

Complete Guide to Medical Examiner Certification



November 1, 2012

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Introduction

The National Registry of Certified Medical Examiners (hereinafter referred to as the "National Registry") was established in accordance with the final rule published by the Federal Motor Carrier Safety Administration (FMCSA) in the Federal Register on April 20, 2012. This rule requires that all medical examiners who conduct physical examinations for interstate commercial motor vehicle (CMV) drivers:

- Maintain a valid State license to conduct medical examinations;
- Complete required training on FMCSA's physical qualification standards;
- Pass the FMCSA Medical Examiner Certification Test to demonstrate knowledge of FMCSA's physical qualification standards; and
- Complete refresher training every 5 years and recertification testing every 10 years.

Beginning May 21, 2014, all medical certificates issued to interstate truck and bus drivers must come from medical examiners listed on the National Registry.

The National Registry Overview

In August 2005, Congress enacted the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), which authorized FMCSA to establish the National Registry of Certified Medical Examiners (49 U.S. Code 31149).

National Registry Background

The National Registry is designed to improve highway safety by producing trained, certified medical examiners who can determine whether a CMV driver meets FMCSA standards and guidelines.

Objectives

The objectives of the National Registry Program are:

- Improve highway safety;
- Ensure that medical examiners understand FMCSA medical standards and guidelines and how they apply to interstate CMV drivers;
- Maintain training and testing program for medical examiners;
- Promote public confidence in the quality of the medical examiners who certify CMV drivers; and
- Establish an online list of certified medical examiners.

This Guide

This *Complete Guide to Medical Examiner Certification* is designed to help medical examiners apply and prepare for the FMCSA Medical Examiner Certification Test and can be used as a reference tool after certification. The *Guide* provides information about eligibility requirements, applying to take the certification test, the certification testing process, and maintaining certification. It also includes information about FMCSA policies and procedures for listing on the National Registry.

The Certification Test

FMCSA modeled the development of the certification test on recognized processes and procedures established by the National Commission for Certifying Agencies (NCCA), a national accreditation body for a variety of certification programs and organizations that assess professional competency. The NCCA uses a peer review process to establish accreditation standards, evaluate compliance with the standards,

recognize organizations and programs that demonstrate compliance, and serve as a resource on quality certification. FMCSA used these standards for certification test development so medical examiners, the drivers they examine, the motor carriers that employ the drivers and the public would have confidence in the qualifications of FMCSA certified medical examiners.

Test Construction

FMCSA performed an extensive role delineation study to identify the critical knowledge, skills, and abilities needed to perform CMV driver physical examinations in accordance with current FMCSA regulations and advisory criteria. A variety of methods were used to complete the study, including an literature review, direct observations of CMV driver physical examinations, a national survey of medical examiners, and medical examiner expert Working Integrated Product Team (WIPT) meetings. The study results provided a blueprint for the FMCSA Medical Examiner Certification Test and the development of core curriculum specifications for the initial medical examiner training that will be provided by private-sector training organizations.

Test Content

Test Specifications

The final test specifications shown in Table 1 reflect the number of items and cognitive level of questions for each content area on the certification test. These specifications were developed combining medical examiner survey results and consensus of WIPT members. This blend of survey results and consensus among medical examiners is superior to using either element alone.

		Item	s	
FMCSA Medical Examiner Certification Test		Cognitive Leve	<u>}</u>	
Content Area	Recall	Application	Analysis	Totals
I. DRIVER'S MEDICAL INFORMATION	23	33	14	70
A. Identification and History	4	6	10	20
B. Physical Examination and Evaluation	8	15	2	25
C. Diagnostic Tests and/or Referrals	6	10	2	18
D. Documentation of Ancillary Information	5	2	0	7
II. DETERMINATION OF DRIVER'S QUALIFICATIONS AND DISPOSITION	7	12	11	30
A. Health Education Counseling	2	1	1	4
B. Risk Assessment	2	4	8	14
C. Certification Outcomes and Intervals	3	7	2	12
Totals	30	45	25	100

Table 1: Core Content Areas

Eligibility Requirements

To be eligible to take the FMCSA Medical Examiner Certification Test, the medical examiner candidate must:

- Meet the professional requirements established in 49 CFR 390.103(a) (1): Medical Examiner must "be licensed, certified, or registered in accordance with applicable State laws and regulations to perform physical examinations. The applicant must be an advanced practice nurse, doctor of chiropractic, doctor of medicine, doctor of osteopathy, physician assistant, or other medical professional authorized by applicable State laws and regulations to perform physical examinations."
- Complete required initial medical examiner training on the FMCSA physical qualification standards, guidance and related knowledge for CMV drivers.

Training

Initial medical examiner training must be completed prior to sitting for the FMCSA Medical Examiner Certification Test. The training reviews FMCSA-specific knowledge about CMV drivers and the physical and mental demands of their job. This training is required because specialized knowledge of CMV drivers is not included in healthcare practitioner education and licensure.

Medical examiner training ensures that candidates have baseline instruction in FMCSA's CMV driver physical qualification standards, medical guidelines, and medical examiner responsibilities. Medical scope of practice is defined by each State. It demonstrates the practitioner's clinical knowledge. The medical examiner training builds on that clinical knowledge and applies it to the fitness for duty determination for CMV drivers.

FMCSA provides a list of required training topics to private-sector professional associations, health care organizations, and other for-profit and non-profit training providers. A detailed list of training topics can be found in the *National Registry of Certified Medical Examiners Medical Examiner Training, Guidance for the Core Curriculum Specifications* in Appendix A. Training providers choose the training delivery method, which may include but is not limited to the following: traditional instructor-led classroom instruction; self-paced, computer- or web-based learning; a combination of both; or a guided literature review.

There is no FMCSA requirement for length of training. Training providers are not reimbursed by the Federal government for developing training courses and may charge reasonable fees to those candidates who choose to attend. The training program must meet the following requirements:

- Be conducted by a training provider that is accredited by a nationally-recognized medical profession accrediting organization to provide continuing education units;
- Present course content that addresses the eight topics outlined in the current core curriculum specifications established by FMCSA.
- Provide the medical examiner with proof of training. FMCSA recommends providing medical examiner with a certificate of completion. The training certificate must include the following information:
 - o Medical examiner's name and professional title.
 - Date training was completed.
 - Training provider name and contact information.
 - Title of training program.
 - o Training program accreditation information, including:
 - Name of accrediting body.
 - Affirmation of accreditation in accordance with the requirements of the accrediting body.

- Accrediting body contact information.

NOTE: The medical examiner can attend a training program accredited by any medical profession accrediting organization (i.e. a physician can complete a training program accredited by a nurse practitioner accrediting organization).

Test Application

Testing Organizations

The FMCSA Medical Examiner Certification Test is delivered only by testing organizations that have been approved by FMCSA and listed on the National Registry Website (https://nationalregistry.fmcsa.dot.gov). Approved testing organizations administer only the currently authorized version of the certification test developed and furnished by FMCSA. To accommodate the number of potential medical examiners and their geographic dispersion, the FMCSA Medical Examiner Certification Test is administered by multiple, private-sector, professional testing organizations. In addition, the Agency is permitting testing organizations to offer online monitored testing. Given the variety of testing organizations and methods used, it is important to maintain common standards of test presentation, facilities, data security, and other factors. These standards must be carefully defined and applied so medical examiners have an equal opportunity to demonstrate their knowledge without concern for the reliability or validity of the test and its administration. 49 CFR 390.107 establishes these standards, and states (in part):

- (a) The testing organization has documented policies and procedures that:
 - 1. Use secure protocols to access, process, store, and transmit all test items, test forms, test data, and candidate information and ensure access by authorized personnel only.
 - 2. Ensure testing environments are reasonably comfortable and have minimal distractions.
 - 3. Prevent to the greatest extent practicable the opportunity for a test taker to attain a passing score by fraudulent means.
 - 4. Ensure that test center staff that interact with and proctor examinees or provide technical support have completed formal training, demonstrate competency, and are monitored periodically for quality assurance in testing procedures.
 - 5. Accommodate testing of individuals with disabilities or impairments to minimize the effect of the disabilities or impairments while maintaining the security of the test and data.
- (b) Testing organizations that offer testing of examinees at locations that are not operated and staffed by the organization by means of remote, computer-based systems, must, in addition to the requirements of paragraph (a), ensure that such systems:
 - 1. Provide a means to authenticate the identity of the person taking the test.
 - 2. Provide a means for the testing organization to monitor the activity of the person taking the test
 - 3. Do not allow the person taking the test to reproduce or record the contents of the test by any means.
- (c) The testing organization has submitted its documented policies and procedures as defined in paragraph (a) of this section to FMCSA; and agreed to future reviews by FMCSA to ensure compliance with the criteria listed in this section.

The testing organization administers only the currently authorized version of the FMCSA Medical Examiner Certification Test developed and furnished by FMCSA.

Application Procedures

Registration

Step 1: Create Your Account

- Create your National Registry Account at <u>https://nationalregistry.fmcsa.dot.gov</u>.
- Select "Registration" option.
- Enter requisite information. (You must complete registration or your data will not be saved).
- Verify all information and submit.

Step 2: Accept Rules of Behavior

The following medical examiner Rules of Behavior will be displayed and must be affirmed and submitted before registration is complete:

- Statement of capability and willingness to comply with the FMCSA requirement to transmit CMV driver examination data to FMCSA electronically once every calendar month.
- Statement agreeing to provide copies of certification of training completion, State license(s), certificate(s), or registration(s) to perform physical examinations, completed Medical Examination Reports, and medical examiner certificates to an authorized representative of FMCSA or to an authorized State or local enforcement agency representative upon request.
- Statement agreeing to accept any written communication from FMCSA relating to participation on the National Registry by electronic mail at the email address(es) provided to FMCSA, including any notice of proposed removal from the National Registry and any such information addressing obligations as a certified medical examiner.
- Statement that all information submitted to FMCSA is true, and accepts the terms.
- Statement agreeing to the National Registry/FMCSA Privacy Policy.

