this Order shall be effective July 22, 2015, except to the extent expressly addressed below.

11. It is further ordered that the relevant rules are amended as set forth below. Those rules contain modified information collection requirements that are subject to the PRA and shall become effective July 22, 2015.

12. It is further ordered that the Commission shall send a copy of this Order in a report to be sent to Congress and the Government Accountability Office pursuant to the Congressional Review Act.

13. It is further ordered that the Commission’s Consumer and Governmental Affairs Bureau, Reference Information Center, shall send a copy of this Order, including the Final Regulatory Flexibility Certification, to the Chief Counsel for Advocacy of the Small Business Administration.

List of Subjects in 47 CFR Part 54

Communications common carriers, Reporting and recordkeeping requirements, Telecommunications, Telephone.

Federal Communications Commission.

Ryan B. Palmer, Chief, Telecommunication Access Policy Division, Wireline Competition Bureau.

For the reasons discussed in the preamble, the Federal Communications Commission amends 47 CFR part 54 to read as follows:

PART 54—UNIVERSAL SERVICE

1. The authority citation for part 54 continues to read as follows:

Authority: 47 U.S.C. 151, 154(i), 155, 201, 205, 214, 219, 220, 254, 303(r), 403, and 1302 unless otherwise noted.

2. Amend §54.407 by revising the paragraph (e)(3) introductory text to read as follows:

§54.407 Reimbursement for offering Lifeline.

(c) An eligible telecommunications carrier offering a Lifeline service that does not require the eligible telecommunications carrier to assess and collect a monthly fee from its subscribers:

* * * * *

[FR Doc. 2015–15295 Filed 6–19–15; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

49 CFR Parts 383, 384 and 391

[Docket No. FMCSA–2012–0178]

RIN 2126–AB40

Medical Examiner’s Certification Integration; Correction

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Final rule; correction.

SUMMARY: FMCSA makes corrections to a rule that appeared in the Federal Register on April 23, 2015 (80 FR 22790). In that rule, FMCSA amended the Federal Motor Carrier Safety Regulations (FMCSRs) to require certified medical examiners (MEs) performing physical examinations of commercial motor vehicle (CMV) drivers to use a newly developed Medical Examination Report (MER) Form, MCSA–5875, in place of the current MER Form and to use Form MCSA–5876 for the Medical Examiner’s Certificate (MEC), and report results of all CMV drivers’ physical examinations performed (including the results of examinations where the driver was found not to be qualified) to FMCSA by midnight (local time) of the next calendar day following the examination. That final rule was a follow-on rule to the Medical Certification Requirements as Part of the CDL rule final rule, published on December 1, 2008, and the National Registry of Certified Medical Examiners final rule, published on April 20, 2012.

DATES: Effective June 22, 2015.

FOR FURTHER INFORMATION CONTACT:

Charles A. Horan, III, Director, Carrier, Driver, & Vehicle Safety Standards, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue SE, Washington, DC 20590–0001, by telephone at (202) 366–4001 or via email at fmcsamedical@dot.gov.

SUPPLEMENTARY INFORMATION: In FR Doc. 2015–09053, published on Thursday, April 23, 2015 80 FR (22790) the following corrections are made.

Corrections to the Preamble

1. On page 22798, in the third column, in FMCSA’s response to comment number 8. Voiding the MEC, the first sentence under the heading “FMCSA Response” is corrected to read as follows:

As explained in both the National Registry final rule (77 FR 24108) and in the NPRM in this rulemaking (78 FR 27348), under the authority granted by 49 U.S.C. 31149(c)(2), FMCSA may void a MEC issued to a CMV driver if it finds either that a Medical Examiner has issued a certificate to a driver “who fails to meet the applicable standards at the time of the examination” or “that a Medical Examiner has falsely claimed to have completed training in physical and medical examination standards.”

2. Beginning on page 22810, in the third column, and continuing on page 22811, in the first column, in §383.73, paragraphs (a)(2)(vii), (b)(5), (o)(1)(i)(A), and (o)(1)(iii)(A) are corrected to read as follows:

§383.73 State procedures

(a) * * *

(2) * * *

(vi)(A) Before June 22, 2018, for drivers who certified their type of driving according to §383.71(b)(1)(i) (non-excepted interstate) and, if the CLP applicant submits a current medical examiner’s certificate, date-stamp the medical examiner’s certificate, and post all required information from the medical examiner’s certificate to the CDLIS driver record in accordance with paragraph (o) of this section.

