

**Recommendations and Considerations for
Department of Transportation (DOT) Physical Examinations**

Dear DOT Employer:

Welcome to Spartanburg Regional Corporate Health! We currently have two sites available to you for post-offer and periodic physical examinations. Our providers offer comprehensive DOT physical examinations that follow the medical recommendations and guidelines set forth by the Federal Motor Carrier Safety Administration (FMCSA). In addition to the regulatory standards, 49 CFR 391, parts 41 through 49, the FMCSA provides additional guidance for the examiner to help in determining whether the driver meets the physical standards for DOT duties. All our providers are familiar with these recommendations to provide you, the employer, with an accurate assessment of your driver's DOT medical qualifications.

To better serve you, the following considerations of common medical conditions will help your prospective or current driver's examination go more smoothly, this is not an exhaustive list, and other medical conditions will be evaluated by the DOT medical examiner on a case by case basis. Please brief your driver on the following recommendations, and you may also wish to provide them with a copy of our 'DOT Driver Instructions Letter 2018'.

The Federal Motor Carrier Safety Administration (FMCSA) recommends that each DOT applicant driver must meet the following:

Distant Vision:

Must have 20/40 or better distant vision in **each** eye (corrected or uncorrected), as well as 20/40 or better binocular vision. (Vision waivers no longer granted). Note: If the driver requires corrective lenses, this must be annotated on both the exam form and the DOT certificate. (Note: Vision exemption may still be considered on a case by case basis).

Horizontal Vision:

Must have at least 70 degrees of horizontal peripheral vision in each eye.

Color Vision:

Must be able to recognize the colors of red, green, and amber- consistent with traffic control signals. If driver fails the Ishihara plates, then must be tested using standard colors such as distinct colors of yarn representing the traffic signal colors (red, amber, and green).

Blood Pressure:

Blood pressure less than 140/90. The driver may be certified every two years.

-Stage 1 Hypertension (BP readings between 140/90 but less than 160/100):

Drivers who fall under this category may be initially certified for one year with the understanding that the driver has one year to bring his BP under control (less than 140/90). At the time of the driver's annual recertification, if the driver's BP is still elevated (i.e. persistent Stage 1 Hypertension) a one time 3-month certificate may be issued while treatment is continued to lower blood pressure below 140/90. Once the driver's BP is controlled (less than 140/90), the driver may then be certified annually.

-Stage 2 Hypertension (BP readings between 160/100 but less than 179and/109):

A one time 3-month certificate may be issued while treatment is started to lower blood pressure below 140/90. Once the driver's BP is controlled (i.e. below 140/90), then the driver may be recertified annually thereafter. *Note if either or both numbers are above

-Stage 3 Hypertension (BP readings equal to or greater than 180and/110):

A driver diagnosed with Stage 3 Hypertension is temporarily medically disqualified until the driver's blood pressure is reduced to 140/90 or less. Once the BP is controlled, the driver may then be recertified every 6 months thereafter.

Diabetes:

A driver who requires insulin to control diabetes may be qualified with a 1-year certification as long as requirements are met. Oral hypoglycemics as well as non-insulin injectables are acceptable if the diabetes is well controlled. **Drivers need to bring the DOT's 'ITDM Assessment Form, MCSA 5870' to their treating clinician to be completed prior to their DOT Medical Exam appointment.** The driver must bring this ITDM Assessment Form completed by the treating clinician with all associated records including three months of glucometer readings to the to the DOT Certified Medical Examiner within 45 days of its completion to be evaluated. Please be sure to bring recent records (within last 90 days) from the treating physician regarding the stability of the diabetes as well as most recent labs with HgbA1c confirming HgbA1c is less than 10. Glucose is done in the office as well and a HgbA1c >10 is considered poor control and is unstable condition, and a driver will be medically disqualified until it is less than 10.

Seizure Disorder:

No history of active seizure disorder. Consideration can be given for history of seizure disorder if the driver has been seizure free without medication for 10 years. The length of wait can be reduced to 5 years if the driver only had one documented seizure, but still must have been off seizure meds for 5 years. Febrile seizure disorder as a child is not epilepsy.

Other Neurological Disorders:

There are of other neurological disorders that are recommended to be disqualifying: Dementias, diplopia, non-functioning labyrinth with vertigo, Meniere's disease, frontal lobe disorders, hemianopsia, muscular dystrophy, myotonia, and significant motor neuron diseases. In the case of transient ischemic attacks (TIA), a driver should be free from TIA occurrence for one year and needs clearance by a neurologist before being certified. It is recommended that

drivers suffering a stroke must have recovered sufficiently to maintain safe operation of a DOT vehicle (i.e. no significant paralysis or mental defects) and must wait 1 year without recurrence of stroke before being considered for DOT driving. Then they may be certified yearly after clearance by the neurologist.

Coronary Artery Disease(CAD):

Any major cardiac issue such as angina, MI, stents, or CABG must have medical clearance letter from cardiologist confirming the condition is stable and driver is compliant with treatment. In addition, please note the following for the below conditions.