Once registration is complete, you will receive a welcome message and a National Registry Number. You will then receive an email with a temporary password and instructions for next steps.

Taking the FMCSA Medical Examiner Certification Test

Scheduling the Test

- Go to <u>https://nationalregistry.fmcsa.dot.gov</u> to find links to testing organizations approved to administer the FMCSA Medical Examiner Certification Test.
- Obtain information about locations and scheduling instructions directly from the testing organizations.
- Schedule a date and time to take the test. Some testing organizations may provide an option to take the test using a secure, remote, computer-based system. If you choose that option, you will need to follow their procedures for making those arrangements.

Test Fees

Although FMCSA reviews the policies and procedures submitted by testing organizations before approving them to provide the test, it does not establish, or regulate the fees established and collected by testing organizations, and does not receive any monies collected by testing organizations or providers.

Testing providers are not reimbursed by the Federal government and may charge fees they deem appropriate for test delivery. The testing provider is responsible for the entire process of fee determination, collection, and refund, if warranted, as well as the advertising of the testing service,

determining the testing schedule, and managing applications submitted by candidates taking the certification test.

Test Preparation

As a candidate for the FMCSA Medical Examiner Certification Test, you should review the complete *Detailed Content Outline (DCO)* in Appendix B to understand the scope and complexity of the test. Test items are limited to the critical tasks specified in the DCO, which identifies the following:

- Task
- Cognitive level required to respond to each item
- Number of items by major content domain
- Number of items by cognitive level

Test Taking Tip

CMV driver medical certification is based on comprehensive physical assessment of driver health. This includes the medical examiner's informed judgment about the potential impact of a single medical condition or multiple existing medical conditions on the driver's ability to operate a CMV safely in interstate commerce.

Sample Certification Test Items

Sample test items provide an idea of what to expect on the certification test. Appendix C of this *Guide* provides several sample test items.

Resources

National Registry Website and Listserv

FMCSA developed the <u>National Registry Website</u> and the <u>National Registry Listserv</u> to disseminate information including the latest National Registry developments and to facilitate communication with the program's primary stakeholders: medical professionals interested in becoming certified medical examiners; certified medical examiners; industry professionals; CMV drivers; employers; the general public; and all other interested parties.

The National Registry Website (<u>https://nationalregistry.fmcsa.dot.gov</u>) provides information about FMCSA regulations and other requirements relevant to CMV driver physical examinations. The website will include a continually updated list of certified medical examiners that are authorized by FMCSA to perform physical examinations for interstate CMV drivers.

Medical professionals interested in becoming certified medical examiners and being listed on the National Registry can find information about the medical examiner training and certification process on the National Registry Website.

Resources on the National Registry Website

Sample Training

The Sample Training is a comprehensive example of medical examiner training. This document covers the eight training topics in the core curriculum required by FMCSA. Training providers may modify it to suit whatever delivery methodology they choose.

Medical Examiner Handbook

The *Handbook* is an online resource that provides information and guidance for medical examiners who perform physical examinations and certifications for interstate CMV drivers.

Information Manual for Training Organizations

This manual is a complete guide to becoming a National Registry training provider. It outlines the requirements, policies, and procedures that apply to training providers.

Administrative Manual for Testing Organizations

This is a single resource to provide testing organizations with the information needed to properly administer the FMCSA Medical Examiner Certification Test. The manual details the requirements, policies, and procedures for validating test takers, test administration, and transmitting results to the National Registry.

Testing Policies and Procedures

The Day of the Test

When you arrive at the testing center, you must provide your National Registry Number, proof of your medical credential, proof of completion of training, and one form of photo identification. At that time, testing center personnel will verify your eligibility to take the test. If eligibility cannot be verified, you will not be allowed to take the test.

The following are acceptable forms of identification:

- U.S. driver's license with photograph
- State ID card with photograph
- U.S. passport
- U.S. military ID card with photograph
- Permanent resident card with photograph
- Native American tribal ID Card with photograph
- Foreign government-issued passport with photograph
- Canadian provincial driver's license with photograph
- Indian and Northern Affairs Canada card with photograph (INAC)
- Transportation worker ID with photograph (TWIC)

After your eligibility is verified, the testing proctor will provide instructions on how to proceed. All FMCSAapproved testing organizations have agreed to maintain test administration and security standards. These standards ensure that all candidates have the same opportunity to demonstrate their knowledge and prevent testing irregularities or misconduct.

Security

Testing organizations approved to deliver the FMCSA Medical Examiner Certification Test have provided FMCSA with their documented policies and procedures for ensuring test security. All tests are monitored to ensure the highest level of security. The testing organization will provide information about their policies and procedures at the time the test is schedule. The following security procedures generally apply during the test:

At a test center

The testing organization must monitor every test session to maintain a standardized environment. This ensures that every medical examiner has an equal opportunity to demonstrate his or her knowledge and

protects the integrity of the test. The following security procedures must be enforced by the person (proctor) presenting the test.

- No cameras, notes, documents, audio or video recorders, personal digital assistants (PDAs), pagers, cellular phones or calculators are permitted in the testing area.
- No guests, visitors or family members are allowed in the test room.
- Except for keys and wallets, no personal items, including purses, business cases, backpacks, valuables or weapons may be brought into the test room.

During testing the following apply:

- Eating, drinking and smoking are **not** permitted inside the test room.
- Pencils/markers may be provided and may be available during testing.
- Blank scratch paper or dry-erase boards may be provided during testing, and they must be returned to the proctor at test completion. No documents or notes of any kind may be removed from the testing area.
- The proctor may not answer any questions concerning the test content or requests for interpretations during testing.
- No conversations with others during the test (except with proctors/monitors).

Online testing

The security requirements for online testing are similar to those described for administration at a test center. The testing organization must provide monitoring for every test session to the extent possible. This ensures that every medical examiner has an equal opportunity to demonstrate his or her knowledge and protects the integrity of the test. The following security procedures must be enforced by the testing organization:

- No cameras, notes, documents, audio or video recorders, PDAs, pagers, cellular phones or calculators are permitted within view or reaching distance of the test taker.
- No guests, visitors or family members are allowed in the room.
- No conversations with others during the test (except with proctors/monitors).
- No personal items such as purses, business cases, and backpacks are allowed within view or reaching distance of the test taker.

During testing the following apply:

- The use of the internet, books, reference materials etc. is **not** permitted during the exam.
- Pencils/markers may be used.
- Blank scratch paper may be used.
- No conversations with others during the test (except with proctors/monitors).
- No telephone communications are permitted
- The candidate must remain in the room, seated at the computer within range of the webcam.

Timed Test

The FMCSA Medical Examiner Certification Test is a two hour, timed test. The test contains 120 items; 100 are scored and 20 are being evaluated for inclusion on the test at a future date. Once the actual test begins, the two hour test time runs continuously with no pauses.

Misconduct

Testing centers monitor for misconduct during test administration and have policies and procedures in place for addressing the issue. Generally, candidates who engage in misconduct are dismissed from the testing session and their scores are not reported. Testing organizations will report to FMCSA when any applicant for FMCSA medical examiner certification engages in fraudulent means to pass the FMCSA Medical Examiner Certification Test. FMCSA prohibits the applicant from retaking the test for 90 days.

Examples of misconduct include:

- Creating a disturbance, is abusive or is otherwise uncooperative, and disturbs others in the test room;
- Using electronic communications equipment, such as pagers, cellular phones, or PDAs;
- Giving or receiving help or is being suspected of doing so;
- Attempting to record test items or makes notes;
- Attempting to take the certification test for someone else;
- Using notes, books, and other aids;
- Talking to a person other than the proctor/monitor while taking the test.

Test Procedures

The computer tracks the time it takes to complete the test. The computer terminates the test when the time limit is reached, regardless of whether the test is completed. Only one test item is presented at a time, and the answers are identified as A, B, C, or D. Each test center will have its own processes that will be explained prior to the exam.

The number of test items answered is reported at test completion. If you have not answered all questions and time remains, you can go back and answer those questions. It is generally best to try to answer all questions. Your score is based on the total number of correct responses.

Candidate Comments and Feedback

Testing Organizations should refrain from collecting comments about the test from candidates taking the test. Once the candidate has completed the test, the proctor should advise them to submit comments directly to FMCSA. The candidate should be advised that submitting a comment does not affect their score.

Receiving Test Score/Passing the Test

The testing organization notifies the candidate that the results will be sent to FMCSA.

After receiving the test answers from the testing center, FMCSA confirms the grading, ensures the validation of the candidate's credentials and issues a National Registry certificate. The candidate receives official notification via email about his or her certification status. The email includes the medical examiner's National Registry Number, and information about maintaining certification. Medical examiner's contact information will then be listed on the National Registry Website.

Not Passing the Test

A medical examiner who does not pass the test for initial certification, recertification, or reinstatement may take it again by submitting another application to a testing organization and paying the appropriate fee. This is **retesting**. The retest does not have to be performed by the same test provider. The medical examiner must wait 30 days before retaking the test, but there is no limit on the number of times that a medical examiner may take the test. A medical examiner candidate must pass the certification test within 3 years after completing initial training for initial certification or for reinstatement if FMCSA requires the medical examiner candidate to retake the initial training.