(B) On or after June 22, 2018, for drivers who certified their type of driving according to §383.71(b)(1)(i) (non-excepted interstate) and, if FMCSA provides current medical examiner’s
§ 391.23 Investigation and inquiries.

The following information before allowing the driver to operate a CMV:

(A) The type of operation the driver self-certified that he or she will perform in accordance with § 383.71(b)(1) of this chapter.

(B)(1) Beginning on May 21, 2014, and ending on June 22, 2018, that the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of medical examiner’s certificate issuance.

(2) If the driver has certified under paragraph (m)(2)(i) of this section that he or she expects to operate in interstate commerce, that the driver has a valid medical examiner’s certificate and any required medical variances.

(C) Exception. Beginning on January 30, 2015 and until June 22, 2018, if the driver provided the motor carrier with a copy of the current medical examiner’s certificate that was submitted to the State in accordance with § 383.73(b)(5) of this chapter, the motor carrier may use a copy of that medical examiner’s certificate as proof of the driver’s medical certification for up to 15 days after the date it was issued.

(3) Exception. For drivers required to have a commercial learner’s permit under part 383 of this chapter:

(i) Beginning July 8, 2015, using the CDLIS motor vehicle record obtained from the current licensing State, the motor carrier must verify and document in the driver qualification file the following information before allowing the driver to operate a CMV:

(A) The type of operation the driver self-certified that he or she will perform in accordance with § 383.71(b)(1) and (g) of this chapter.

(B)(1) Until June 22, 2018, that the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of medical examiner’s certificate issuance.

(2) If the driver has a commercial learner’s permit and has certified under paragraph (m)(2)(i) of this section that he or she expects to operate in interstate commerce, that the driver has a valid medical examiner’s certificate and any required medical variances.

(C) Until June 22, 2018, if the driver provided the motor carrier with a copy of the current medical examiner’s certificate that was submitted to the State in accordance with § 383.73(a)(5) of this chapter, the motor carrier may use a copy of that medical examiner’s certificate as proof of the driver’s medical certification for up to 15 days after the date it was issued.

(ii) Until July 8, 2015, if a driver operating in non-excepted, interstate commerce has no medical certification status information on the CDLIS MVR obtained from the current State driver examining agency, the employing motor carrier may accept a medical examiner’s certificate issued to that driver, and place a copy of it in the driver qualification file before allowing the driver to operate a CMV in interstate commerce.

5. Beginning on page 22812, in the third column, and continuing on page 22821, in the third column, in § 391.43, paragraphs (f), (g)(5)(ii), and (h) are corrected to read as follows:

§ 391.43 Medical examination; certificate of physical examination.

Exception.

(ff)(1) Until December 22, 2015, the medical examination shall be performed, and its results shall be recorded, substantially in accordance with the following instructions and examination form.

Instructions for Performing and Recording Physical Examinations

The medical examiner must be familiar with 49 CFR 391.41, Physical qualifications for drivers, and should review these instructions before performing the physical examination. Answer each question “yes” or “no” and record numerical readings where indicated on the physical examination form.

The medical examiner must be aware of the rigorous physical, mental, and emotional demands placed on the operator of a commercial motor vehicle. In the interest of public safety, the medical examiner is required to certify that the driver does not have any physical, mental, or organic condition that might affect the driver’s ability to operate a commercial motor vehicle safely.

General information. The purpose of this history and physical examination is to detect the presence of physical, mental, or organic conditions of such a character and extent as to affect the driver’s ability to operate a commercial motor vehicle safely. The examination should be conducted carefully and should at least include all of the information requested in the following form. History of certain conditions may be cause for rejection. Indicate the need for further testing and/or require evaluation by a specialist. Conditions may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these conditions should be discussed with the driver and he/she should be advised to take the
necessary steps to insure correction, particularly of those conditions which, if neglected, might affect the driver’s ability to drive safely.

