



## Current and Complicated Issues in Commercial Driver Medical Certification (DOT Examinations)

**Natalie P. Hartenbaum, MD, MPH, FACOEM**

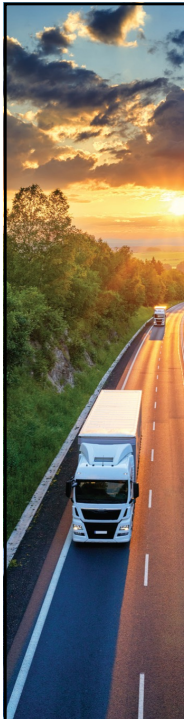
**OccuMedix, Inc**

**Chief Medical Officer**

AAPA May 22, 2022

10:00 AM - 11:00 AM

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## Disclosures

*I have no relevant relationships with ineligible companies to disclose within the past 24 months. (healthcare products used by or on patients.)*

*I serve as Chief Medical Officer Norfolk Southern Railway – I am speaking on behalf of OccuMedix, not NS*

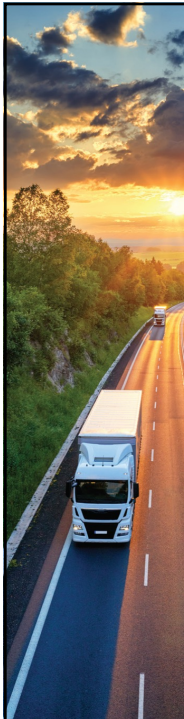
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## Objectives

- Apply recent and pending changes in the commercial driver medical examination process
- Identify resources which can aid in evaluating fitness for duty commercial drivers
- Utilize current best practice to reach appropriate certification determinations.

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## Topics

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

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

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

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

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July 6, 2021

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

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

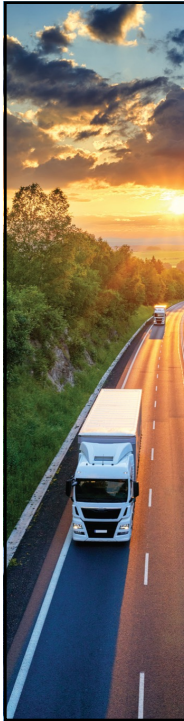
**CDL/CLP HOLDERS ONLY**  
Will ALWAYS need to provide  
paper for others

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

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

Questions Medical Programs Division at 202-366-4001 or at FMCSAmedical@dot.gov.

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## FMCSA message

- FMCSA cleaning up the NR
- Certified MEs are going to be required to update their profile information
- If there are issues with a certified ME's account, FMCSA will email them directly
  - Some will be getting a notice of proposed removal (depending on the reason)
- ME's who have not migrated their account with [login.gov](https://login.gov) will be removed

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On August 9, 2021, FMCSA published a Federal Register notice requesting that by September 30, 2021, MEs submit results of physical qualification examinations conducted during the National Registry outage from December 1, 2017, through August 13, 2018. During the outage, FMCSA encouraged MEs to continue conducting physical qualification examinations and instructed MEs to submit examination results to the National Registry when upload functionality was restored. The upload functionality was fully restored on August 13, 2018, but a significant number of healthcare professionals have not uploaded the results from examinations conducted during the National Registry outage. Therefore, FMCSA has requested that the MEs in question upload the information by no later than September 30, 2021. To read the Federal Register notice please use the following link <https://www.regulations.gov/document/FMCSA-2013-0002-0007>.

For questions related to this Federal Register notice, please contact the National Registry Technical Support Help Desk at [fmctechsup@dot.gov](mailto:fmctechsup@dot.gov) or (617) 494-3003.

August 10, 2021

## MEs Who Have Not Migrated Their National Registry Account to Login.gov

Approximately 16,000 MEs identified

Multiple attempts to contact

49 CFR 390.111(a)(2) -ME must report to

FMCSA any changes in the registration

information within 30 days of change

FMCSA to remove these MEs from the

National Registry for noncompliance with

the regulations

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FMCSA encourages use

FMCSA posted a resource table providing quick access through links to the Federal Motor Carrier Safety Regulations relevant to the physical qualification of interstate commercial motor vehicle (CMV) drivers as well as other available resources including Medical Review Board taskings and recommendations and evidence reports. In addition to the table providing links, information has been provided explaining the difference between regulations and guidance. Please be sure to bookmark this page for quick and easy access in the future. The page is located at <https://www.fmcsa.dot.gov/regulations/medical/medical-regulations-and-guidance-resource-links>.

## Medical Regulations and Guidance Resource Links

December 3, 2021

<https://www.fmcsa.dot.gov/regulations/medical/medical-regulations-and-guidance-resource-links>

### About the Tables

This document provides quick access through links to the Federal Motor Carrier Safety Regulations relevant to the physical qualification of interstate commercial motor vehicle (CMV) drivers as well as other available resources including Medical Review Board taskings and recommendations, and evidence reports.

### Regulations vs. Guidance

Established under the Agency's statutory authority, FMCSA's safety regulations concerning the physical qualifications of drivers are legally binding on those subject to their provisions. FMCSA has the authority to compel compliance with regulations. These regulations ensure uniform application of the law and how the laws must be followed.

In addition, FMCSA provides medical guidance to Medical Examiners (MEs) in the form of advisory criteria, bulletins, interpretations of the regulations, and guidelines. Medical guidance assists MEs in applying the regulations governing the physical qualifications of interstate CMV drivers. Often, this guidance is based on input from medical expert panels or is derived from clinical best practices. Unlike regulations, recommendations and other guidance do not have the force and effect of law and are not meant to bind the public in any way. Rather, such guidance is strictly advisory, not mandatory, and intended solely to clarify existing requirements under the regulations or FMCSA policies. The public (including MEs) is free to choose whether or not to utilize such guidance or recommendations as a basis for decision-making.