If a medical examiner listed on the National Registry fails to pass the certification test prior to the expiration of his or her FMCSA medical examiner certification, FMCSA may issue a notice of proposed removal to the medical examiner. If the medical examiner passes the certification test and meets all the requirements in the notice of proposed removal, FMCSA would issue a new certification. However, if FMCSA has removed the medical examiner from the National Registry, the medical examiner would be required to apply for reinstatement.

Confidentiality

Individual test scores will only be reported to the individual who took the test. Aggregate scores without personally identifiable markers will be used in collaboration with the test consultant to set the passing points for the test and to analyze performance of individual questions.

Information provided to the National Registry may be used for analyses to study certified medical examiners and their practice. Information-sharing will be limited to data reports that are in aggregate form or documents that lack personally identifiable information.

Quick Reference Guide

The Quick Reference Guide to FMCSA Medical Examiner Certification and Listing on the National Registry of Certified Medical Examiners, Appendix D of this Guide, provides a summary of the certification and recertification processes.

Maintaining Certification

To maintain your FMCSA medical examiner certification credential, you must:

- Be licensed, certified, and/or registered, in accordance with applicable State laws and regulations to perform physical examinations in each state in which examinations are performed.
- Complete periodic training as specified by FMCSA every 5 years, and pass the FMCSA Medical Examiner Certification Test every 10 years.
- Agree to provide proof of eligibility upon FMCSA request.

Upon successful recertification, FMCSA will issue a new FMCSA medical examiner certification credential with a new expiration date. You will maintain the National Registry Number assigned to you at your initial certification as long as you remain an FMCSA certified medical examiner.

You may continue to perform CMV driver physical examinations as long as your current certification has not expired. If you have not passed the FMCSA Medical Examiner Certification Test by the expiration of your FMCSA medical examiner certification, then you must cease performing driver exams until passing the certification test again.

To ensure uninterrupted certification, you should complete the training requirement and pass the certification test within 1 year prior to the certification expiration date—definitely no later than the end of the 30-day grace period following your certification expiration date. If you do not complete successful recertification within the 1-year (plus 30-day grace period) timeframe, the following occurs:

- Your certification expires;
- Your information remains on the National Registry with a date of removal; and
- CMV driver physical examinations performed after certification has expired are not recognized as valid by FMCSA.

Listing on the National Registry

For initial and continued listing on the National Registry, you must successfully complete all of the requirements for medical examiner certification and recertification defined in this *Guide* and summarized in the *Quick Reference Guide* in Appendix D. You must report to FMCSA any changes in application information submitted within 30 days of the change. Additionally, you must comply with the following recordkeeping and reporting requirements.

Driver Examination Reports

Once every calendar month, each medical examiner listed on the National Registry is required to complete and transmit to FMCSA a Form MCSA-5850, *CMV Driver Medical Examination Results*, with the following information about each CMV driver examined during the previous month:

- Name
- Date of birth
- Driver's license number and State
- Date of examination
- An indication of the examination outcome (for example, medically qualified)
- Whether the driver is an intrastate driver only
- Whether the driver is a CDL holder
- Date of driver medical certification expiration
- Any restrictions and variances (for example, wearing corrective lenses or driving within an exempt intra-city zone)

You must submit this data electronically via a secure FMCSA-designated website. In order to continue to be listed on and to continue participation in the National Registry, you need to comply with this requirement on a monthly basis. If you have not conducted any exams during the month, that must be reported as well. Form MCSA-5850 can be found as Appendix E of this *Guide*.

Performance Monitoring

Medical examiners must provide Medical Examination Reports and medical examiner's certificates to an authorized representative, special agent, or investigator of FMCSA or an authorized State or local enforcement agency representative to ensure compliance with FMCSA medical standards and guidelines in performing CMV driver medical examinations. FMCSA monitors medical examiner performance by:

- Conducting periodic reviews of randomly selected medical examiners listed on the National Registry Website to ensure that CMV driver examinations are being conducted properly.
- Periodically reviewing a representative sample of the Medical Examination Reports associated with the name and numerical identifiers of applicants/drivers for errors, omissions, or other indications of improper certification.

To comply with performance monitoring, you must:

- Retain each original (paper or electronic) completed Medical Examination Report and a copy or electronic version of each medical examiner's certificate on file for at least 3 years from the date of the of examination.
- Make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made for investigations and within 10 days of requests for regular audits.

Auditing

FMCSA will conduct annual medical examiner audits. The purpose of the audit is to check a percentage of medical examiners listed on the National Registry Website to obtain verification of eligibility (e.g., proof of current State medical licensure, registration, or certification to perform physical examinations and proof of completion of required training).

To comply with auditing requirements, you must:

- Maintain documentation of State licensure, registration, or certification to perform physical examinations for each State in which you perform examinations.
- Maintain documentation of completion of all required training.
- Make documentation available to an authorized representative of FMCSA or other authorized representative of Federal, State, or local government within 48 hours of the request for investigations and within 10 days of the request for regular audits of eligibility.

Removal from the National Registry

FMCSA may remove a medical examiner from the National Registry when the medical examiner fails to meet or maintain the qualifications outlined in this *Guide*, the requirements of other Federal regulations applicable to the medical examiner, or does not meet the requirements of 49 U.S.C. 31149.

Reasons for Removal

The reasons for removal may include, but are not limited to:

- Failure of the medical examiner to comply with the requirements for continued listing on the National Registry as described in this *Guide*.
- FMCSA discovers that the medical examiner has made errors or omissions or finds other indications of improper certification in either the completed Medical Examination Reports or medical examiner's certificates.
- FMCSA determines that the medical examiner issued a medical examiner's certificate to an operator of a CMV who failed to meet the applicable standards at the time of the examination.
- Failure of the medical examiner to comply with FMCSA driver examination requirements.
- Failure of the medical examiner to complete training in physical and medical examination standards.

Procedure for Removal

Voluntary Removal

To be removed voluntarily from the National Registry, a medical examiner must submit a request to FMCSA via web account. FMCSA will accept the request and the removal will become effective immediately. However, on and after the date of issuance of a notice of proposed removal from the National Registry, FMCSA will not approve the medical examiner's request for voluntary removal. A medical examiner requesting voluntary removal should submit a final FMCSA Form MCSA-5850 before the removal takes effect.

Involuntary Removal: Notice of Proposed Removal

FMCSA initiates the process for involuntary removal of a medical examiner from the National Registry by issuing a written notice of proposed removal to the medical examiner, stating the reasons that removal is proposed and any corrective actions necessary for the medical examiner to remain listed on the National Registry.

Response to Notice of Proposed Removal and Corrective Action

A medical examiner who has received a notice of proposed removal must submit any written response to FMCSA via web account no later than 30 days after the date of issuance of the notice of proposed removal. The response must indicate either that the medical examiner believes FMCSA has relied on erroneous reasons, in whole or in part, in proposing removal from the National Registry, or that the medical examiner will comply and take any corrective action specified in the notice of proposed removal.

Opposing a Notice of Proposed Removal

If a medical examiner believes FMCSA to have proposed removal based in whole or in part on an erroneous reason, the medical examiner must explain the situation. FMCSA will review the explanation.

- Withdraw Notice: If FMCSA determines that the reason for proposing removal from the National Registry is an error, FMCSA will withdraw the notice of proposed removal and notify the medical examiner, in writing, of the determination. If FMCSA determines reliance on a partly erroneous reason for proposing removal from the National Registry, FMCSA will modify the notice of proposed removal and notify the medical examiner, in writing, of the determination. The medical examiner must comply and correct the deficiencies identified in the modified notice of proposed removal no later than 60 days after the date FMCSA modifies a notice of proposed removal.
- **Affirm Notice:** If FMCSA determines there was no reliance on an erroneous reason in proposing removal, FMCSA will affirm the notice of proposed removal and notify the medical examiner, in writing, of the determination. No later than 60 days after the date FMCSA affirms the notice of proposed removal, the medical examiner must comply and correct the deficiencies identified in the notice of proposed removal.
- **Removal:** If the medical examiner does not submit a written response within 30 days of the date of issuance of a notice of proposed removal, the removal becomes effective, and the medical examiner is immediately removed from the National Registry.

Compliance and Corrective Action

- Compliance: The medical examiner must comply and complete the corrective actions specified in the notice of proposed removal no later than 60 days after either the date of issuance of the notice of proposed removal or the date FMCSA affirms or modifies the notice of proposed removal, whichever is later. The medical examiner must provide documentation of compliance and completion of the corrective actions to FMCSA. FMCSA may conduct any investigations and request any documentation necessary to verify that the medical examiner has complied and completed the required corrective action(s). FMCSA will notify the medical examiner, in writing, whether he or she has met the requirements to continue to be listed on the National Registry.
- Failure to Comply: If the medical examiner fails to complete the proposed corrective action(s) within the 60-day period, the removal becomes effective and the medical examiner is immediately removed from the National Registry. FMCSA will notify the medical examiner, in writing, that he or she has been removed from the National Registry.
- Resolution: At any time before a notice of proposed removal from the National Registry becomes final, the medical examiner who received the notice and FMCSA may resolve the matter by mutual agreement.

Request for an Administrative Review

If a medical examiner has been removed from the National Registry, the medical examiner may request an administrative review no later than 30 days after the date the removal becomes effective. The request must be submitted in writing to the FMCSA Associate Administrator for Policy and must explain the error(s) committed in removing the medical examiner from the National Registry, including a list of all factual, legal, and procedural issues in dispute and any supporting information or documents.