**General appearance and development.** Note marked overweight. Note any postural defect, perceptible limp, tremor, or other conditions that might be caused by alcoholism, thyroid intoxication or other illnesses.

**Head-eyes.** When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the driver wears corrective lenses for driving, these should be worn while driver’s visual acuity is being tested. If contact lenses are worn, there should be sufficient evidence of good tolerance of and adaptation to their use. Indicate the driver’s need to wear corrective lenses to meet the vision standard on the Medical Examiner’s Certificate by checking the box, “Qualified only when wearing corrective lenses.” In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Monocular drivers are not qualified to operate commercial motor vehicles in interstate commerce.

**Ears.** Note evidence of any ear disease, symptoms of aural vertigo, or Meniere’s Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18, 23, etc. The examiner should not use only sibilants (s-sounding test materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered. For the audiometric test, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz. Average the decibel loss at 500 Hz, 1,000 Hz and 2,000 Hz and record as described on the form. If the individual fails the audiometric test and the whispered voice test has not been administered, the whispered voice test should be performed to determine if the standard applicable to that test can be met.

**Throat.** Note any irremediable deformities likely to interfere with breathing or swallowing.

**Heart.** Note murmurs and arrhythmias, and any history of an enlarged heart, congestive heart failure, or cardiovascular disease that is accompanied by syncope, dyspnea, or collapse. Indicate onset date, diagnosis, medication, and any current limitation. An electrocardiogram is required when findings so indicate.

**Blood pressure (BP).** If a driver has hypertension and/or is being medicated for hypertension, he or she should be recertified more frequently. An individual diagnosed with Stage 1 hypertension (BP is 140/90–159/99) may be certified for one year. At recertification, an individual with a BP equal to or less than 140/90 may be certified for one year; however, if his or her BP is greater than 140/90 but less than 160/100, a one-time certificate for 3 months can be issued. An individual diagnosed with Stage 2 (BP is 160/100–179/109) should be treated and a one-time certificate for 3-month certification can be issued. Once the driver has reduced his or her BP to equal to or less than 140/90, he or she may be recertified annually thereafter. An individual diagnosed with Stage 3 hypertension (BP equal to or greater than 180/110) should not be certified until his or her BP is reduced to 140/90 or less, and may be recertified every 6 months.

**Lungs.** Note abnormal chest wall expansion, respiratory rate, breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, or cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.

**Abdomen and Viscera.** Note enlarged liver, enlarged spleen, abnormal masses, bruits, hernia, and significant abdominal wall muscle weakness and tenderness. If the diagnosis suggests that the condition might interfere with the control and safe operation of a commercial motor vehicle, further testing and evaluation is required.

**Genital-urinary and rectal examination.** A urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problems. Note hernias. A condition causing discomfort should be evaluated to determine the extent to which the condition might interfere with the control and safe operation of a commercial motor vehicle.

**Neurological.** Note impaired equilibrium, coordination, or speech pattern; paresthesia; asymmetric deep tendon reflexes; sensory or positional abnormalities; abnormal patellar and Babinski’s reflexes; ataxia. Abnormal neurological responses may be an indication for further testing to rule out an underlying medical condition. Any neurological condition should be evaluated for the nature and severity of the condition, the degree of limitation present, the likelihood of progressive limitation, and the potential for sudden incapacitation. In instances where the medical examiner has determined that more frequent monitoring of a condition is appropriate, a certificate for a shorter period should be issued.

**Spine, musculoskeletal.** Previous surgery, deformities, limitation of motion, and tenderness should be noted. Findings may indicate additional testing and evaluation should be conducted.

**Extremities.** Carefully examine upper and lower extremities and note any loss or impairment of leg, foot, toe, arm, hand, or finger. Note any deformities, atrophy, paralysis, paresthesia, clumping, edema, or hypotonia. If a hand or finger deformity exists, determine whether prehension and power grasp are sufficient to enable the driver to maintain steering wheel grip and to control other vehicle equipment during routine and emergency driving operations. If a foot or leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. In the case of any loss or impairment to an extremity which may interfere with the driver’s ability to operate a commercial motor vehicle safely, the medical examiner should state on the medical certificate “medically unqualified unless accompanied by a Skill Performance Evaluation Certificate.”