-Coronary Artery Disease (CAD) is handled differently depending on the severity and type (see below). Anyone with recent diagnosis of CAD or significant change in their existing CAD should be fully evaluated by their personal physician, and a cardiologist. Before returning to DOT duties, the patient should have a negative Exercise Stress Test (EST) which is defined as achieving 6+ metabolic equivalents (METs) and reaching at least 85% of maximal predicted heart rate with no signs of blockage. A follow-up EST after two year is also necessary.

-Angina pectoris is acceptable if stable and under control. If the angina has been stable for at least 3 months on medication or other treatment, then a yearly certification can be given if the driver has a normal resting EKG, and a normal stress EKG that is consistent with his or her job requirements. If the driver's angina is either unstable, or his stress EKG is abnormal for the level of work required, then the driver should be disqualified pending further definitive treatment (i.e. angioplasty or coronary bypass).

-Myocardial Infarction (MI) should have a waiting period of at least 2 months before returning to DOT duties and after having a negative EST. Heavy work such as prolonged driving, working with load-securement devices, or loading and unloading freight should be avoided for 6 months after an MI. Yearly certification instead of every two years would be appropriate.

-Following percutaneous transluminal coronary angioplasty (PTCA) or Stent, there should be a 1-week waiting period and clearance by cardiology before being allowed to return to driving duties for yearly certification. It is also recommended that the EST be repeated in 3-6 months due to the high risk of re-occlusion of the stenosis of the artery.

-Coronary artery bypass graft (CABG) should have at least a 3-month waiting period before obtaining the EST and returning to DOT duties. This should be extended to 6 months if there was an MI prior to or during the perioperative period. These drivers should be evaluated yearly by the cardiologist before being given their DOT certification.

Thyroid Disease:

Low or high thyroidism requires driver to bring records and a TSH lab will be taken. If stable, 1 year certification will be given with regular follow-up. If unstable, requires clearance by endocrinologist.

Obstructive Sleep Apnea (OSA):

High risk criteria for OSA that require further testing are:

- BMI > 35
- Neck Circumference: 15.2" Females and 17.0" Males
- Mallampati Score Class 3 or greater
- Micrognathia (small jaw)
- New or uncontrolled blood pressure. Blood pressure that requires 2 or more medications to be controlled.
- History of witnessed apnea
- History of snoring
- Male gender
- Age 50 or greater

If you have three (3) or more risk factors or unclear reasons for sleepiness/fatigue, this would necessitate a 3-month card and a sleep study. All Positive OSA diagnosis require CPAP treatment and compliance.

If the driver is being treated for sleep apnea, adequate control of this condition must be documented before medical certification can be given. Drivers will need annual certification for this condition. Please provide a copy from the sleep specialist certifying compliance and effectiveness annually. CPAP records should show 3 months or more of data, minimal acceptable compliance with CPAP is at least 4 hours/day of use 70% of days.

Medications:

-Chronic medications should also be scrutinized, especially those that may cause drowsiness, orthostatic hypotension, or interfere with heat exchange and sweating. Medications in these categories would include, the Beta and Calcium channel blockers, ACE inhibitors benzodiazepines, hypnotics, antidepressants, anti-glaucoma drops, and chronic pain management meds. Narcotics, benzodiazepines, schedule II medications, and chronic pain medicines may indicate need to disqualify. **The driver should be on these meds for at least one month and a completed 'CMV Driver Medication Form MCSA 5895' is necessary from the driver's physician and should state he or she is free of any significant adverse effects from the medication for driving.** Methadone use is strictly prohibited by a DOT driver. The driver must bring with him all medications and dosages at the time of exam.

Orthopedics Problems:

-Orthopedic abnormalities or deformities are handled on a case-by-case basis and are acceptable for DOT duties if the driver can safely operate a DOT vehicle with the deformity. However, a complete loss of a foot, leg, hand, or arm must be granted a special waiver by the Federal Highway Administration (FHWA) for driving under Section 391.49 of the code. A road test by a certified DOT driving instructor may be a part of the waiver process. It is also acceptable for the examining physician to require a road test as part of the physical examination process to see if the driver has any difficulties due to his or her physical limitations or disability. This is an excellent way to assess the driver's function during actual driving conditions.

All Other Significant Conditions including Psychiatric Disorder

-All other diagnoses or medical conditions could be disqualifying only if the medical condition would adversely impact the driver’s ability to safely operate a DOT vehicle. Active psychoses and schizophrenia are disqualifying for DOT duties. However, if the driver is stable and has been free from any psychotic episode for at least one year after treatment, then DOT certification can be given after a complete psychological evaluation has been performed by the psychiatrist. All other psychiatric disorders are handled on a case-by-case basis. Substance and alcohol abuse issues must be handled by the Medical Review Officer (MRO) and the Substance Abuse Professional (SAP) who can recommend further evaluation and treatment protocols for the driver before being returned to DOT duties.

*Severe depression, sever psychosis, severe personality disorder, active substance abuse (including alcohol) are disqualifying conditions.

Fit For Duty/Return to Work

Please have employee bring all pertinent records about the incident, injury, or illness that kept the driver from working to the appointment. This will expedite their release to returning to DOT duties. The examiner may require additional testing, based on the FMCSA guidelines.

We appreciate your trust in our ability to provide high quality occupational health services to all our client companies and business partners. Remember, it is our goal at Corporate Health to keep your associates safe, healthy, and on the job!

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