 Additional Procedures for an Administrative Review: The Associate Administrator may ask the medical examiner to submit additional data or attend a conference to discuss the removal. If the medical examiner does not provide the information requested, or does not attend the scheduled conference, the Associate Administrator may dismiss the request for administrative review. Decision on Administrative Review: The Associate Administrator will complete the administrative review and notify the medical examiner, in writing, of the decision. The decision represents final Agency action. If the Associate Administrator decides the removal was not valid, FMCSA will reinstate the medical examiner and reissue a certification credential to expire on the expiration date of the certificate that was invalidated. The reinstated medical examiner must continue to meet all requirements defined in this *Guide*.

Emergency Removal

In cases of either willfulness or in which public health, interest, or safety is an issue, the provisions of this section are not applicable and FMCSA may immediately remove a medical examiner from the National Registry and invalidate the FMCSA medical examiner certification credential issued. A medical examiner who has been removed may request an administrative review of that decision.

Reinstatement on the National Registry

A medical examiner who has been removed from the National Registry may apply to FMCSA for reinstatement no sooner than 30 days after the date of removal. The former medical examiner must provide documentation showing compliance with all requirements and completion of any additional corrective actions required in the notice of proposed removal. A medical examiner who has been voluntarily removed may be reinstated by FMCSA after providing documentation showing proof of compliance with all requirements.

Effect of Final Decision by FMCSA

Once removed from the National Registry, the medical examiner's listing is removed and the FMCSA medical examiner certification credential is no longer valid. The medical examiner's information remains publicly available for 3 years, with an indication that he/she is no longer listed on the National Registry as of the date of removal.

Appendices

Appendix A: National Registry of Certified Medical Examiners Medical Examiner Training, Guidance for the Core Curriculum Specifications

The guidance for the core curriculum specifications is intended to assist training organizations in developing programs that would be used to fulfill the proposed requirements in the Federal Motor Carrier Safety Administration's (FMCSA) rule for the National Registry of Certified Medical Examiners (National Registry). The rule states that a medical examiner must complete a training program. FMCSA explained in the preamble to the rule that training providers and organizations must follow the core curriculum specifications in developing training programs for medical examiners who apply for listing on the Agency's National Registry. This training prepares medical examiners to:

- Apply knowledge of FMCSA's driver physical qualifications standards and advisory criteria to findings gathered during the driver's medical examination; and
- Make sound determinations of the driver's medical and physical qualifications for safely operating a commercial motor vehicle (CMV) in interstate commerce.

The rule, 49 CFR 390.105(b), lists eight topics which must be covered in the core curriculum specifications. The core curriculum specifications are arranged below by numbered topic, followed by guidance to assist training providers in developing programs based on the core curriculum specifications.

Guidance for Each of the Core Curriculum Specifications

(1) Background, rationale, mission and goals of the FMCSA medical examiner's role in reducing crashes, injuries and fatalities involving commercial motor vehicles.

Mission and Goals of Federal Motor Carrier Safety Administration (FMCSA)

• Discuss the history of FMCSA and its position within the Department of Transportation including its establishment by the Motor Carrier Safety Improvement Act of 1999 and emphasize FMCSA's Mission to reduce crashes, injuries and fatalities involving large trucks and buses.

Role of the Medical Examiner

• Explain the role of the medical examiner as described in 49 CFR 391.43.

(2) Familiarization with the responsibilities and work environment of commercial motor vehicle (CMV) operations.

The Job of CMV Driving

- Describe the responsibilities, work schedules, physical and emotional demands and lifestyle among CMV drivers and how these vary by the type of driving.
- Discuss factors and job tasks that may be involved in a driver's performance, such as:
 - Loading and unloading trailers;
 - o Inspecting the operating condition of the CMV; and
 - Work schedules:
 - Irregular work, rest, and eating patterns / dietary choices.

(3) Identification of the driver and obtaining, reviewing, and documenting driver medical history, including prescription and over-the-counter medications.

Driver Identification and Medical History:

Discuss the importance of driver identification and review of the following elements of the driver's medical history as related to the tasks of driving a CMV in interstate commerce.

- Inspect a State-issued identification document with the driver's photo to verify the identity of the individual being examined; identify the commercial driver's license or other types of driver's license.
- Identify, query and note issues in a driver's medical record and/or health history as available, which may include:
 - o specific information regarding any affirmative responses in the history;
 - o any illness, surgery, or injury in the last five years;
 - o any other hospitalizations or surgeries;
 - o any recent changes in health status;
 - o whether he/she has any medical conditions or current complaints;
 - o any incidents of disability / physical limitations;
 - current medications and supplements, and potential side effects, which may be potentially disqualifying;
 - his/ her use of recreational/addictive substances (e.g., nicotine, alcohol, inhalants, narcotics or other habit-forming drugs);
 - disorders of the eyes (e.g., retinopathy, cataracts, aphakia, glaucoma, macular degeneration, monocular vision);
 - o disorders of the ears (e.g., hearing loss, hearing aids, vertigo, tinnitus, implants);
 - cardiac symptoms and disease (e.g., syncope, dyspnea, chest pain, palpitations, hypertension, congestive heart failure, myocardial infarction, coronary insufficiency, or thrombosis);
 - pulmonary symptoms and disease (e.g., dyspnea, orthopnea, chronic cough, asthma, chronic lung disorders, tuberculosis, previous pulmonary embolus, pneumothorax);
 - o sleep disorders (e.g., obstructive sleep apnea, daytime sleepiness, loud snoring, other);
 - o gastrointestinal disorders (e.g., liver disease, digestive problems, hernias);
 - o genitourinary disorders (e.g., kidney stones and other renal conditions, renal failure, hernias);
 - o diabetes mellitus:
 - current medications (type, potential side effects, duration on current medication);
 - complications from diabetes; and
 - presence and frequency of hypoglycemic / hyperglycemic episodes/reactions;
 - o other endocrine disorders (e.g., thyroid disorders, interventions / treatment);
 - o musculoskeletal disorders (e.g., amputations, arthritis, spinal surgery);
 - neurologic disorders (e.g., loss of consciousness, seizures, stroke / transient ischemic attack, headaches/ migraines, numbness / weakness); or
 - psychiatric disorders (e.g., schizophrenia, severe depression, anxiety, bipolar disorder, or other conditions) that could impair a driver's ability to safely function.

(4) Performing, reviewing and documenting the driver's medical examination.

Physical Examination (Qualification/Disgualification Standards (§ 391.41 and 391.43))

- Explain the FMCSA physical examination requirements and advisory criteria in relationship to conducting the driver's physical examination of the following:
 - Eyes (§ 391.41(b)(10))
 - equal reaction of both pupils to light;

- evidence of nystagmus and exophthalmos;
- evaluation of extra-ocular movements.
- o Ears (§ 391.41(b)(11))
 - abnormalities of the ear canal and tympanic membrane;
 - presence of a hearing aid.
- Mouth and throat $(\S 391.41(b)(5))$
 - conditions contributing to difficulty swallowing, speaking or breathing;
- Neck (§ 391.41(b)(7))
 - range of motion;
 - soft tissue palpation / examination (e.g., lymph nodes, thyroid gland).
- Heart (§ 391.41(b)(4)and (b)(6))
 - chest inspection (e.g., surgical scars, pacemaker / implantable automatic defibrillator);
 - auscultation for thrills, murmurs, extra sounds, and enlargement;
 - blood pressure and pulse (rate and rhythm);
 - additional signs of disease (e.g., edema, bruits, diaphoresis, distended neck veins.
- Lungs, chest, and thorax (§ 391.41(b)(5))
 - respiratory rate and pattern;
 - auscultation for abnormal breath sounds;
 - abnormal chest wall configuration / palpation.
- Abdomen (§ 391.41(a)(3)(i) and 391.43(f))
 - surgical scars;
 - palpation for enlarged liver or spleen, abnormal masses or bruits / pulsation, abdominal tenderness, hernias (e.g., inguinal, umbilical, ventral, femoral or other abnormalities).
- Spine (§ 391.41(b)(7))
 - surgical scars and deformities;
 - tenderness and muscle spasm;
 - loss in range of motion and painful motion;
 - spinal deformities.
- Extremities and trunk (§ 391.41(b)(1), (b)(4) and (b)(7))
 - gait, mobility, and posture while bearing his/her weight; limping or signs of pain;
 - loss, impairment, or use of orthosis;
 - deformities, atrophy, weakness, paralysis, or surgical scars;
 - elbow and shoulder strength, function, and mobility;
 - handgrip and prehension relative to requirements for controlling a steering wheel and gear shift;
 - varicosities, skin abnormalities, and cyanosis, clubbing, or edema;
 - leg length discrepancy; lower extremity strength, motion, and function
 - other abnormalities of the trunk.
- Neurologic status (§ 391.41(b)(7), (b)(8) and(b)(9))
 - impaired equilibrium, coordination or speech pattern (e.g., ataxia);
 - sensory or positional abnormalities;
 - tremor;
 - radicular signs;
 - reflexes (e.g., asymmetric deep-tendon, normal / abnormal patellar and Babinski).

- o Mental status (§ 391.41(b)(9))
 - comprehension and interaction;
 - cognitive impairment;
 - signs of depression, paranoia, antagonism, or aggressiveness that may require follow-up with a mental health professional.

(5) Performing, obtaining and documenting diagnostic tests and obtaining additional testing or medical opinion from a medical specialist or treating physician.