The driver must then apply to the Field Service Center of the FMCSA, for the State in which the driver has legal residence, for a Skill Performance Evaluation Certificate under § 391.49.

**Laboratory and other testing.** Other test(s) may be indicated based upon the medical history or findings of the physical examination.

**Diabetes.** If insulin is necessary to control a diabetic driver’s condition, the driver is not qualified to operate a commercial motor vehicle in interstate commerce. If mild diabetes is present and it is controlled by use of an oral hypoglycemic drug and/or diet and exercise, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

Upon completion of the examination, the medical examiner must date and sign the form, provide his/her full name, office address and telephone number. The completed medical examination form shall be retained on file at the office of the medical examiner.
Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION
   Driver completes this section.

   Driver's Name (Last, First, Middle) ____________________________
   Social Security No. ____________________________
   Birthdate M / D / Y ____________________________
   Age □ M □ F ____________________________
   Sex □ New Certification □ Recertification □ Follow-up ____________________________
   Date of Exam ____________________________

   Address ____________________________
   City, State, Zip Code ____________________________
   Work Tel: ( ) ____________________________
   Home Tel: ( ) ____________________________

   Driver License No. ____________________________
   License Class □ A □ B □ C □ D ____________________________
   State of Issue ____________________________

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

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

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

   ____________________________________________
   ____________________________________________
   ____________________________________________

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

   Driver’s Signature ____________________________

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

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
## TESTING (Medical Examiner completes Section 3 through 7)

**Name:** Last, First, Middle  

### VISION

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

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

**Numerical readings must be provided.**

<table>
<thead>
<tr>
<th>ACUITY</th>
<th>UNCORRECTED</th>
<th>CORRECTED</th>
<th>HORIZONTAL FIELD OF VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Eye</td>
<td>20/20</td>
<td>20/20</td>
<td>Right Eye</td>
</tr>
<tr>
<td>Left Eye</td>
<td>20/20</td>
<td>20/20</td>
<td>Left Eye</td>
</tr>
<tr>
<td>Both Eyes</td>
<td>20/20</td>
<td>20/20</td>
<td></td>
</tr>
</tbody>
</table>

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

### HEARING

**Standard:** a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB  

**INSTRUCTIONS:** To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1000Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

**Numerical readings must be recorded.**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Right Ear</th>
<th>Left Ear</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 Hz</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000 Hz</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000 Hz</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BLOOD PRESSURE/PULSE RATE

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

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Systolic</th>
<th>Diastolic</th>
<th>Driver qualified if &lt;140/90.</th>
<th>Pulse Rate: □ Regular □ Irregular</th>
<th>Record Pulse Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>140-159/90-99</td>
<td>Stage 1</td>
<td>1 year</td>
<td>1 year if &lt;140/90. One-time certificate for 3 months if 141-159/91-99.</td>
<td>1 year from date of exam if &lt;140/90</td>
<td>One-time certificate for 3 months if 141-159/91-99.</td>
</tr>
<tr>
<td>160-179/100-109</td>
<td>Stage 2</td>
<td>One-time certificate for 3 months.</td>
<td>1 year from date of exam if &lt;140/90</td>
<td>1 year if &lt;140/90.</td>
<td></td>
</tr>
<tr>
<td>≥180/110</td>
<td>Stage 3</td>
<td>6 months from date of exam if &lt;140/90</td>
<td>6 months if &lt;140/90</td>
<td>6 months if &lt;140/90</td>
<td></td>
</tr>
</tbody>
</table>

### LABORATORY AND OTHER TEST FINDINGS

**Numerical readings must be recorded.**

<table>
<thead>
<tr>
<th>Urine Specimen</th>
<th>SP. GR.</th>
<th>PROTEIN</th>
<th>BLOOD SUGAR</th>
</tr>
</thead>
</table>

Unanalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other Testing (Describe and record)
7. **PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th><strong>Height:</strong></th>
<th><strong>Weight:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(in.)</td>
<td>(lbs.)</td>
</tr>
</tbody>
</table>