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Federal Motor Carrier Safety Regulations			Guidance			
The links below include sections from the Federal Motor Carrier Safety Regulations (FMCSRs) that are applicable to the physical qualification of interstate commercial motor vehicle (CMV) drivers.			The links below are provided as a resource for information sharing and do not constitute regulatory standards; rather, they provide the ME medical information to consider when making a physical qualification determination.			
The evidence reports included in the links below reflect the views of the authors, who are responsible for the facts and accuracy of the data presented at the time the expert reports were originally released. The contents do not reflect the official policy of FMCSA.						
Title	Citation	Description	Title	Topic	Date	Description
<b>National Registry of Certified Medical Examiners</b>						
<a href="#">Scope</a>	49 CFR 390.101	Overview of 49 CFR 390.101-115.	<b>Medical Advisory Criteria</b>			
<a href="#">Eligibility requirements for medical examiner certification</a>	49 CFR 390.103	Provides requirements for becoming a certified medical examiner on the National Registry.	<a href="#">MRB Task 16-02 Letter Report</a>	Medical Advisory Criteria	December 13, 2016	Medical Review Board's (MRB) recommended revisions to the Medical Advisory Criteria.
<a href="#">Medical examiner training programs</a>	49 CFR 390.105	Provides requirements for training organizations and lists the core curriculum.	<a href="#">Appendix A to Part 391--Medical Advisory Criteria</a>	Medical Advisory Criteria	April 23, 2015	Published as an appendix to part 391 of the CFR, contains non-regulatory guidance to assist medical examiners.
<a href="#">Medical examiner certification testing</a>	49 CFR 390.107	Provides the criteria that testing organizations must meet.	<b>Sleep Disorders</b>			
<a href="#">Issuance of the FMCSA medical examiner certification credential</a>	49 CFR 390.109	Describes when a medical examiner will receive certification, and the length of certification.	<a href="#">Final MRB Task 16-01 Letter Report from Motor Carrier Safety Advisory Committee (MCSAC) and MRB</a>	Sleep Disorders	November 21, 2016	MRB recommendations regarding comments received on Advanced Notice of Proposed Rulemaking (ANPRM) on obstructive sleep apnea.
<a href="#">Requirements for continued listing on the National Registry of Certified Medical Examiners</a>	49 CFR 390.111	Provides requirements for medical examiners to maintain their certification and listing on the National Registry.	<a href="#">MRB Task 16-01 Draft Letter Report</a>	Sleep Disorders	August 26, 2016	MRB recommendations to the ANPRM on obstructive sleep apnea.
<a href="#">Reasons for removal from the National Registry of Certified Medical Examiners</a>	49 CFR 390.113	Provides reasons a medical examiner may be removed from the National Registry.	<a href="#">Draft Task 16-01 Discussion Notes</a>	Sleep Disorders	August 23, 2016	Draft discussion notes and MRB recommendations on obstructive sleep apnea.
<a href="#">Procedure for removal from the National Registry of Certified Medical Examiners</a>	49 CFR 390.115	Describes the methods of removal from the National Registry, and the accompanying process for each	<a href="#">Obstructive Sleep Apnea and Commercial Motor Vehicle Driver</a>	Sleep Disorders	November 30, 2011	Evidence report synthesizing research conducted since the 2007

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As you are aware, today we launched a redesigned National Registry system. As a result, a small number of Medical Examiners found that they were not able to submit results of examinations. We believe we have resolved the issue. However, if you are still experiencing this issue and are not able to submit results of examinations through your National Registry account, please contact the National Registry Technical Support Help Desk at [fmctechsup@dot.gov](mailto:fmctechsup@dot.gov) or (617) 494-3003 or submit a [Technical Support Request Form](#).

Thank you for your patience in this matter.

February 28, 2022



It has been determined that Internet Explorer can no longer be used to access the National Registry. Please use a different internet browser (e.g., Microsoft Edge, Google Chrome, Apple Safari, Mozilla Firefox, etc.) to access the National Registry. Also, please ensure that any browser bookmarks you have for the National Registry are updated to the current website at <https://nationalregistry.fmcsa.dot.gov>.

March 4, 2022

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## National Registry of Certified Medical Examiners

### Driver Examination Forms Expiration Date Updated

The date found on the top right corner of the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, Form MCSA-5876, Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, and Vision Evaluation Report, Form MCSA-5871, is the date of expiration for OMB approved information collection 2126-0006, that includes the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, Form MCSA-5876, Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, and Vision Evaluation Report, Form MCSA-5871. FMCSA has received approval from OMB for the inclusion of the Vision Evaluation Report, Form MCSA-5871, in information collection 2126-0006. Therefore, the expiration date of the entire collection to include the Medical Examination Report Form, MCSA-5875, Medical Examiner's Certificate, Form MCSA-5876, Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, and Vision Evaluation Report, Form MCSA-5871, has been updated to 03/31/2025, and all forms are posted on the FMCSA website. Please note that the only change to the forms is the change in the OMB expiration date from 12/31/2024 to 03/31/2025. Medical Examiners should start using the forms with the 03/31/2025 date as soon as possible. However, MEs that have purchased these forms in bulk, or require time to reprogram electronic system forms, may continue to use the old forms until stocks have been depleted or forms have been reprogrammed but should transition to use of the new forms as quickly as possible. Based on this guidance, SDLAs are encouraged to continue to accept these forms.

March 30, 2022

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# National Registry of Certified Medical Examiners

## National Registry Search Functionality Update

FMCSA deployed an update to the National Registry that we believe has resolved the majority of the remaining search results issues. However, there are still a few locations (e.g., Kansas City, MO) that are not showing any results during a search and we are continuing to work to fix the issue as soon as possible. If you are conducting a Medical Examiner search by location and no results are found FMCSA encourages you to contact the National Registry Technical Support Help Desk at [fmctechsup@dot.gov](mailto:fmctechsup@dot.gov) or (617) 494-3003. Thank you for your patience.

April 14, 2022

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FMCSA encourages use as resource

<https://nationalregistry-fmcsa.appiancloud.com/suite/sites/medical-examiner>

Title	Description
Certified Medical Examiner- Uploading and managing documents	Certified Medical Examiners may at time be required to submit documentation to FMCSA. This video will demonstrate how certified medical examiners can upload and manage document in their National Registry account.
Certified Medical Examiners- Designating and Managing MEAs	Certified Medical Examiners are able to designate a Medical Examiner's Administrative Assistant (MEAA) to submit examination result on their behalf. This video will demonstrate how certified medical examiners can send requests to designate a MEAA as well as manage current and past designation connections.
Certified Medical Examiner- Designating and Managing TPOs	Certified Medical Examiners are able to designate a Third-Party Organization (TPO) to submit examination result on their behalf. This video will demonstrate how certified medical examiners can send immediately designate and connect to a TPO.
Certified Medical Examiner- Voluntary Removal	This video will demonstrate how to remove yourself from the National Registry as a Certified Medical Examiner.
Certified Medical Examiner- Submitting CMV driver examinations	Certified Medical Examiners are required to submit examination results to the National Registry. This video demonstrates how to submit those results into the National Registry.