Diagnostic Testing and Further Evaluation

- Describe the FMCSA diagnostic testing requirements and the medical examiner's ability to request further testing and evaluation by a specialist.
 - Urine test for specific gravity, protein, blood and glucose (§ 391.41(a)(3)(i));
 - Whisper or audiometric testing (§ 391.41(b)(11));
 - Vision testing for color vision, distant acuity, horizontal field of vision and presence of monocular vision (§ 391.41(b)(10));
 - Other testing as indicated to determine the driver's medical and physical qualifications for safely operating a CMV.
 - Refer to a specialist a driver who exhibits evidence of any of the following disorders (§ 391.43(e) and (f)):
 - vision (e.g., retinopathy, macular degeneration);
 - cardiac (e.g., myocardial infarction, coronary insufficiency, blood pressure control);
 - pulmonary (e.g., emphysema, fibrosis);
 - endocrine (e.g., diabetes);
 - musculoskeletal (e.g., arthritis, neuromuscular disease);
 - neurologic (e.g., seizures);
 - sleep (e.g., obstructive sleep apnea);
 - mental / emotional health (e.g., depression, schizophrenia); or
 - other medical condition(s) that may interfere with ability to safely operate a CMV.

(6) Informing and educating the driver about medications and non-disqualifying medical conditions that require remedial care.

Health Counseling

- Inform course participants of the importance of counseling the driver about:
 - possible consequences of non-compliance with a care plan for conditions that have been advised for periodic monitoring with primary healthcare provider;
 - possible side effects and interactions of medications (e.g., narcotics, anticoagulants, psychotropics) including products acquired over-the-counter (e.g., antihistamines, cold and cough medications or dietary supplements) that could negatively affect his/her driving;
 - the effect of fatigue, lack of sleep, poor diet, emotional conditions, stress, and other illnesses that can affect safe driving;
 - o if he/she is a contact lens user, the importance of carrying a pair of glasses while driving;
 - if he/she uses a hearing aid, the importance of carrying a spare power source for the device while driving;
 - if he/she has a history of deep vein thrombosis, the risk associated with inactivity while driving and interventions that could prevent another thrombotic event;
 - o if he/she has a diabetes exemption, that he/she should:
 - carry a rapidly absorbable form of glucose while driving;

- self-monitor blood glucose one hour before driving and at least once every four hours while driving;
- comply with each condition of his/her exemption;
- plan to submit glucose monitoring logs for each annual recertification;
- corrective or therapeutic steps needed for conditions which may progress and adversely impact safe driving ability (e.g., seek follow-up from primary care physician);
- steps needed for reconsideration of medical certification if driver is certified with a limited interval, e.g., the return date and documentation required for extending the certification time period.

(7) Determining driver certification outcome and period for which certification should be valid.

Assessing the Driver's Qualifications and Disposition

- Explain how to assess the driver's medical and physical qualification to operate a CMV safely in interstate commerce using the medical examination findings weighed against the physical and mental demands associated with operating a CMV by:
 - Considering a driver's ability to
 - move his/her body through space while climbing ladders; bend, stoop, and crouch; enter and exit the cab;
 - manipulate steering wheel;
 - perform precision prehension and power grasping;
 - use arms, feet, and legs during CMV operation;
 - inspect the operating condition of a tractor and/or trailer;
 - monitor and adjust to a complex driving situation; and
 - consider the adverse health effects of fatigue associated with extended work hours without breaks;
 - Considering identified disease or condition(s) progression rate, stability, and likelihood of gradual or sudden incapacitation for documented conditions (e.g., cardiovascular, neurologic, respiratory, musculoskeletal and other).

Medical Certificate Qualification/Disqualification Decision and Examination Intervals

- Discuss the medical examiner's obligation to consider potential risk to public safety and the driver's medical and physical qualifications to drive safely when issuing a medical examiner's certificate, when to qualify/disqualify the driver and how to determine the expiration date of the certificate by:
 - using the requirements stated in the FMCSRs, with nondiscretionary certification standards to disqualify a driver
 - with a history of epilepsy;
 - with diabetes requiring insulin control (unless accompanied by an exemption);
 - when vision parameters (e.g., acuity, horizontal field of vision, color) fall below minimum standards unless accompanied by an exemption;
 - when hearing measurements with or without a hearing aid fall below minimum standards;
 - currently taking methadone;
 - with a current clinical diagnosis of alcoholism; or
 - who uses a controlled substance including a narcotic, an amphetamine, or another habit-forming drug without a prescription from the treating physician;
 - using clinical expertise, disqualify a driver when evidence shows a driver has a medical condition that in your opinion will likely interfere with the safe operation of a CMV;

- o certifying a driver for an appropriate duration of certification interval;
- if he/she has a condition for which the medical examiner is deferring the driver's medical certification or disqualifying the driver, informing the driver of the reasons which may include:
 - a vision deficiency (e.g., retinopathy, macular degeneration);
 - the immediate post-operative period;
 - a cardiac event (e.g., myocardial infarction, coronary insufficiency);
 - a chronic pulmonary exacerbation (e.g., emphysema, fibrosis);
 - uncontrolled hypertension;
 - endocrine dysfunctions (e.g., insulin-dependent diabetes);
 - musculoskeletal challenges (e.g., arthritis, neuromuscular disease);
 - a neurologic event (e.g., seizures, stroke, TIA);
 - a sleep disorder (e.g., obstructive sleep apnea); or
 - mental health dysfunctions (e.g., depression, bipolar disorder).

(8) FMCSA reporting and documentation requirements.

Documentation of Medical Examination Findings

Demonstrate the required FMCSA medical examination report forms, appropriate methods for recording the medical examination findings and the rationale for certification decisions including:

- Medical Examination Report Form
 - o identification of the driver;
 - o use of appropriate Medical Examination Report form;
 - assurance that driver completes and signs driver's portion of the Medical Examination Report form;
 - o specifics regarding any affirmative response on the driver's medical history;
 - o height/weight, blood pressure, pulse;
 - o results of the medical examination, including details of abnormal findings;
 - o audiometric and vision testing results;
 - o presence of a hearing aid and whether it is required to meet the standard;
 - o if obtained, funduscopic examination results;
 - the need for corrective lenses for driving;
 - o presence or absence of monocular vision and need for a vision exemption;
 - if driver has diabetes mellitus and is insulin dependent, the need for a diabetes exemption;
 - o other laboratory, pulmonary, cardiac testing performed; and
 - the reason(s) for the disqualification and/or referral.
- Other supporting documentation
 - if driver has current vision exemption, include the ophthalmologist's or optometrist's report;
 - if a driver has a diabetes exemption, include the endocrinologist's and ophthalmologist's/optometrist's report;
 - o treating physician's work release;
 - o if obtained, specialist's evaluation report;
 - o if the driver has a current Skill Performance Evaluation Certificate, include it; and
 - results of Substance Abuse Professional evaluations for alcohol and drug use and/or abuse for a driver with
 - alcoholism who completed counseling and treatment to the point of full recovery.
- Medical Examiner's Certificate
 - o certification status, which may require:
 - waiver / exemption;
 - wearing corrective lenses;

- wearing a hearing aid; or
- a Skill Performance Evaluation Certificate;
- o complete and accurate documentation on medical certification card including:
 - the examiner's name, examination date, office address, and telephone number and Medical Examiner signature; and
 - the driver's signature.

Appendix B: Detailed Content Outline

Using the Detailed Content Outline

Items on the certification test are limited to what the detailed content outline describes, which should make the outline a useful guide for preparing oneself to take the test. The outline contains several pieces of information about the test. Included in this information are answers to the following questions:

- What competencies can the test cover?
- What type of content does the test emphasize?
- How complex will test items be?

A review of information from the first page of the outline can help one to understand these points.

N		lte	ms	
	Co	ogniti	ve	
U.S. Department of Transportation Federal Motor Carrier Safety Administration		Leve		
National Registry of Certified Medical Examiners (NRCME) FMCSA Medical Examiner Detailed Content Outline Open cells show an examination could include items from indicated cognitive levels. Shaded cells prevent appearance of items on examinations.	Recall	Application	Analysis	Totals
I. DRIVER'S MEDICAL INFORMATION	23	33	14	70
A. Identification and History	4	6	10	20
1. Verify the identity of the driver				
Ensure the driver signs the driver's statement about health history				
3. Identify, query, and note issues in a driver's medical record and / or health				
history as available, which may include				
a. specifics regarding any affirmative responses in the history				

The first (of two) major content domains (indicated with a roman numeral I) will cause the test to assess medical examiners' competencies while they interact with medical information from drivers. Seventy items on the test will assess this type of content. The major domain is subdivided into minor domains (indicated with Arabic letters A, B and so on).

Items covering content in each domain are subdivided among three levels of cognitive complexity. These levels range from simple items based on facts that a medical examiner should have memorized to scenarios describing complicated medical histories. The simple test items focusing on memorized facts are characterized with a label called <u>Recall</u>. The complicated items assessing abilities to solve problems are characterized with a label called <u>Analysis</u>. Between these two types are <u>Application</u> items. These moderately complex items focus on conclusions medical examiners reach about medical information they encounter.

Lastly, by studying each row of the table, a medical examiner will learn that the complexity of assessments of some competencies will be limited. For example, the competency (I.A.2.) in which a medical examiner ensures the driver signs the statement about his or her health history is limited to the recall type of item. Assessment of the competency labeled as I.A.1., which relates to verifying the driver's identity could involve the recall-type <u>or</u> application-type of item. The competency labeled as 1.A.3.a. could be assessed with items at <u>any</u> of the three levels of cognitive complexity.

Medical examiners are encouraged to study the entire outline so they may understand the nature of the items that could appear on the version of the test that he or she takes. Each version is assembled according to the specifications shown in the outline regarding the number of items from each domain and level of cognition.