**Name:** Last, First, Middle,

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

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

<table>
<thead>
<tr>
<th><strong>BODY SYSTEM</strong></th>
<th><strong>CHECK FOR:</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General Appearance</td>
<td>Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td>Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ears</td>
<td>Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mouth and Throat</td>
<td>Irremediable deformities likely to interfere with breathing or swallowing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Heart</td>
<td>Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Lungs and chest, not including breast examination</td>
<td>Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BODY SYSTEM</strong></th>
<th><strong>CHECK FOR:</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Abdomen and Viscera</td>
<td>Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness. Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Vascular System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Genito-urinary System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Extremities-Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.</td>
<td>Loss of or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp andprehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Spine, other musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Neurological</td>
<td>Impaired equilibrium, coordination or speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

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

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☐ Meets standards, but periodic monitoring required due to
  - Driver qualified only for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other
  - Temporarily disqualified due to (condition or medication):
  - Return to medical examiner's office for follow up on

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

Medical Examiner's signature

Medical Examiner's name

Address

Telephone Number

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)
49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 3-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.

§391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS
(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner’s certificate that he is physically qualified to drive a commercial motor vehicle.
(b) A person is physically qualified to drive a motor vehicle if that person:
(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.
(2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.
(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.
(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neurumvascular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.
(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely.
(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber;
(11) First perceives a forced whispered voice in the better ear not less than 3 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;
(12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.
(ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver’s medical history and has advised the driver that the substance will not adversely affect the driver’s ability to safely operate a commercial motor vehicle.
(13) Has no current clinical diagnosis of alcoholism.
INSTRUCTIONS TO THE MEDICAL EXAMINER

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

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

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

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

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

Federal Motor Carrier Safety Regulations
-Advisory Criteria-

Diabetes
§391.41(b)(3)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

The administration of insulin is within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers.

The FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

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


Cardiovascular Condition
§391.41(b)(4)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be
accompanied by "is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dizziness, collapse, or congestion of cardiac failure; and (2) which is likely to cause syncope, dizziness, collapse, or congestive cardiac failure.

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

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter-defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 385-1790 for additional recommendations regarding the medical qualification of drivers on coumadin.

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

Respiratory Dysfunction $391.41(b)(6)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

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

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: http://www.fmcsa.dot.gov/fedreg/newregs/medreports.htm)

Hypertension $391.41(b)(6)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period.

Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

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

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

Annual re-certification is recommended if the medical examiner does not know the severity of hypertension prior to treatment. An elevated blood pressure finding should be confirmed by at least two subsequent measurement on different days. Treatment includes non-pharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

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

Rheumatic, Arthritis, Orthopedic, Muscular, Neuromuscular or Vascular Disease $391.41(b)(7)
A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onset and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle.

In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at: http://www.fmcsa.dot.gov/rulesregs/medreports.htm)
**Epilepsy**

§391.41(b)(8)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified:

1. (a) a driver who has a medical history of epilepsy;
2. (b) a driver who has a current clinical diagnosis of epilepsy; or
3. (c) a driver who is taking antiseizure medication.

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

Drivers with a history of epilepsy/seizures off antiseizure medication and seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free and off antiseizure medication for a 5-year period or none.

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

**Mental Disorders**

§391.41(b)(9)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving. When examining the driver, it should be kept in mind that individuals who suffer from chronic emotional upset may have deeply ingrained or maladaptive behavior patterns, may become agitated or depressed and may react to stresses in a different manner than the normal individual. Careful consideration should be given to the effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

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

**Vision**

§391.41(b)(10)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

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

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

CMV drivers who do not meet the Federal vision standard may call (202) 365-1760 for an application for a vision exemption.