CANCEL

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**Note – all forms current with new expiration dates**

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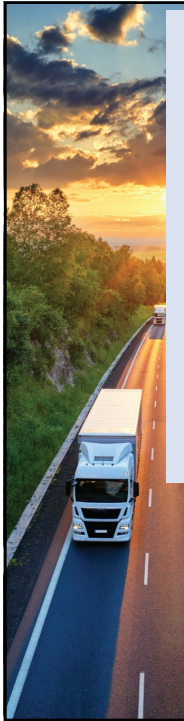
## FMCSA Update

- **New FMCSA email addresses for hearing and seizure exemptions**
  - [fmcsahearingexemptions@dot.gov](mailto:fmcsahearingexemptions@dot.gov)
  - [fmcsaseizureexemptions@dot.gov](mailto:fmcsaseizureexemptions@dot.gov)
- MEs encouraged to report threatening drivers to the local police department.
- Can notify FMCSA Office of Emergency Preparedness and Security Services **1-877-831-2250** and/or email [Alex.Keenan@dot.gov](mailto:Alex.Keenan@dot.gov).
- Mail can be direct to:
 

Alex Keenan , Director, FMCSA Office of Emergency Preparedness and Security Services, Federal Motor Carrier Safety Administration, Room E12-350, 1200 New Jersey Avenue, SE, Washington, DC 20590”

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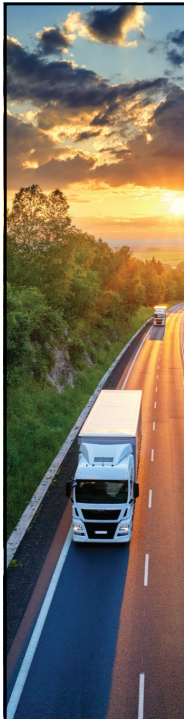


## National Registry of Certified Medical Examiners

### Qualification of Drivers; Vision Standard. Publication of Final Rule

3/15/2022

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## Alternative Vision Standard



- Final Rule January 21, 2022
  - <https://www.govinfo.gov/content/pkg/FR-2022-01-21/pdf/2022-01021.pdf>
  - Comments on information collection or request for reconsideration – February 22, 2022
  - Effective date – March 22, 2022
  - Effective date – March 22, 2022
- Webinar -  
<https://www.fmcsa.dot.gov/regulations/medical/new-vision-standard-overview-webinar>.

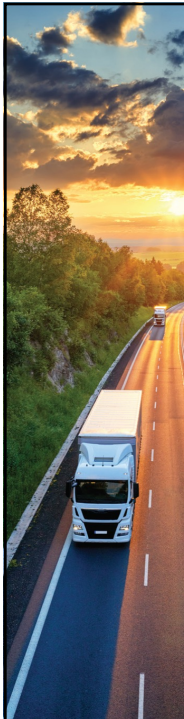
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## Alternative Vision Standard

- Two parts to examination
  1. Vision evaluation from an ophthalmologist or optometrist
  2. ME performs examination/determines if alternative vision standard, as well as FMCSA's other physical qualification standards
    - Can issue MEC up to 12 months.

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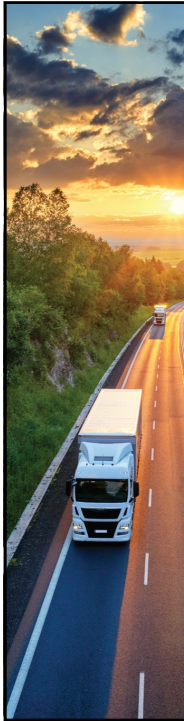
## Revised § 391.41 Physical qualifications for drivers.

### § 391.41 Physical qualifications for drivers.

(b) (10)(i) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° 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; or

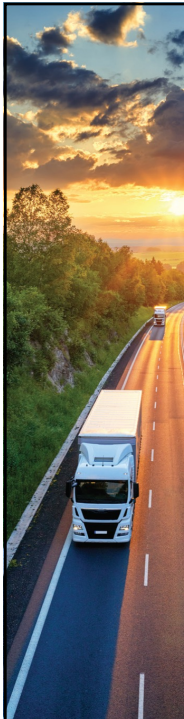
(ii) Meets the requirements in § 391.44, if the person does not satisfy, with the **worse** eye, either the distant visual acuity standard with corrective lenses or the field of vision standard, or both, in paragraph (b)(10)(i) of this section;

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Appendix A to Part 391—[Amended]  
Remove and reserve paragraph II.J.  
of appendix A to part 391.

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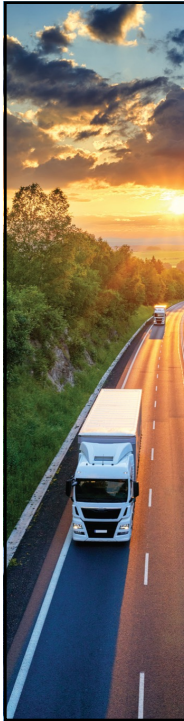


§391.44. (2) The individual has the vision evaluation  
required by paragraph (b) of this section

- **Prior** to the examination required by § 391.45 or the expiration of a medical examiner's certificate, the individual must be evaluated by a licensed ***ophthalmologist*** or licensed optometrist.
  - Ophthalmologist/optometrist must complete the Vision Evaluation Report, Form MCSA-5871.
  - Upon completion - must sign and date and provide full name, office address, and telephone number on the Report.

\*Revised 391.43 – to include ophthalmologist

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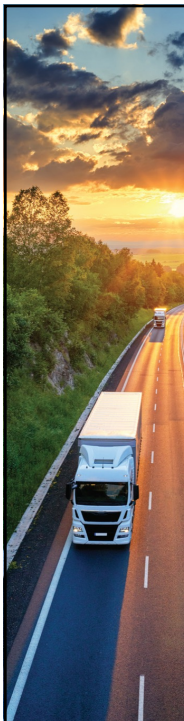


## Stable and sufficient time for adjustment New Provider

*“Ophthalmologists and optometrists who are trained to evaluate vision and know what constitutes stable vision are to provide medical opinions regarding when an individual’s vision is stable”*

- New Provider?
  - *“typical medical practice would be for the ophthalmologist or optometrist to request and review the individual’s prior vision and medical records.”*
  - *“the Agency finds it unlikely an ophthalmologist or optometrist would merely accept an individual’s statement that the individual has adapted to and compensated for the vision loss”*

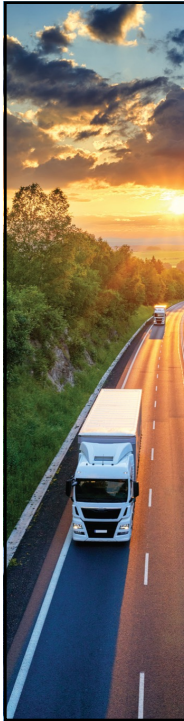
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## Examination by the Medical Examiner

- At least annually must be medically examined and certified by a ME
- ME must receive a completed Form MCSA–5871, signed/dated by ophthalmologist/optometrist
  - Report retained as part of the Medical Examination Report Form, MCSA–5875
  - Examination must **begin not more than 45 days after an ophthalmologist or optometrist signs and dates** the Vision Evaluation Report, Form MCSA–5871
- ME determines whether individual meets physical qualification standards in §391.41
  - ME must consider the information in Form MCSA–5871

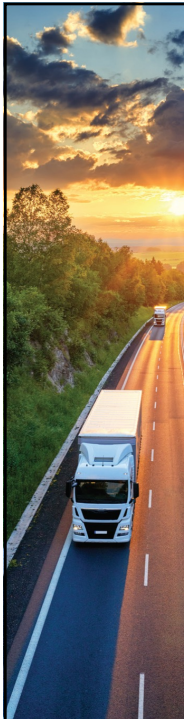
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## Examination by the Medical Examiner

- Utilizing independent medical judgment - **apply the following standards** in determining whether the individual may be certified as physically qualified