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Federal Motor Carrier Safety Administration National Registry of Certified Medical Examiners (The National Registry) FMCSA Medical Examiner Detailed Content Outline Open cells show an examination could include items from indicated cognitive levels. Shaded cells prevent appearance of items on examinations.	Recall	Application	Analysis	Totals
I. DRIVER'S MEDICAL INFORMATION	23	33	14	70
A. Identification and History	4	6	10	20
1. Verify the identity of the driver				
2. Ensure the driver signs the driver's statement about health history				
 Identify, query, and note issues in a driver's medical record and / or health history as available, which may include 				
a. specifics regarding any affirmative responses in the history				
b. any illness, surgery, or injury in the last five years				
c. any other hospitalizations or surgeries				
d. any recent changes in health status				
e. whether he / she has any medical conditions or current complaints				
f. any incidents of disability / physical limitations				
g. limitations placed during prior FMCSA exams				
 current OTC and prescription medications and supplements, and potential side effects, which may be potentially disqualifying 				
 his or her use of recreational / addictive substances (e.g., nicotine, alcohol, inhalants) 				
j. weight disorders (e.g., unexplained loss or gain, obesity)				
 k. disorders of the eyes (e.g., retinopathy, cataracts, aphakia, glaucoma, macular degeneration, monocular vision) 				
 disorders of the ears (e.g., hearing loss, hearing aids, vertigo, Meniere's, tinnitus, implants) 				
m. cardiac symptoms (e.g., syncope, dyspnea, chest pain, palpitations)				
 n. cardiovascular diseases (e.g., hypertension, congestive heart failure, myocardial infarction, coronary insufficiency, or thrombosis) 				
 hematologic disorders (e.g., bleeding disorders, anemia, cancer, organ transplant history) 				
p. pulmonary symptoms (e.g., dyspnea, orthopnea, chronic cough)				
 q. pulmonary diseases (e.g., asthma, chronic lung disorders, tuberculosis, previous pulmonary embolus, pneumothorax) 				
 r. sleep disorders (e.g., sleep apnea, narcolepsy, insomnia, daytime sleepiness, loud snoring, testing and / or treatments) 				
 gastrointestinal disorders (e.g., pancreatitis, ulcers, ulcerative colitis, cirrhosis, hepatitis, irritable bowel syndrome, hernias) 				

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b. whether corrective lenses are required to meet the standard c. horizontal field of vision in each eye d. color recognition		
c. horizontal field of vision in each eye		
d. color recognition		
e presence or absence of monocular vision		
f. reactivity to light and pupillary equality		
g. evidence of nystagmus and exophthalmos		
h. evaluation of extraoccular movements		
i. fundoscopic examination results		
4. Examine the driver's ears and note		
a. abnormalities of the ear canal and tympanic membrane		
 b. whisper test and / or audiometric results (in ANSI standard units) as indicated 		
C. presence or absence of a hearing aid and whether required to meet the standard		
5. Examine the driver's mouth and throat, and note conditions that may interfere with breathing, speaking, or swallowing		

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6. Examine the driver's neo	ck and note				
a. range of motion					
b. soft tissue palpatior	n / examination (e.g., lymph nodes, thyroid gland)				
7. Examine the driver's hea	art				
a. chest inspection (e.	g., surgical scars, pacemaker / IAD)				
b. thrills, murmurs, ext	tra sounds, and enlargement				
c. blood pressure and	pulse (rate and rhythm)				
 d. additional signs of c veins) 	disease (e.g., edema, bruits, diaphoresis, distended neck				
8. Examine the driver's lung	gs, chest, and thorax, excluding breasts, and note				
a. respiratory rate and	pattern				
b. abnormal breath so	unds				
	I configuration / palpation				
d. scars					
Examine the driver's about the driver's abo	domen, and note				
a. surgical scars					
b. an enlarged liver or					
c. abnormal masses o	· · · ·				
d. abdominal tenderne					
	nal, umbilical, ventral, femoral)				
10. Examine the driver's spin					
a. surgical scars and o					
b. tenderness and mu					
c. loss in range of mot					
	or other spinal deformities				
11. Examine the driver's ext a. gait, mobility, and p pain	posture while bearing his or her weight; limping or signs of				
b. loss, impairment, or	r use of orthosis				
· · · · · · · · · · · · · · · · · · ·	/, weakness, paralysis, surgical scars,				
	r strength, function, and mobility				
	ension relative to requirements for controlling a steering				
wheel and gear shift					
	phormalities, and cyanosis, clubbing, or edema				
	ncy; lower extremity strength, motion, and function				
12. Examine the driver's neu					
	n, coordination or speech pattern (e.g., Romberg, finger to				
b. gait disorders					
C. sensory or positiona	al abnormalities				

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d. tremor				
e. radicular signs				
 f. reflexes (e.g., asymmetric deep-tendon, normal / abnormal patellar and Babinski 				
13. Test the driver's urine and note specific gravity, protein, blood, and glucose				
14. Examine the driver's mental status and note				
a. comprehension and interaction				
 b. cognitive impairment (e.g., orientation, intellect, memory, obsessions, circumstantial / tangential speech) 				
C. signs of depression, paranoia, antagonism, or aggressiveness that may require follow-up with a mental health professional				
C. Diagnostic Tests and / or Referrals	6	10	2	18
1. Obtain additional information when indicated by				
a. audiometrics				
b. cardiovascular studies (e.g., electrocardiogram, stress test, ejection fraction, vascular studies)				
 c. blood analyses (e.g., creatinine, electrolytes, toxicology, lipids, blood chemistries) 				
d. chest radiograph				
 e. respiratory tests (e.g., spirometry, diffusion, lung volumes, oximetry or arterial blood gas analysis with or without exercise) 				
f. sleep studies				
g. drug level monitoring (e.g., digoxin, theophylline)				
h. other tests				
2. Refer a driver who exhibits evidence of any of the following disorders for follow-				
up care and evaluation by an appropriate specialist or primary care provider				
 vision (e.g., retinopathy, macular degeneration) cardiac (e.g., myocardial infarction, coronary insufficiency, blood pressure control) 				
 pulmonary (e.g., emphysema, fibrosis) 				
 endocrine (e.g., diabetes) 				
 musculoskeletal (e.g., arthritis, neuromuscular disease) 				
 neurologic (e.g., seizures) 				
 sleep (e.g., obstructive sleep apnea) mental (americanal health (a.g., depression, achieve health) 				
 mental / emotional health (e.g., depression, schizophrenia) 3. Refer a driver 				
a. with limitations in extremity movement for an on-road performance evaluation and / or skill performance evaluation				
 for conditions not directly related to certification, but detected during the examination 				

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 D. Documentation of Ancillary Information 1. Record / include results as available with other information about the driver, 	5	Z	U	1
which may include				
a. audiometrics				
 b. cardiovascular studies (e.g., electrocardiogram, stress test, ejection fraction, vascular studies) 				
 blood analyses (e.g., creatinine, electrolytes, toxicology, lipids, blood chemistries) 				
d. chest radiograph				
 e. respiratory tests (e.g., spirometry, diffusion, lung volumes, oximetry or arterial blood gas analysis with or without exercise) 				
f. sleep studies				
g. drug level monitoring (e.g., digoxin, theophylline)		-		
h. other tests				
i. treating physician's work release				
2. Integrate a specialist's evaluation with other information about the driver				
 For a driver who was qualified under a vision exemption, include an annual ophthalmologist's or optometrist's report 				
 For a driver who is qualified under a diabetes exemption, include an endocrinologist's and ophthalmologist's / optometrist's report as required 				
5. Include if available		-		
a. a current skill performance evaluation certificate				
 b. documentation of intra-city zone exemption 				
 Review results of SAP evaluations for alcohol and drug use and / or abuse for a driver with 		T		
 alcoholism who completed counseling and treatment to the point of full recovery 				
 prohibited drug use who shows evidence he or she is now free from such use 				
II. DETERMINATION OF DRIVER'S QUALIFICATIONS AND DISPOSITION	7	12	11	30
A. Health Education Counseling	2	1	1	4
 Explain to a driver consequences of non-compliance with a care plan for conditions that have been advised for periodic monitoring with primary healthcare provider 				
2. Advise a driver				
a. regarding side effects and interactions of medications and supplements (e.g., narcotics, anticoagulants, psychotropics) including those acquired over the counter (e.g., antihistamines, cold and cough medications) that could negatively affect his or her driving				

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b. that fatigue, lack of sleep, undesirable diet, emotional conditions, stress, and				
other illnesses can affect safe driving				
c. with contact lenses he or she should carry a pair of glasses while driving				
 with a hearing aid he / she should possess a spare power source for the device while driving 				
e. who has had a deep vein thrombosis event of risks associated with inactivity while driving and interventions that could prevent another thrombotic event				
f. who has diabetes about glucose monitoring frequencies and the minimum threshold while driving				
g. with a diabetes exemption, he / she should				
1) possess a rapidly absorbable form of glucose while driving				
2) self-monitor blood glucose one hour before driving and at least once				
every four hours while driving 3) comply with each condition of his / her exemption				
 4) plan to submit glucose monitoring logs for each annual recertification 				
3. Inform the driver of the rationale for delaying or potentially disqualifying				
certification, which may include				
the immediate post-operative period after certain procedures				
 a vision impairment (e.g., retinopathy, macular degeneration) 				
 a cardiac event (e.g., myocardial infarction, coronary insufficiency) 				
 a chronic pulmonary exacerbation (e.g., emphysema, fibrosis) 				
 uncontrolled hypertension andeprine durfunction (a.g., dishetes) 				
 endocrine dysfunction (e.g., diabetes) musculoskeletal challenges (e.g., arthritis, neuromuscular disease) 				
 a neurologic event (e.g., seizures, stroke, TIA) 				
 a sleep disorder (e.g., obstructive sleep apnea) 				
 mental health dysfunctions (e.g., depression, bipolar) 				
 postoperative complication 				
B. Risk Assessment	2	4	8	14
1. Consider a driver's ability to				
couple and uncouple trailers from a tractor				
Ioad or unload several thousand pounds of freight				
install and remove tire chains				
manipulate and secure tarpaulins that cover open trailer				
 move one's own body through space while climbing ladders; bending, stooping, and crouching; entering and exiting the cab 				
manipulate an oversized steering wheel				
shift through several gears using a manual transmission				
 perform precision prehension and power grasping 				
use arms, feet, and legs during CMV operation				