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

**Hearing**

§391.41(b)(11)
A person is physically qualified to drive a commercial motor vehicle if that person:

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

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

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

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18,
(2) On and after December 22, 2015, the medical examination shall be performed, and its results shall be recorded on the Medical Examination Report Form, MCSA–5875, set out below:

```latex
\text{(link to the Medical Examination Report Form)}
```
**Form MC-S-5875** (Revised: 05/27/2015)

**Medical Examination Report Form**
(For Commercial Driver Medical Certification)

### PRIVACY ACT STATEMENT
This statement is provided pursuant to the Privacy Act of 1974, 5 USC 652a.

**AUTHORITY:** Title 49, United States Code 383.331(b)(6) and 331.696(c)(3).

**PURPOSE:** To record results of a driver’s physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory.

If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver’s physical examination and to determine qualification to operate a CMV in interstate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form 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 maintain 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 after the request is made (49 CFR 391.43(e)).

**ROUTINE USES:** The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to these disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Privacy Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 80132), under "Routine Statement of General Routine Uses." (Available at http://www.dot.gov/privacy/privacy.html)

**ACKNOWLEDGMENT:** I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

CMV Driver Signature: ______________________ Date: ______________________

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

**PERSONAL INFORMATION**

<table>
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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Date of Birth:</th>
<th>Age:</th>
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Address: ________________________________

City: ____________________________

State/Province: __________

Zip Code: ____________

Driver's License Number: __________

Issuing State/Province: __________

Phone: __________

E-mail (optional): __________

CLP/CDL Applicant/Holder*? Yes ☐ No ☐ Driver ID Verified By**: Yes ☐ No ☐ Not Sure ☐

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

* CLP = Commercial Learner's Permit; CDL = Commercial Driver's License

** CLP/CDL ID will be used by those states that use this form for verification of identity of the driver, e.g., ODL, driver's license, passport.

### DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.

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<th>Yes ☐</th>
<th>No ☐</th>
<th>Not Sure ☐</th>
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Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?

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<th>Yes ☐</th>
<th>No ☐</th>
<th>Not Sure ☐</th>
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(Attach additional sheets if necessary)
Last Name:  

First Name:  

Middle Initial:  

DOB:  

Exam Date:  

DRIVER HEALTH HISTORY (continued)

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<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
<th>Yes</th>
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<td>1. Head/brain injuries or illnesses (e.g., concussion)</td>
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<td>2. Seizures, epilepsy</td>
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<td>3. Eye problems (except glasses or contacts)</td>
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<td>4. Ear and/or hearing problems</td>
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<td>5. Heart disease, heart attack, bypass, or other heart problems</td>
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<td>6. Pacemaker, stents, implantable devices, or other heart procedures</td>
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<td>8. High cholesterol</td>
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<td>9. Chronic (long-term) cough, shortness of breath, or other breathing problems</td>
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<td>10. Lung disease (e.g., asthma)</td>
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<td>11. Kidney problems, kidney stones, or pain/problems with urination</td>
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<td>12. Stomach, liver, or digestive problems</td>
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<td>13. Diabetes or blood sugar problems</td>
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<td>14. Anxiety, depression, nervousness, other mental health problems</td>
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<td>15. Fainting or passing out</td>
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Other health conditions not described above:  

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below:  

CMV DRIVER 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 392.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 392.37 and 49 CFR 386 Appendices A and B.  

CMV Driver 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).  

(Append additional sheets if necessary)
<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial</th>
<th>DOB:</th>
<th>Exam Date:</th>
</tr>
</thead>
</table>

**TESTING**

- **Blood Pressure**
  - Systolic
  - Diastolic

- **Urinalysis**
  - Sp. Gr.
  - Protein
  - Blood
  - Sugar

- **Vision**
  - Standard is at least 20/140 acuity (Desire) in each eye with or without correction. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

<table>
<thead>
<tr>
<th>Acuity</th>
<th>Corrected</th>
<th>Uncorrected</th>
<th>Horizontal Field of Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Eye</td>
<td>20/___</td>
<td>20/___</td>
<td>Right Eye: ___</td>
</tr>
<tr>
<td>Left Eye</td>
<td>20/___</td>
<td>20/___</td>
<td>Left Eye: ___</td>
</tr>
<tr>
<td>Both Eyes</td>
<td>20/___</td>
<td>20/___</td>
<td></td>
</tr>
</tbody>
</table>

- **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).