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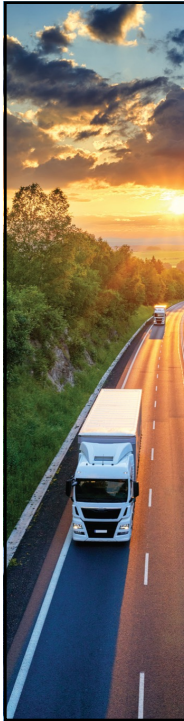


## Examination by the Medical Examiner

Not physically qualified if -

- (i) In the **better** eye, the distant visual acuity is not at least 20/40 (Snellen), with or without corrective lenses, and the field of vision is not at least 70° in the horizontal meridian.
- (ii) Individual is not able to recognize the colors of traffic signals and devices showing standard red, green, and amber.
- (iii) Individual's vision deficiency is not stable.
- (iv) Sufficient time has not passed since the vision deficiency became stable to allow the individual to adapt to and compensate for the change in vision

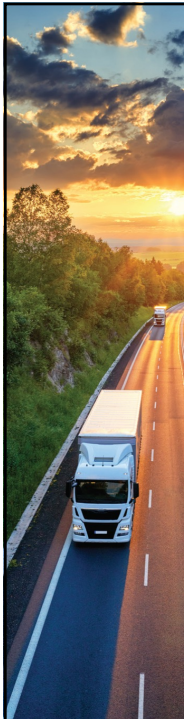
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## Visual Field

- MRB recommended at least 120° in better eye
- Final Rule 70° but
- *“ophthalmologist or optometrist must conduct formal perimetry to assess the field of vision of each eye, including central and peripheral fields, utilizing a testing modality that tests to at least 120 degrees in the horizontal meridian.”*
- Must submit formal perimetry for each eye and interpret the results in degrees of field of vision

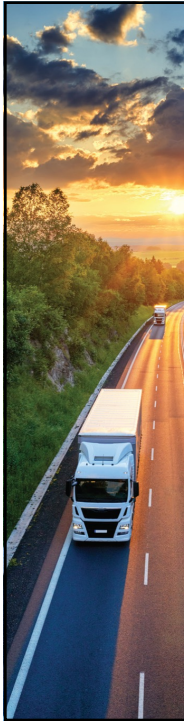
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## ME Requesting Additional Information

*“If an ME determines that additional information is necessary to make the certification determination, the ME could confer with the ophthalmologist or the optometrist for more information on the individual’s vision medical history and current status, make requests for other appropriate referrals, or request medical records from the individual’s treating provider, all with the appropriate consent.”*

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## Add §391.44 (2) (d) Road test

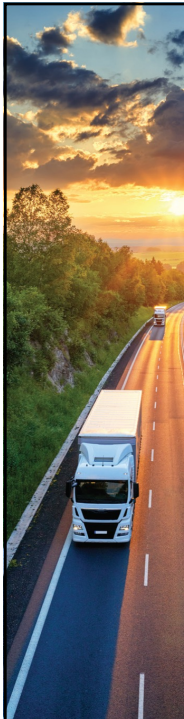
- An **individual** physically qualified under this section for the first time **must inform** the motor carrier responsible for completing the road test under §391.31(b) that the individual is required by paragraph (d) of this section to have a road test.

\*\*\*\*\*

- (i) The **individual must certify in writing to the motor carrier the date the vision deficiency began.**

*\*Several situations where road test would not be required but MC responsible to determine*

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## Who would be eligible

- Monocular vision “
  - “in the **better** eye, distant visual acuity of at least 20/ 40 (with or without corrective lenses) and field of vision of at least 70 degrees in the horizontal meridian, and (2) in the **worse** eye, either distant visual acuity of less than 20/40 (with or without corrective lenses) or field of vision of less than 70 degrees in the horizontal meridian, or both.”

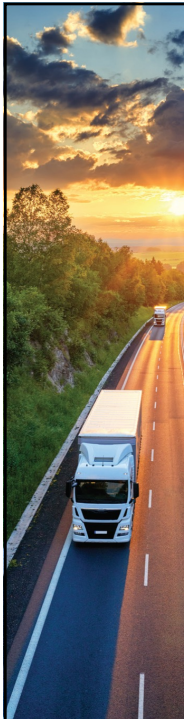
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## Who would be eligible

- ***“Individuals who choose not to obtain corrective lenses for the worse eye when the better eye meets the existing vision standard must not be physically qualified under §391.44. “***
- “FMCSA assumes that individuals will make the rational decision to improve their vision if it is less burdensome than incurring the additional expense of annual eye evaluations and physical qualification examinations”

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## Medical Examination Forms:

- Federal vision exemption program no longer necessary
- As of March 22, 2022, MEs should not mark -accompanied by a Federal vision waiver/exemption (MER) or (MEC),
- On and after March 22, 2022, any individual who might have been physically qualified by a vision will have to be qualified under the provisions adopted in the final rule

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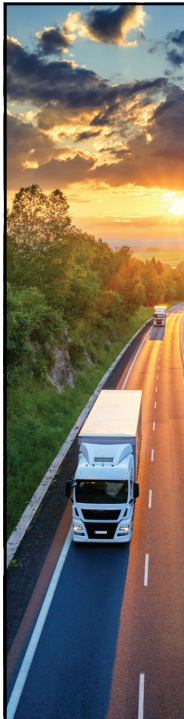




• **Federal Vision Exemptions:**

- As of January 21, 2022, FMCSA stopped accepting applications /renewal for exemptions under the Federal vision exemption program.
- Those with exemptions in effect on March 22, 2022, have until **March 22, 2023** to be medically certified under the alternative vision standard, at which time all MECs issued with vision exemptions will become void.
- FMCSA will notify exemption holders, applicants, and grandfathered drivers details of transition

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• **Grandfathered Drivers:**

- The final rule eliminates 49 CFR 391.64(b) on **March 22, 2023**.
- Medical examiners may continue to physically qualify individuals under section 391.64(b) until this time.
- Individuals physically qualified under section 391.64(b) have until **March 22, 2023** to be medically certified under the alternative standard, at which time all MECs issued under 391.64(b) will become void.

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Form MCSA-5871 OMB No.: 2126-0006  
 U.S. Department of Transportation Expiration Date: 03/31/2025  
 Federal Motor Carrier Safety Administration

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

### VISION EVALUATION REPORT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

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

*FMCSA defines monocular vision as:*

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

For general informational purposes only, to meet FMCSA's monocular vision standard, an individual must:

- (1) have in the better eye distant visual acuity of at least 20/40 (Snellen), with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian;
- (2) be able to recognize the colors of traffic signals and devices showing standard red, green, and amber;
- (3) have a stable vision deficiency; and
- (4) have had sufficient time pass since the vision deficiency became stable to adapt to and compensate for the change in vision.