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2. Review Skill Performance Evaluation (SPE) cases				
 a. identify terms, conditions, and limitations set forth in a driver's SPE Certificate 				
b. For a driver who lost a foot, leg, hand, or arm, ensure that an appropriate SPE Certificate from the FMCSA Division Administrator has been granted				
 Consider a driver's cognitive ability to plan a travel route 				
 inspect the operating condition of a tractor and / or trailer 				
monitor and adjust to a complex driving situation				
 maneuver through crowded areas quickly alter the course of vehicle to avoid trouble 				
4. Consider general health and wellness factors such as				
 a. adverse health effects associated with rotating work schedules and irregular sleep patterns 				
 b. long-term effects of fatigue associated with extended work hours without breaks 				
c. risk factors associated with poor dietary choices				
 d. stressors likely to be associated with extended time away from a driver's social support system 				
e. short- and long-term health effects of stress from				
tight pickup and delivery schedules				
 irregular work, rest, and eating patterns / dietary choices adverse road, weather, and traffic conditions 				
 adverse road, weather, and traffic conditions exposure to temperature extremes, vibration, and noise 				
 transporting passengers or hazardous products 				
 Integrate FMCSA medical advisory criteria and guidelines regarding a driver's condition into the risk assessment 				
 Consider the rate of progression, degree of control, and likelihood of sudden incapacitation (e.g., cardiovascular, neurologic, respiratory, musculoskeletal) for documented conditions 				
 Support the rationale for using FMCSA guidelines that have not been published in regulations yet 				
C. Certification Outcomes and Intervals	3	7	2	1
1. As appropriate, certification standards to disqualify a driver				
a. with a history of epilepsy or other seizure history				
b. with insulin-treated diabetes mellitus (unless accompanied by an exemption)				
C. when vision parameters (e.g., acuity, horizontal field of vision, color) fall below minimum standards unless accompanied by an exemption				
 when hearing measurements with or without a hearing aid fall below minimum standards 				
2. Disqualify a driver who				
a. is currently taking methadone				

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b. has a current clinical diagnosis of alcoholism				
 c. uses a controlled substance including a narcotic, an amphetamine, or another habit-forming drug without a prescription from the treating physician, or as appropriate 				
 Disqualify a driver when evidence shows a condition or treatment that will likely interfere with the safe operation of a CMV, which may include appropriate supporting documents such as test reports, specialist reports etc. 				
4. Document the reason(s) for the disqualification and / or referral				
 Advise a driver of the reasons for a disqualification decision and what a driver could do to become qualified 				
6. Certify a driver for an appropriate interval				
7. Indicate certification status, which may require				
 waiver / exemption, which the Medical Examiner identifies wearing corrective lenses wearing a hearing aid a Skill Performance Evaluation Certificate 				
 For a driver that is certified with a limited interval, advise them to return for recertification with the appropriate documentation for his or her condition 				
9. Complete a medical examination report and medical certificate/card				
 ensure use of currently required examination form ensure the form includes the examiner's name, examination date, office address, and telephone number ensure the driver signs the medical certificate/card 				
Totals	30	45	25	100

Appendix C: Sample FMCSA Medical Examiner Certification Test Items

Sample Item 1: This item will be testing Detailed Content Outline (DCO) task IB3f (cognitive level: recall):

I. DRIVER'S MEDICAL INFORMATION

B. Physical Examination and Evaluation
 3. Examine the driver's eyes and note
 f. reactivity to light and pupillary equality

According to FMCSA regulations, which of the following must the medical examiner evaluate when examining a driver's eyes?

- A. Pupil reactivity
- B. Iris symmetry
- C. Conjunctival injection
- D. Corneal thickness

Correct Response:

A. Pupil reactivity

This is the correct response because it is the only option that is included on the Medical Examination Report Form for physical examination of the eyes. This is a cranial nerve test. A positive finding indicates a significant neurological problem that must be worked up or have an explanation that clarifies whether or not the driver has a condition that may interfere with the ability to safely operate a CMV.

Incorrect Responses:

B. Iris symmetry

This is incorrect because determining iris symmetry is not required by FMCSA.

C. Conjunctival injection

This is incorrect because most causes of conjunctival injection would not be disqualifying. Causes that are suspicious for a disqualifying condition need additional evaluation. While this abnormal finding should be explained, with determination of possible effects on safe driving before making a certification decision, it is not a condition that is specified in FMCSA regulations.

D. Corneal thickness

This is incorrect because it is not measured in an office examination except by an eye specialist.

Sample Item 2: This item will be testing DCO task IIC6 (cognitive level: recall):

II. DETERMINATION OF DRIVER'S QUALIFICATIONS AND DISPOSITION

C. Certification Outcomes and Intervals

6. Certify a driver for an appropriate interval

According to FMCSA regulations, medical qualification for two years can be given to a driver who has

- A. An SPE certificate for a left below the knee amputation (BKA).
- B. Hypertension.
- C. A recent diagnosis of Lewy body dementia.
- D. Documented medical marijuana use for pain control.

Correct: A. An SPE certificate for a left below the knee amputation.

This is the correct response because in order to obtain the SPE certificate, the driver had to demonstrate the ability to perform all tasks for the commercial driver job description.

Incorrect Responses:

B. Hypertension.

This is not the correct response because drivers with hypertension are only given a medical certificate that is good for one year.

C. A recent diagnosis of Lewy body dementia.

This is not the correct response because this is a progressive, degenerative condition with no known treatment. The effects of Lewy body dementia impact the ability to operate a CMV safely.

D. Documented medical marijuana use for pain control

This is not the correct response because marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety sensitive employee subject to drug testing under the drug testing regulations of DOT to use marijuana. Also, FMCSA medical guidelines state that "driving impairment due to marijuana use is well substantiated."

Sample Item 3: This item will be testing DCO task IB11e (cognitive level: application):

I. DRIVER'S MEDICAL INFORMATION

B. Physical Examination and Evaluation

11. Examine the driver's extremities and note

e. handgrip and prehension relative to requirements for controlling a steering wheel and gear shift

During his visit to the medical examiner, a driver complains of severe pain in his finger for the last two weeks after it was punctured. The examination reveals an infected, swollen finger. After the medical examiner inquires, the driver states that the pain is made worse when he grips the steering wheel. Which of the following should the medical examiner do next?

- A. Obtain a hand X-ray.
- B. Assess capillary refill in the hand.
- C. Obtain a culture and sensitivity.
- D. Assess the driver's grip strength.

Correct: D. Assess the driver's grip strength.

This is the correct response because the condition does not present a safety risk unless it interferes with the ability of the driver to hold and control the steering wheel.

Incorrect Responses:

A. Obtain a hand X-ray.

This is not the correct response because this is a diagnostic test that a healthcare provider or specialist would perform or order. Your role as a medical examiner is to determine if the condition interferes with the ability of the driver to safely operate a CMV.

B. Assess capillary refill in the hand.

This is not the correct response because given the information in the question it is not the primary consideration for determining if the driver can safely operate a CMV.

C. Obtain a culture and sensitivity.

This is not the correct response because this is an action that a treating healthcare provider or specialist would do in the course workup and treatment. Your role as a medical examiner is to determine if the condition interferes with the ability of the driver to safely operate a CMV.

Sample Item 4: This item will be testing DCO task IIC8 (cognitive level: application):

- II. DETERMINATION OF DRIVER'S QUALIFICATIONS AND DISPOSITION
 - C. Certification Outcomes and Intervals
 - 8. Advise a driver certified with a limited interval to return for recertification with the appropriate documentation for his or her condition

A new driver who had a myocardial infarction six months ago is certified after completing an acceptable exercise tolerance test and is cleared by a cardiologist. According to FMCSA guidelines, which of the following is recommended regarding recertification and exercise tolerance test monitoring intervals?

	Recertification	Exercise tolerance
В. С.	Every year Every two years Every year Every two years	Every year Every year Every two years Every two years

Correct: C. every year; every two years

This is the correct response because according to FMCSA medical guidelines, when a myocardial infarction is part of the medical history, there is a significant increased risk for another myocardial infarction to occur within six months to a year; therefore, a maximum of one year certification is the guideline. Myocardial infarction guidelines also recommend exercise tolerance testing at least every two years to demonstrate continued ability to safely operate a CMV.

Incorrect Responses:

A. every year; every year

This is not the correct response because the FMCSA medical guidance is to obtain an exercise tolerance test every two years. In this question, there is nothing to indicate that more frequent testing is necessary.

B. every two years; every year

This is not the correct response because it reverses the guidelines. Even if you do not recall the recommendation, logically, one would eliminate this option because having the driver obtain a test every year and then waiting for up to a year to review the test results is not reasonable when unacceptable test results indicate the driver may not be able to safely operate a CMV.

D. every two years; every two years

This is not the correct response because the guideline is to recertify every year. Even if you do not recall the actual guideline, one would logically eliminate this option because this is the maximum recertification period for a driver who meets all qualification requirements. It is appropriate that a driver at increased risk for an incapacitating cardiac event should be monitored more frequently.