<table>
<thead>
<tr>
<th>Whisper Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

- **Audiometric Test Results**
  - Right Ear | Left Ear |
  - 500 Hz | 1000 Hz |
  - 2000 Hz | 1000 Hz |
  - 2000 Hz |

**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.

<table>
<thead>
<tr>
<th>Body System</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Skin</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Eyes</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Ears</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Mouth/throat</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Cardiovascular</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. Lungs/chest</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. Abdomen</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. Genito-urinary system including hernias</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. Back/Spine</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>11. Extremities/joints</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>12. Neurological system including reflexes</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. Gait</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>14. Vascular system</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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.
Please complete only one of the Medical Examiner Determination sections below:

### 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):**
  - [ ] 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
  - [ ] Driving within an exempt intrastate zone (see 49 CFR 391.60)
- **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):**
  - [ ] Incomplete examination (specify reason):

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

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

Medical Examiner Signature: _____________________________
Medical Examiner Name: _____________________________
Address: _____________________________
City: _____________________________
State: _____________________________
Zip Code: _____________________________
Phone: _____________________________
Date: _____________________________

### MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

- **Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason):**
- **Meets standards in 49 CFR 391.41 with any applicable State variances**
- **Meets standards, but periodic monitoring required (specify reason):**
  - [ ] Wearing corrective lenses  
  - [ ] Wearing hearing aid  
  - [ ] Accompanied by a waiver/exemption (specify type)
  - [ ] Accompanied by a Skill Performance Evaluation (SPE) certificate  
  - [ ] Grandfathered from State requirements

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

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

Medical Examiner Signature: _____________________________
Medical Examiner Name: _____________________________
Address: _____________________________
City: _____________________________
State: _____________________________
Zip Code: _____________________________
Phone: _____________________________
Date: _____________________________

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

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

Page 4
Instructions for Completing the Medical Examination Report Form (MCSA-5875)

I. Step-By-Step Instructions

Driver:

Privacy Act Statement - Please read, sign and date the Statement acknowledging that you understand the provisions of the Privacy Act of 1974 as written.

Section 1: Driver information

- Personal Information: Please complete this section using your name as written on your driver's license, your current address and phone number, your date of birth, age, gender, driver's license number and issuing state.
  
  o CDL/CLP Applicant/Holder: Check “yes” if you are a commercial driver's license or commercial learner's permit holder, or are applying for a CDL or CLP. Commercial driver's license (CDL) means a license issued by a State or the District of Columbia which authorizes the individual to operate a class of a commercial motor vehicle (CMV). A CMV that requires a CDL is one that: (1) has a gross combination weight rating or gross combination weight of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 10,000 pounds; or (2) has a GVWR or GVW of 26,001 pounds or more; or (3) is designed to transport 16 or more passengers, including the driver; or (4) is used to transport either hazardous materials requiring hazardous materials placards on the vehicle or any quantity of a select agent or toxin.
  
  o Driver ID Verified By: The Medical Examiner/staff completes this item and notes the type of photo ID used to verify the driver's identity such as, commercial driver's license, driver's license, or passport, etc.
  
  o Question: Has your USDOT/FMCSA medical certificate ever been denied or issued for less than two years? Please check the correct box “yes” or “no” and if you aren't sure check the “not sure” box.

- Driver Health History:
  
  o Have you ever had surgery: Please check “yes” if you have ever had surgery and provide a written explanation of the details (type of surgery, date of surgery, etc.)
  
  o Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements): Please check “yes” if you are taking any diet supplements, herbal remedies, or prescription or over the counter medications. In the box below the question, indicate the name of the medication and the dosage.
  
  o #1-32: Please complete this section by checking the “yes” box to indicate that you have, or have ever had, the health condition listed or the “No” box if you have not. Check the “not sure” box if you are unsure.
  
  o Other Health Conditions not described above: If you have, or have had, any other health conditions not listed in the section above, check “Yes” and in the box provided and list those condition(s).
  
  o Any yes answers to questions #1-32 above: If you have answered “yes” to any of the questions in the Driver Health History section above, please explain your answers further in the box below the question. For example, if you answered “yes” to question #5 regarding heart disease, heart attack, bypass, or other heart problem, indicate which type of heart condition. If you checked “yes” to question #23 regarding cancer, indicate the type of cancer. Please add any information that will be helpful to the Medical Examiner.