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

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Form MCSA-5871 OMB No.: 2126-0006  
 U.S. Department of Transportation Expiration Date: 03/31/2025  
 Federal Motor Carrier Safety Administration

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

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

1. I am:  an ophthalmologist  an optometrist
2. Date of vision evaluation (MM/DD/YYYY): \_\_\_\_\_
3. Distant visual acuity (select N/A if there is no vision in an eye):  
 Uncorrected: Right eye: 20/\_\_\_\_ or N/A  Left eye: 20/\_\_\_\_ or N/A   
 Corrected: Right eye: 20/\_\_\_\_ or N/A  Left eye: 20/\_\_\_\_ or N/A   
 Type of correction:  Glasses  Contacts
4. Field of vision, including central and peripheral fields, utilizing a testing modality that tests to at least 120 degrees in the horizontal. Formal perimetry is required. **Attach a copy of the formal perimetry test for each eye and interpret the results in degrees of field of vision.**  
 Right eye: \_\_\_\_ degrees ("normal" or "full" are not acceptable)  
 Left eye: \_\_\_\_ degrees ("normal" or "full" are not acceptable) **ATTACH FILE**  
 Test used to determine results: \_\_\_\_\_
5. Is the individual able to recognize the standard red, green, and amber traffic control signal colors?  Yes  No
6. Date of last comprehensive eye examination (MM/DD/YYYY): \_\_\_\_\_ or  Date unknown
7. Does the individual have monocular vision as it is defined by FMCSA?  Yes  No  
 If yes, cause of the monocular vision (describe): \_\_\_\_\_
8. Date the monocular vision began (MM/DD/YYYY): \_\_\_\_\_
9. Current treatment: \_\_\_\_\_ or  N/A
10. Does the individual have any progressive eye condition or disease (e.g., macular edema, cataracts, glaucoma, or retinopathy)?  
 Yes  No  
 If yes, provide the condition or disease, date of diagnosis, severity (mild, moderate, or severe), current treatment, and whether the condition is stable:  
 a. Condition or disease: \_\_\_\_\_  
 Date of diagnosis: \_\_\_\_\_ Severity:  Mild  Moderate  Severe  
 Current treatment: \_\_\_\_\_  
 Is condition stable?  Yes  No If no, why: \_\_\_\_\_

b. Condition or disease: \_\_\_\_\_  
 Date of diagnosis: \_\_\_\_\_ Severity:  Mild  Moderate  Severe  
 Current treatment: \_\_\_\_\_  
 Is condition stable?  Yes  No If no, why: \_\_\_\_\_

c. Condition or disease: \_\_\_\_\_  
 Date of diagnosis: \_\_\_\_\_ Severity:  Mild  Moderate  Severe  
 Current treatment: \_\_\_\_\_  
 Is condition stable?  Yes  No If no, why: \_\_\_\_\_

11. In your medical opinion, is the individual's vision deficiency stable?  Yes  No  
 If yes, provide the date the vision deficiency became stable (MM/DD/YYYY): \_\_\_\_\_
12. In your medical opinion, has sufficient time passed since the vision deficiency became stable to allow the individual to adapt to and compensate for the change in vision and to drive a commercial motor vehicle safely?  
 Yes  No
13. In your medical opinion, is a vision evaluation required more often than annually?  Yes  No  
 If yes, how often and why? \_\_\_\_\_
14. Additional comments (attach additional pages as needed)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **ATTACH FILE**

I attest that I am an ophthalmologist or optometrist and that the information provided is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Printed Name and Medical Credential: \_\_\_\_\_  
 Professional License Number and State: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

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# FAQ from Alternative Vision Standard Webinar

## Question 1

- **Q:** Does a Medical Examiner have discretion to issue a Medical Examiner's Certificate (MEC), Form MCSA 5876, for less than the maximum 12-month medical certification period?
- **A:** Yes. Medical examiners may continue to apply medical discretion to issue a medical examiner's certificate for less than the maximum medical certification period which under the alternative vision standard is 12-months.

## Question 2

- **Q.** What if the medical examiner does not agree with, or has questions about, the ophthalmologist or optometrist opinion that the individual's vision deficiency is stable, and that sufficient time has passed since the vision deficiency became stable to allow the individual to adapt to and compensate for the change in vision and to drive a commercial motor vehicle safely?
- **A.** The medical examiner could consult with the ophthalmologist or the optometrist for more information regarding the individual's vision medical history and current vision status, make requests for other appropriate referrals, or request medical records from the individual's treating provider, all with the appropriate consent. The final physical qualification determination rests with the certifying medical examiner.

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## Question 3

- **Q.** What should be done with each Vision Evaluation Report, Form MCSA-5871 after a completed physical qualification examination?
- **A.** A copy of each completed Vision Evaluation Report, Form MCSA-5871 received from each individual seeking physical qualification under the alternative vision standard must be retained in the individual's medical certification file with the Medical Examination Report Form, MCSA 5875 and the Medical Examiner's Certificate, Form MCSA 5876 by the medical examiner for three years with other relevant records, per 49 CFR 391.43(h)(i).

The forms are not to be submitted to FMCSA. The medical examiner must make all documents and records available within 48 hours after any request from an authorized representative of FMCSA or of any authorized Federal, State, or local enforcement agency, per 49 CFR 391.43(h)(i).

## Question 4

- **Q.** Is a written statement from the individual's ophthalmologist or optometrist concerning the vision status sufficient to provide to the medical examiner for the physical qualification examination?
- **A.** No. The final rule requires that the Vision Evaluation Report, Form MCSA-5871 must be provided to the medical examiner at the time of the physical qualification examination to consider whether the individual is qualified under the alternative vision standard

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**Question 5**

- **Q.** After the publication date of January 21, 2022, and before the effective date of the final rule March 22, 2022, may medical examiners issue a Medical Examiner's Certificates, Form MCSA-5876 to individuals who have an expiring, or expired, certificate and hold an unexpired Federal vision exemption?
- **A.** The medical examiner may issue a short-term certificate in this situation and must still mark that the individual is qualified only when accompanied by a "Federal Vision" Exemption on the Medical Examiner's Certificates, Form MCSA-5876 that is issued. This is because the requirement that an individual is qualified with an exemption is still in place until the effective date of the final rule (March 22, 2022).  
  
If the Medical Examiner's Certificates, Form MCSA-5876 expires after the effective date of the final rule, and before the compliance date of March 22, 2023, and the individual holds an unexpired Federal vision exemption, the individual is encouraged to be qualified under the alternative vision standard. FMCSA notes that all Federal vision exemptions and all certificates not obtained under the alternative vision standard will be void on March 22, 2023.

**Question 6**

- **Q.** Where in the final rule is the driver required to notify the motor carrier to provide them a road test? Is this information found on the Vision Evaluation Report, Form MCSA-5871?
- **A.** The provisions in 391.44(d) provides the requirements concerning the individual's responsibility to notify the motor carrier regarding the road test. The Vision Evaluation Report, Form MCSA-5871, provides required information specifically from the ophthalmologist or optometrist and does not concern road test information.

