPLE FORM - SAMPLE FORM

(Attach additional sheets if necessary)

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(h), 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: _____

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

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____

Medical Examiner's Certificate Expiration Date: _____

Public Burden Statement

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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:** _____ **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 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

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

- MD Physician Assistant Advanced Practice Nurse
- DO Chiropractor Other Practitioner (specify) _____

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

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ Yes No

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.

Medical Requirements

- Medical Professionals, Motor Carriers and Drivers

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

Medical Examiners

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

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

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

to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners.

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

Drivers

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

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

Drivers Diagnosed with Insulin-Treated Diabetic Mellitus (ITDM)

Drivers diagnosed with ITDM must be examined by a physician listed on the National Registry of Certified Medical Examiners at least once every year (DOT physical).

Prior to the annual physical examination, the driver must be evaluated by the healthcare professional that both prescribes insulin for, and manages the treatment of the driver's diabetic condition. This health professional will complete an ITDM assessment form on which they attest that the driver's insulin regimen is stable and controls the condition properly. As part of the assessment, the driver will provide glucose self-monitoring records for the 3 months immediately preceding the healthcare visit. The certified medical examiner performing the DOT physical must have the ITDM assessment form dated within 45 days or less from the date of the physical exam. The medical examiner will consider the information provided on the ITDM assessment form and determine whether the driver meets the physical qualifications to operate a CMV safely. If so, the medical examiner will issue a medical certificate valid for a maximum of 12 months.

If the driver experiences a severe hypoglycemic episode, they will be prohibited from operating a CMV. They must report the episode and be evaluated by a healthcare professional who manages their condition and prescribes insulin, as soon as reasonably practicable.

Alternative Vision Standard – Effective March 22, 2022

The Federal Motor Carrier Safety Administration announced a final rule implementing an alternative vision standard for commercial motor vehicle drivers. The regulation allows drivers with vision impairments to be physically qualified under specified conditions. The alternative vision standard replaced the vision exemption program.

Evaluation by Optometrist or Ophthalmologist

Before an individual can be medically certified under the alternative vision standard, the driver must undergo a vision evaluation by an optometrist or ophthalmologist. This optometrist or ophthalmologist will provide specific medical opinions on the Vision Evaluation Report, Form MCSA-5871.

The Vision Evaluation Report form to take with you can be found online at:

<https://www.fmcsa.dot.gov/regulations/medical/vision-evaluation-report-form-mcsa-5871>

Annual Medical Examination

Within 45 days following the vision evaluation by the optometrist or ophthalmologist, the vision evaluation report must be provided to the certified medical examiner performing the DOT physical. The medical examiner will consider the information provided in the vision evaluation report and determine from the alternative vision standard whether the driver meets the physical qualifications. If so, the examiner will issue a medical certificate valid for no more than 12 months. A vision exemption certificate is no longer be required.

Helpful Links

Federal Motor Carrier Safety Administration

www.fmcsa.dot.gov

FMCSA Medical

<https://www.fmcsa.dot.gov/regulations/medical>

NRCME

<https://www.nrcmetrainingonline.com/>

NRCME Part 390.101 – 390.115

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

MoDOT Motor Carrier Services Medical

www.modot.org/mcs

Multiple-Employer Drivers

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

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

- three years (391.23);
- (3) Perform annual driving record inquiry required (391.25(a)); or
- (4) Perform the annual review of the person's driving record required (391.25(b)); or

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

Multiple-Employer Drivers

Name _____

Social Security Number _____

Driver's License Number _____

Type of License _____ State _____

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

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

Driver Furnished by Other Motor Carriers Certificate

Driver's Name _____

Social Security Number _____

Driver's Signature _____

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

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

Issued on _____
(Date)

Issued by _____
(Name of carrier)

Address _____