Sample Item 5: This item will be testing DCO task IA3a (cognitive level: analysis):

I. DRIVER'S MEDICAL INFORMATION

- A. Identification and History
 - 3. Identify, query, and note issues in a driver's medical record and / or health history as available, which may include

a. specifics regarding any affirmative responses in the history

A 46-year-old male driver presents for recertification. He has a history of chronic gastro esophageal reflux disease (GERD). He takes esomeprazole (Nexium) and over-the-counter cimetidine (Tagamet). He states that he feels fine, but has trouble finding foods that do not trigger his GERD when he is on the road. Which of the following should the medical examiner do first?

- A. Disqualify the driver until he has a nutritional consultation.
- B. Certify the driver and advise him to carry non-triggering foods in a cooler.
- C. Contact the driver's physician and request an upper GI study.
- D. Correlate the GI history findings with the abdominal examination.

Correct: D. Correlate the GI history findings with the abdominal examination.

This is the correct response because given the information in the question; a medical examiner would need to examine the driver before having sufficient information about the health of the driver to consider any of the other options.

Incorrect Responses:

A. Disqualify the driver until he has a nutritional consultation.

This is not the correct response because until completion of the examination, there is insufficient information to make a certification decision. In addition, there is no regulation or medical guideline that requires a nutritional consultation in order to be certified.

B. Certify the driver and advise him to carry non-triggering foods in a cooler.

This is not the correct response because until completion of the examination, there is insufficient information to make a certification decision.

C. Contact the driver's primary care provider and request an upper-GI study.

This is not the correct response because until completion of the examination, one does not have sufficient information to make a referral decision.

Sample Item 6: This item will be testing DCO task IIC3 (cognitive level: analysis):

- II. DETERMINATION OF DRIVER'S QUALIFICATIONS AND DISPOSITION
 - C. Certification Outcomes and Intervals
 - Disqualify a driver when evidence shows a condition exists that will likely interfere with the safe operation of a CMV, which may include sufficient supporting opinions and information from specialists

A 25-year-old female driver denies a history of any medical problems. She is a nonsmoker who exercises regularly without symptoms. The medical examiner auscultates bilateral wheezes during the examination. The driver's SpO2 is 90 percent in the medical examiner's office. The rest of the examination is normal. The driver should be

- A. Temporarily disqualified pending results of a cardiac workup.
- B. Qualified since she has no cardiac symptoms.
- C. Temporarily disqualified until further evaluation.
- D. Qualified because her O2 saturation exceeds the minimum.

Correct: C. Temporarily disqualified until further evaluation.

This is the correct response because the driver has a non-diagnosed respiratory or thoracic illness that might interfere with the ability to safely operate a CMV. The driver should not be certified until the etiology is confirmed and treatment has been shown to be effective, safe, and stable. Also, according to FMCSA medical guidelines, a SpO2 of less than 92 percent warrants obtaining an arterial blood gas analysis.

Incorrect Responses:

A. Temporarily disqualified pending results of a cardiac workup.

This is not the correct response because while it is correct that the driver should not be certified, there is nothing in the question data that indicates evaluation should be limited to the heart.

B. Qualified since she has no cardiac symptoms.

This is not the correct response because the information in the question does not provide sufficient data to rule out the presence of a disqualifying cardiac or other thoracic problem.

D. Qualified because her O2 saturation exceeds the minimum.

This is not the correct response because according to FMCSA guidelines, a SpO2 of less than 92 percent warrants obtaining an arterial blood gas analysis.

Appendix D: Quick Reference Guide

Federal Motor Carrier Safety Administration (FMCSA) Medical Examiner Certification and Listing on the National Registry of Certified Medical Examiners

Follow these steps to be an FMCSA certified medical examiner.

Certification
Registration
Step 1: Create Your Account
 Go to <u>https://nationalregistry.fmcsa.dot.gov</u> to create your National Registry Account. Select "Registration" option. Enter required information. (Complete registration or data will not be saved.) Confirm all information as true and submit entries. Accept Rules of Behavior and submit. Receive Welcome Message and National Registry Number. Receive email with temporary password and instructions.
Training
Step 2: Complete Required Training
 Go to <u>https://nationalregistry.fmcsa.dot.gov</u> to find a list of training providers. Complete a training program that: Is conducted by a training provider that is accredited by a nationally recognized medical profession accrediting organization to provide continuing education units. Provides training participants with proof of participation. Provides FMCSA point of contact information to training participants. Covers the current core curriculum specifications established by FMCSA for medical examiner training.
Certification Testing
Step 3: Take the FMCSA Medical Examiner Certification Test
 Go to <u>https://nationalregistry.fmcsa.dot.gov</u> to search for a list of testing organizations approved to administer the FMCSA Medical Examiner Certification Test. Obtain information about locations and scheduling instructions directly from the testing organizations. Schedule the test. Some testing organizations may provide an option to take the test using a secure, remote, computer-based system. Provide your National Registry Number, proof of current medical licensure, proof of completion of training, and one form of photo identification when arriving at the test center. Take and pass the FMCSA Medical Examiner Certification Test.

Recertification (required every 10 years)

Training

Step 1: Complete Periodic Training

- Complete periodic training as specified by FMCSA every 5 years.
- Go to <u>https://nationalregistry.fmcsa.dot.gov</u> for information about how to access and complete periodic training.

Certification Testing

Step 2: Take the FMCSA Medical Examiner Certification Test

- Go to https://nationalregistry.fmcsa.dot.gov to:
 - Apply for recertification.
 - Accept Rules of Behavior and submit.
 Find links to testing organizations approved to administer the FMCSA Medical Examiner Certification Test.
- Obtain information about locations and scheduling instructions directly from the testing organizations.
- Schedule the test.
- Provide your National Registry Number, proof of your medical credential, proof of completion of training, and one form of photo identification when arriving at the test center to take the test.
- Take and pass the FMCSA Medical Examiner Certification Test.

Continued Listing on the National Registry

To continue listing on the National Registry of Certified Medical Examiners, you must comply with the following requirements.

General Requirements

- Report to FMCSA any changes in the application information within 30 days of the change.
- Continue to be licensed, certified, or registered, and authorized to perform physical examinations, in accordance with the applicable laws and regulations of each State in which you perform driver examinations.
- Maintain documentation of State licensure, registration, or certification to perform physical examinations for each State in which you perform examinations and documentation of completion of all required training. You must make this documentation available to an authorized representative of FMCSA or an authorized representative of Federal, State, or local government upon request.

Periodic Training

• Complete periodic training as specified by FMCSA every 5 years.

Recertification

 Complete recertification by taking and passing the FMCSA Medical Examiner Certification Test every 10 years. (Note: FMCSA will issue a new medical examiner certification credential valid for 10 years when you successfully complete the required training and testing).

Submission of Monthly Reports/Commercial Motor Vehicle Driver Medical Examination Results

- Once every calendar month, you must electronically transmit to the Director of Medical Programs, via a secure FMCSA-designated Website, a completed Form MCSA-5850, Medical Examiner Submission of CMV Driver Medical Examination Results.
- The Form must include all information specified for each medical examination conducted during the previous month for any driver who is required to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners.

Appendix E: FMCSA Form MCSA-5850, CMV Driver Medical Examination Results

CMV Driver Medical Examination Results Form

U.S. Department of Transportation Federal Motor Carrier Safety Administration OMB Control Number: 2126-0006 Expiration Date: July 31, 2015

Assigned FMCSA Form Number: MCSA-5850 Public Burden Statement:

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

You are required to submit the following driver medical examination data every month. Complete this form for each driver medical examination concluded.

Legal Name as listed on Governme	nt Issued Identification
First Name	
Middle Name	Please type NMN in the text box if the driver does not have a middle name.
Last Name	
Suffix (Jr, Sr, III)	Optional
ver's License Information	
Number	mm/dd/yyyy

/yy lically Qualified lically Unqualified porarily Disqualified
ically Unqualified porarily Disqualified
Луу
Driving within an exempt intracity zone (49 CFR 391.62)
Accompanied by a Skill Performance Evaluation Certificate (SPE)
Qualified by operation of 49 CFR 391.64

National Registry of Certified Medical Examiners Privacy Act Statement

This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a. The information on the attached Form MCSA-5850 CMV Driver Examination Results is solicited under the authority of Title 49, United States Code (U.S.C.) §§ 40113, 44702, 44703, 44709 and 14 C.F.R. Part 6-7.

With limited exceptions, all drivers who operate commercial motor vehicles (CMVs), as defined in 49 CFR 390.5, in interstate commerce must comply with the qualification requirements of part 391 (§ 391.1). Each driver subject to the physical qualification requirements must be examined and certified by a medical examiner, as defined in § 390.5, at least once every 2 years. For certain drivers, such as those with severe cases of hypertension or other acute medical conditions, more frequent medical re-examination by a medical examiner may be required to determine whether the driver can still be certified.

Medical examiners are required to submit data every month for each driver physical examination conducted. Driver or medical examiner social security number is not required. Incomplete submission may result in removal of a medical examiner from the National Registry Program. The purpose of information is to record results of a driver's physical qualification to operate a CMV in interstate commerce according to the requirement in 49 CFR 391.41-49.

The information will be used to provide data for FMCSA's automated National Registry Data System. The information will become part of an FMCSA Privacy Act system of record. These records and information in these records will be collected and used to link a specific medical examiner to specific driver medical examination outcome data.

The written consent authorization of this form under **OMB Control Number**: 2126-0006 permits FMCSA to request driver physical examination outcome data from medical examiners.