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The latest information on the Coronavirus Disease 2019 (COVID-19) is available on [coronavirus.gov](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
United States Department of Transportation

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**Contact Us**

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**Business Hours:**  
9:00am - 5:00pm ET, M-F

### MRB Meeting Information and Documents

The materials below are working documents and drafts, and are not to be construed as Agency guidance or requirements.

Meeting Dates	Topic
September 29, 2021	Medical Review Board (MRB) Meeting - Virtual <ul style="list-style-type: none"> <li>Wednesday, September 29, 1-5 PM (Public)</li> <li>Please submit requests for accommodations because of a disability to <a href="mailto:mrbrb@dot.gov">mrbrb@dot.gov</a> by September 16, 2021. Please submit requests to review written materials during the meeting to <a href="mailto:mrbrb@dot.gov">mrbrb@dot.gov</a> by September 20, 2021.</li> <li>To register for the meeting: <a href="#">EventBrite</a></li> <li><a href="#">Announcement</a></li> </ul>
May 19-20, 2021	Virtual Meeting <ul style="list-style-type: none"> <li>Meeting of FMCSA's Medical Review Board Advisory Committee (MRB)               <ul style="list-style-type: none"> <li>Wednesday, May 19, 9:15 AM - 4:30 PM (Public)</li> <li>Thursday, May 20, 9:15 AM - 4:30 PM (Public)</li> </ul> </li> <li><a href="#">Announcement</a></li> <li><a href="#">FINAL Agenda MRB Meeting May 19-20, 2021</a></li> <li><a href="#">Presentation: 2021 MRB Annual Ethics Training</a></li> <li><a href="#">MRB Task Statement 21-1: FMCSA Proposed Alternative Vision Standard</a></li> <li><a href="#">MRB Task 21-1: FMCSA Proposed Alternative Vision Standard - Final Letter Report (July 20, 2021)</a></li> <li><a href="#">MRB Task Statement 21-2: Non-Insulin-Treated Diabetes Mellitus Assessment Form</a></li> <li><a href="#">DRAFT Non-Insulin-Treated Diabetes Mellitus Assessment Form</a></li> </ul>

<https://www.fmcsa.dot.gov/mrb>

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

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## Reports - How Medical Conditions Impact Driving

### About the Reports

The reports below outline the impact that medical indications have on driving. The reports include an evidence report - a systematic review of research literature on specific questions regarding medical conditions and driving - as well as a report from the [Medical Expert Panel \(MEP\)](#), an independent panel of physicians, clinicians and scientists who are experts in their field. The MEP reviews the evidence in the research report about a question or topic, and submits opinions to the Agency.

**Reports**

- Seizure Disorder and Medical Certification of Commercial Motor Vehicle Driver Safety (2019)**
  - [Full Evidence Report](#)
- Implantable Cardio Defibrillators and the Impact of a Shock to the Patient when Deployed (2014)**
  - [Research White Paper](#)
- Cochlear Implants and CMV Driver Safety (2011)**
  - [Full Evidence Report](#)
- Obstructive Sleep Apnea and CMV Driver Safety (2011)**
  - [Full Evidence Report](#)
- Diabetes and CMV Driver Safety (2011)**
  - [Full Evidence Report](#)
- Traumatic Brain Injury (2010)**
  - [Executive Summary](#) | [Full Evidence Report](#) | [Expert Panel Opinion](#)
- Stroke (2009)**
  - [Executive Summary](#) | [Expert Panel Opinion](#)
- Multiple Sclerosis and Parkinson's Disease (2009)**

Some have Executive summary  
some expert panel

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

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

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

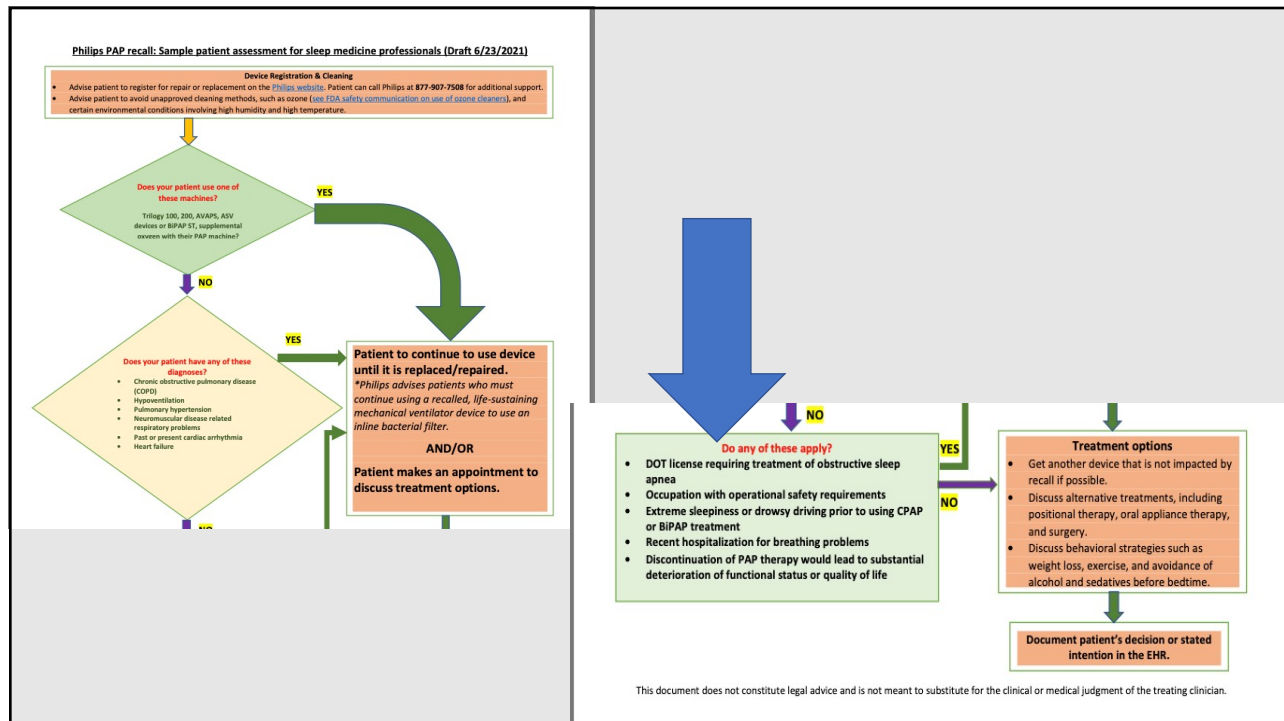
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# Medical Review Board – September 29, 2021