- CMV Driver Signature and Date: Please read the certification statement, sign and date it, indicating that the information you provided in Section 1 is accurate and complete.
Medical Examiner:

Section 2: Examination Report

- **Driver Health History Review:** Review answers provided by the driver in the driver health history section and discuss any “yes” and “not sure” responses. In addition, be sure to compare the medication list to the health history responses ensuring that the medication list matches the medical conditions noted. Explore with the driver any answers that seem unclear. Record any information that the driver omitted. As the Medical Examiner conducting the driver's physical examination you are required to complete the entire medical examination even if you detect a medical condition that you consider disqualifying, such as deafness. Medical Examiners are expected to determine the driver's physical qualification for operating a commercial vehicle safely. Thus, if you find a disqualifying condition for which a driver may receive a Federal Motor Carrier Safety Administration medical exemption, please record that on the driver's Medical Examiner's Certificate, Form MCSA-5876, as well as on the Medical Examination Report Form, MCSA-5875.

- **Testing:**
  - **Pulse rate and rhythm, height, and weight:** record these as indicated on the form.
  - **Blood Pressure:** record the blood pressure (systolic and diastolic) of the driver being examined. A second reading is optional and should be recorded if found to be necessary.
  - **Urinalysis:** record the numerical readings for the specific gravity, protein, blood and sugar.
  - **Vision:** The current vision standard is provided on the form. When other than the Snellen chart is used, give test results in Snellen-comparable values. When recording distance vision, use 20 feet as normal. Record the vision acuity results and indicate if the driver can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors; has monocular vision; has been referred to an ophthalmologist or optometrist; and if documentation has been received from an ophthalmologist or optometrist.
  - **Hearing:** The current hearing standard is provided on the form. Hearing can be tested using either a whisper test or audiometric test. Record the test results in the corresponding section for the test used.

- **Physical Examination:** Check the body systems for abnormalities and indicate normal or abnormal for each body system listed. Discuss any abnormal answers in detail in the space provided and indicate whether it would affect the driver's ability to safely operate a commercial motor vehicle.

*In this next section, you will be completing either the Federal or State determination, not both.*

- **Medical Examiner Determination (Federal):** Use this section for examinations performed in accordance with the FMCSRs (49 CFR 391.41-391.49). Complete the medical examiner determination section completely. When determining a driver's physical qualification, please note that English language proficiency (49 CFR part 391.11, General qualifications of drivers) is not factored into that determination.
  - **Does not meet standards:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41.
  - **Meets standards in 49 CFR 391.41; qualifies for 2-year certification:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.
II. If updating an existing exam, you must resubmit the new exam results, via the Medical Examination Results Form, MCSA-5850, to the National Registry, and the most recent dated exam will take precedence.

III. To obtain additional information regarding this form go to the Medical Program's page on the Federal Motor Carrier Safety Administration's website at http://www.fmcsa.dot.gov/regulations/medical.
(g) ***(

(4) Beginning December 22, 2015, if the medical examiner finds that the determination of whether the person examined is physically qualified to operate a commercial motor vehicle in accordance with § 391.41(b) should be delayed pending the receipt of additional information or the conduct of further examination in order for the medical examiner to make such determination, he or she must inform the person examined that the additional information must be provided or the further examination completed within 45 days, and that the pending status of the examination will be reported to FMCSA.

(5) ***(

(ii) Beginning on June 22, 2015, if the medical examiner does not perform a medical examination of any driver who is required to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners during any calendar month, the medical examiner must report that fact to FMCSA, via a secure FMCSA-designated Web site, by the close of business on the last day of such month.

(h)(1) Until December 22, 2015, the medical examiner's certificate shall be substantially in accordance with the following form.
(2) On and after December 22, 2015, the medical examiner’s certificate shall be completed in accordance with the following Form MCSA–5876, Medical Examiner’s Certificate.

Issued under the authority delegated in 49 CFR 1.87 on: June 12, 2015.
Larry W. Minor,
Associate Administrator for Policy.

[FR Doc. 2015–15161 Filed 6–19–15; 8:45 am]
BILLING CODE 4910–EX–P