#### DRIVERS!

## Conversations You Should Have with Your Doctor

As a Commercial Motor Vehicle (CMV) driver, you know you are driving a vehicle that is capable of causing serious harm. You understand that you are equally responsible for the safety of others, and driving a CMV is very different from driving a personal vehicle. It takes skill, knowledge, and a certain level of physical fitness beyond what is required for a passenger car.

As a CMV driver, you need to talk to your doctor about the type of work you do and the physical qualification requirements you must meet to safely operate a CMV.

Here are some questions and issues to help in this discussion with your doctor.

## 1) Tell your doctor what you do, job responsibilities, and the tasks you perform

Be sure to include the driving and non-driving tasks, such as the inspections, load redistribution, the need to apply chains, etc. By doing this, your doctor will be able to make a better assessment of your health and performance of your job.

### 2) Ask what affects your injury or illness will have on your job

What are the direct and indirect impacts on your ability to perform all driving and non-driving tasks safely?

### 3) Ask about your treatment

Specifically, ask what you must undergo to relieve the symptoms or treat the disease and how the treatment may impact your ability to drive a CMV safely.

### 4) Talk to your doctor about alternative treatments

Ask about equally effective alternate treatments that will not have an adverse impact on safe driving. Would any of these fit your driving requirements better?

## 5) Ask about the medications your doctor prescribes

Will the side effects cause sleepiness, fatigue, drowsiness, lack of focus or concentration, or a decreased reaction time? Will the side effects interfere with safe driving?

### 6) Inform your doctor of the medications you are taking

Identify prescription, non-prescription, dietary supplements, or herbal remedies, and discuss whether the medications will interact and cause any unsafe side effects. Some medications can interact with one another to cause serious adverse reactions and interfere with the effectiveness of another medication. Don't let your treatment be undone because your medication doesn't work properly!

### 7) Discuss the extent of treatment and how long you must take your medication

## 8) Ask what you can do to improve your chances for recovery

Simple changes like, losing weight, exercising, stop smoking, drinking more water, improving your eating habits, or getting more sleep can make great improvements in your overall health.

<u>Remember</u>: You are an expert in your work, and your doctor is an expert in his field. When you put your knowledge together, you can come up with a plan designed to meet your individual needs, and keep you and those who share the road with you, safe.

# **Request To Primary Care Physician**

First / Last Name of Patient, who is a commercial vehicle driver,

is preparing to take the Federal Motor Carrier required DOT Physical Examination in order to obtain Medical Certification to operate a commercial motor vehicle.

In order for the Certified Medical Examiner to complete the DOT Physical Examination, certain information is needed from you, the Primary Care Physician, about any medical condition for which you have been treating this patient. See FMCSA information in the following paragraph.

Information for health care professionals can be found at this link: http://www.fmcsa.dot.gov/documents/forms/649f.pdf

- Form 649-F the Medical Examination Report This form is included for your reference. It is not to be completed by you. The form will be used by the Certified Medical Examiner who conducts the DOT Physical Examination.
- Physical Qualification Information about the driver's role and physical qualifications.
- **Medical Standards** General information and interpretation of medical standards.

As a quick reference, the Physical Qualification and Medical Standards are summarized on the next page.

Also, "Medical Release Opinion" letter template is attached for the convenience of the Primary Care Physician.

## **Quick Reference: Physical Qualifications For Drivers - FMCSA**

A person is physically qualified to drive a commercial 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 certificate 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 skill performance evaluation 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/her 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/her ability to operate a commercial motor vehicle safely;
- (7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her 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/her 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° 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 at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly 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.

Name of Primary Care Physician	Phone number
Physician Address	
Patient's name	Patient's Date of Birth
Date of last office visit	
Medical Condition	
Date of onset with diagnosis	
Course of treatment. Medications (rx, otc,	supplements)
How treatment has shown to be adequate	e, effective and safe?
Is the condition stable for the driver to resometime in the future?	turn to work as a CMV driver - Now? Or
Description of medical fitness related to jo	ob duties.
Signed by Primary Care Physician	Date