## Phillips CPAP Recall

Meeting Dates	Topic
September 29, 2021	<p>Medical Review Board (MRB) Meeting - Virtual</p> <ul style="list-style-type: none"> <li>• Wednesday, September 29, 1-5 PM (Public)</li> <li>• Please submit requests for accommodations because of a disability to <a href="mailto:mrbdotgov@dot.gov">mrbdotgov@dot.gov</a> by September 16, 2021. Please submit requests to review written materials during the meeting to <a href="mailto:mrbdotgov@dot.gov">mrbdotgov@dot.gov</a> by September 20, 2021.</li> <li>• To register for the meeting: <a href="#">EventBrite</a></li> <li>• <a href="#">Announcement</a></li> <li>• <a href="#">Agenda</a></li> <li>• <a href="#">MRB Task Statement 21-3: Recommendations to Medical Examiners and CMV Drivers When There is a CPAP Recall</a></li> <li>• <a href="#">Medical Device Recall Notification Phillips Respironics Sleep and Respiratory Care devices</a></li> <li>• <a href="#">Phillips Respironics Recalls Certain Continuous and Non-Continuous Ventilators, including CPAP and BiPAP, Due to Risk of Exposure to Debris and Chemicals</a></li> <li>• <a href="#">Phillips Respironics CPAP, BiPAP, and Ventilator Recall: Frequently Asked Questions</a></li> <li>• <a href="#">Public Submission from American Trucking Associations</a></li> <li>• <a href="#">Public Submission from Natalie Hartenbaum</a></li> <li>• <a href="#">Public Submission from Annelise Thornton</a></li> <li>• <a href="#">Public Submission from Bob Stanton</a></li> <li>• <a href="#">Meeting Comments from Bob Stanton</a></li> </ul>

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# Medical Review Board Phillips CPAP Recall

- Modification of 2016 MRB Recommendation

• VI. → Treatment: Oral appliance ¶

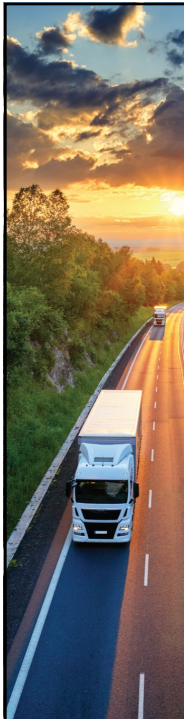
A. → MRB-MCSAC Recommendation: A driver with a diagnosis of moderate to severe OSA should try PAP therapy before oral appliance therapy, unless a board-certified sleep specialist has determined that an alternative therapy such as PAP is intolerable for a driver, in which case the driver should have the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

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

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

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

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## MRB Meeting April 19 -20, 2021

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

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

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

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

**THE DRIVER'S ROLE**

49 CFR 391.43

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period); straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.) The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver. There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo, lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

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

1. Date of Diabetes Mellitus Diagnosis: \_\_\_\_\_

2. Diabetes-related medications and date treatment began (list all diabetes-related medications, dosage and date treatment initiated. Attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the individual been on a stable diabetes regimen in the last 3 months?  
\_\_\_ Yes \_\_\_ No

**Blood Glucose Self-Monitoring Records**

4. How many times per day is the individual testing their blood glucose? \_\_\_\_\_

5. Is the individual compliant with glucose monitoring based on their specific treatment plan?  
\_\_\_ Yes \_\_\_ No

**Diabetes Management and Control**

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

7. Has the individual experienced any severe hypoglycemic episodes since the last medical certification date?  
\_\_\_ Yes \_\_\_ No  
If yes, provide date(s) of occurrence and associated details (attach additional pages if necessary): \_\_\_\_\_

**Hemoglobin A1C (HbA1C) Measurements**

8. Has the individual had Hemoglobin A1c (HbA1c) measured intermittently over the last 12 months, with the most recent HbA1c measured within the preceding three months?  
\_\_\_ Yes \_\_\_ No  
If yes, attach a copy of most current lab result.  
\_\_\_\_\_

**Diabetes Complications**

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

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

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

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

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

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

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

**Diabetic Retinopathy**

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

\*\*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 unauthorized disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required by regulatory requirements.\*\*

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Federal Motor Carrier Safety Administration

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

I am the treating healthcare provider for the above individual.  
This individual has a stable diabetes medication regimen and maintains stable control and management of his/her non-insulin treated diabetes mellitus.  
This individual has no diabetes-related medical concerns that would adversely affect the ability to safely operate a CMV.  
\_\_\_ Yes \_\_\_ No  
Comments (if necessary): \_\_\_\_\_


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

DRAFT

Federal Motor Carrier Safety Administration  
(FMCSA)

NATIONAL REGISTRY OF CERTIFIED  
MEDICAL EXAMINERS:

Medical Examiner Handbook  
2021 Edition



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

- ME Handbook first posted in 2008
- Provided *guidance* to MEs.
- MEs/ stakeholders applied as if regulation
- Removed from website in 2015.
- MEs should make qualification determinations on a case by case basis using FINAL revised MEH in conjunction established best medical practices
- Pending OMB approval
  - Will be published for public comment

2018, 2019, 2020 Drafts

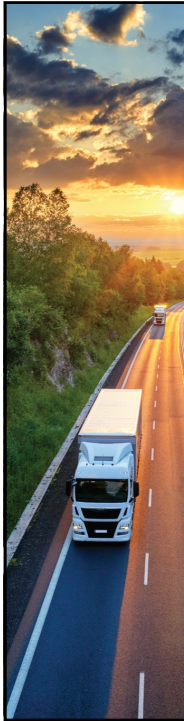
<https://www.fmcsa.dot.gov/medical-review-board-mrb-meeting-topics>

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## ME Handbook Draft May 2021

- Included SOME Cardiovascular Tables from 2013 Cardiovascular Report ( not shared until April 2020 MRB meeting)
  - HTN
  - Coronary Heart Disease

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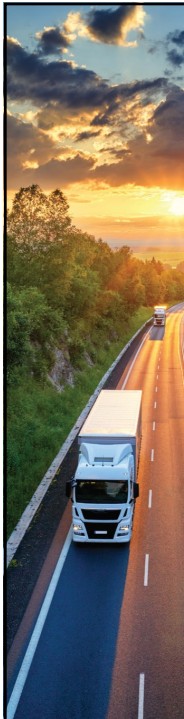


## ME Handbook *Draft* 5/2021

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

*That's All Folks*

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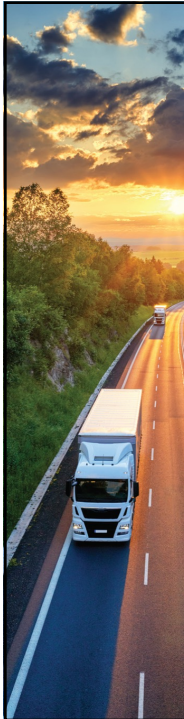


## ME Handbook *Draft* 5/2021

### 4.8.3.6 Obstructive Sleep Apnea

- Obstructive sleep apnea is a respiratory disorder characterized by a reduction .....
- moderate-to-severe obstructive sleep apnea does not preclude certification.
- The FMCSRs do not include requirements for MEs to screen CMV drivers for OSA, or provide criteria whether to refer a driver for OSA testing, diagnostic testing methods, treatment methods, or criteria by which to assess compliance for obstructive sleep apnea treatment.

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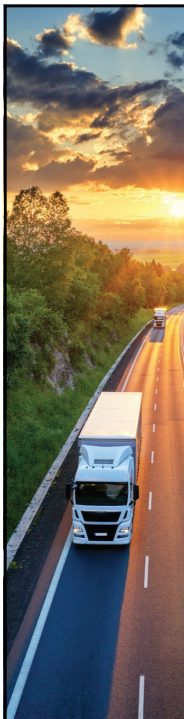
ME Handbook **Draft** 5/2021

#### 4.8.3.6 Obstructive Sleep Apnea

- When making a medical certification determination, the ME may consider the driver’s responses to the questions on the Medical Examination Report Form, MCSA-5875, about sleep disorders, and readily identifiable risk factors for obstructive sleep apnea identified during the physical examination.
- Examples of risk factors for and symptoms of obstructive sleep apnea include but are not limited to:
- .....

<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<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"/>

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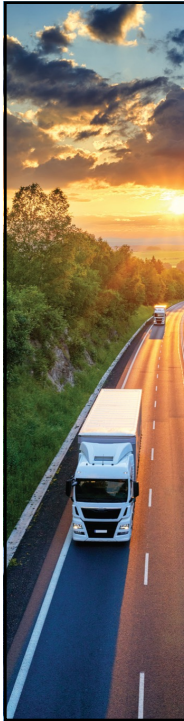


ME Handbook **Draft** 5/2021

#### 4.8.3.6 Obstructive Sleep Apnea

- If an ME observes multiple risk factors for moderate-to-severe obstructive sleep apnea, the ME may consider referring the driver for a sleep study if not evaluated previously.
  - Lists risk factors and symptoms but not those from 2016 MRB Report
  - 2020 version listed 2016 MRB
- If a driver reports a prior sleep study was negative for or revealed only mild obstructive sleep apnea, another sleep study may not be warranted unless the driver reports significant changes in risk factors or symptoms since the prior sleep study.
- .....

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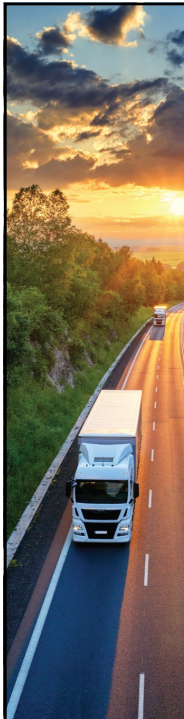
#### **4.9 Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease, and Loss or Impairment of Limbs Regulations - 49 CFR 391.41(b)(7), (b)(1), and (b)(2)**

.....

##### **• 4.9.7 Other Information**

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

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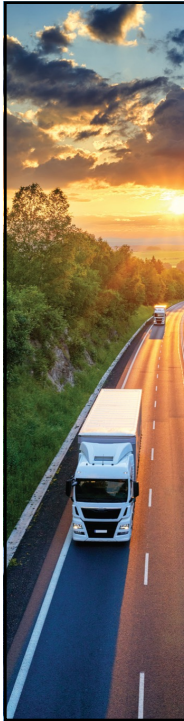


## ME Handbook Draft May 2021

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

AND detailed Job Description

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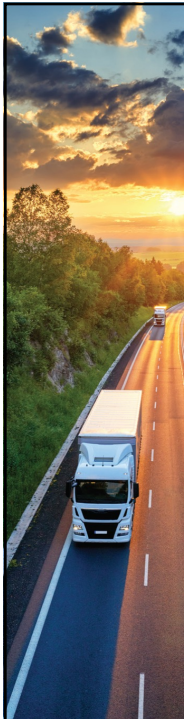


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#### 4.10.3.11 Narcolepsy and Idiopathic Hypersomnia

- Considerations for an ME when making a physical qualification determination could include but may not be limited to the following:
  - Are the driver's symptoms of narcolepsy or idiopathic hypersomnia likely to cause loss of consciousness or any loss of ability to control a CMV?
  - Whether the driver has been evaluated and treated by a medical provider.
  - Has treatment, including response to medications, been shown to be adequate, effective, safe, and stable?
- MEs should evaluate, on a case-by-case basis, to determine if the driver meets the physical qualification standard.
- *DOES NOT REFERENCE ANY OF THE MRB, MEP*
- *BUT – NARCOLEPSY IS DISQUALIFYING*


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## Motions – May 2021 MRB Meeting From Meeting Minutes

- Following statement to be included in MEH – passed
  - “Idiopathic *insomnia* and narcolepsy cause loss of consciousness making them non-qualifying per the Federal Motor Carrier Safety Regulations.”
- Add vision advisory criteria in the MEH to prohibit the use of chromatic lenses – passed

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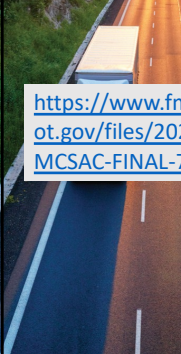
U.S. Department of Transportation  
Office of the Secretary of Transportation  
Office of Drug and Alcohol  
Policy and Compliance  
Sue Lenhard, Policy Advisor



## DOT "CBD" NOTICE

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

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




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

**What you need to know:**

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

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Does the legalization of the use and possession of marijuana by a State, or other country that has drivers who operate in the United States, change the treatment of marijuana use under federal regulations applicable to drivers operating a commercial motor vehicle (CMV) (as defined in 49 CFR § 390.5)?

- NO
- Under the Federal Motor Carrier Safety Regulations (FMCSRs), a person is not physically qualified to drive a CMV if he or she uses any Schedule I controlled substance such as marijuana.

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- Legalization of marijuana use by States and other jurisdictions also has not modified the application of U.S. Department of Transportation (DOT) drug testing regulations in 49 CFR parts 40 and 382.

See <https://www.transportation.gov/odapc/medical-marijuana-notice> and <https://www.transportation.gov/sites/dot.gov/files/docs/odapc-notice-recreational-mj.pdf>

FAQ - <https://www.fmcsa.dot.gov/faq/does-legalization-use-and-possession-marijuana-state-or-other-country-has-d>

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## Resources

1. FMCSA Medical Programs. <https://www.fmcsa.dot.gov/regulations/medical>
2. National Registry of Certified Medical Examiners. <https://www.fmcsa.dot.gov/regulations/national-registry/national-registry-certified-medical-examiners>
3. FMCSA Medical Review Board - <https://www.fmcsa.dot.gov/mrb>
4. Medical Resource Table - <https://www.fmcsa.dot.gov/regulations/medical/medical-regulations-and-guidance-resource-links>
5. Reports - How Medical Conditions Impact Driving - <https://www.fmcsa.dot.gov/regulations/medical/reportshow-medical-conditions-impact-driving>
6. 49 CFR 391.41 - PART 391-QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV)DRIVER INSTRUCTORS - <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&ty=HTML&h=L&mc=true&=PART&n=pt49.5.391>.