ACOEM Commercial Driver Medical Examiner Training Course

Module 2 Vision, Hearing and Diabetes—Pre-read

**Vision**
"A person is physically qualified to drive a commercial motor vehicle if that person —

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

- The required tests measure visual acuity, peripheral horizontal visual fields, and color.
- Visual acuity is measured in each eye individually and both eyes together.
  - Distant visual acuity of at least 20/40 (Snellen) in each eye, with or without corrective lenses.
  - Distant binocular visual acuity of at least 20/40 (Snellen) in both eyes, with or without corrective lenses.
- Field of vision of at least 70° in the horizontal meridian in each eye.
- Color vision must be sufficient to recognize traffic signals and devices showing the standard red, amber, and green traffic signal colors.
- When corrective lenses are used to meet vision qualification requirements, the corrective lenses must be used while driving.
- A medical examiner, ophthalmologist, or optometrist may perform and certify vision test results. The medical examiner determines driver certification status.
- Monocular vision is disqualifying.

**Driving and Public Safety** - Adequate central and peripheral vision is necessary for safe driving.

The driver must perceive the relative distance of objects, and react appropriately to vehicles in adjacent lanes or reflected in the mirrors, to pass, make lane changes, and avoid other vehicles on the road.

The visual demands of driving are magnified by vehicles that have larger blind spots, longer turning radiiuses, and increased stopping times.

**Health History**

Here are the vision questions that are asked in the health history. Yes responses require clarification and documentation.
- Eye disorders?
- Impaired vision (do not include corrective lenses)?

Here are important vision questions to ask.
- Symptoms related to or caused by eye diseases?
- Use of ophthalmic preparations that have side effects that can affect safe driving?

**Physical Examination**
Examine the eyes for:
- Pupillary equality.
- Reaction to light and accommodation.
- Ocular motility.
- Ocular muscle imbalance.
- Extraocular movements.
- Nystagmus.
- Exophthalmos.

Note abnormal findings. Discuss the value of regular vision examinations in early detection of eye diseases.

Ask about:
- Retinopathy.
- Cataracts.
- Aphakia.
- Glaucoma.
- Macular degeneration.

Medical examiners cannot diagnose these diseases or conditions because most do not have the equipment necessary to diagnose them.

**Required Tests** - Required vision screening tests include central visual acuity, peripheral vision, and color vision.

**Central visual acuity**

The Snellen chart or the Titmus Vision Tester measure static central vision acuity. The requirement for central distant visual acuity is at least 20/40 in each eye and distant binocular visual acuity of at least 20/40. Test results must be recorded in Snellen-comparable values.

Eyeglasses or contact lenses may be worn to meet distant visual acuity requirements. When corrective lenses are worn to meet vision qualification requirements, corrective lenses must be worn while driving.

The Snellen chart is widely used for measuring central visual acuity.

- The Snellen wall chart should be 20 feet away from the driver.
  - Measure distance.
  - Mark testing location.
- The chart should be illuminated with white light.
- The driver may wear corrective lenses during the examination.
- When the driver is reading larger lines easily, the medical examiner may ask the driver to skip to smaller lines.
The Snellen eye test results use 20 feet as the norm, represented by the numerator in the Snellen test result. The number of the last line of type the driver read accurately is recorded as the denominator in the Snellen test result.

The minimum qualification requirement is distant visual acuity of at least 20/40 in each eye and distant binocular acuity of at least 20/40.

If a test other than the Snellen is used to test visual acuity, the test results should be recorded in Snellen-equivalent values.

There are versions of the Snellen chart that compensate for failure to read letters because of limited English reading skill, not because of poor eyesight. One example is the "Snellen Eye Chart - Illiterate" that requires the individual to indicate the orientation of the letter "E" on the chart.

Peripheral vision - Screening the Visual Field
The requirement for peripheral vision is at least 70° in the horizontal meridian for each eye. In the clinical setting, some form of confrontational testing is often used to evaluate peripheral vision. When test results are inconclusive, the evaluation should be performed by a specialist with equipment capable of precise measurements.
The driver must have at least 70° in the horizontal meridian for each eye. Some form of confrontational testing that tests vision of selected horizontal points is generally used in the clinical setting.

A "Protocol for Screening the Visual Field Using a Confrontation Method" is found in Appendix E of the Visual Requirements and Commercial Drivers report.

Right eye examination

1. Stand or sit approximately two feet in front of the driver so that your eyes are at about the same level as the eyes of the driver.
2. Instruct the driver to use the palm of the left hand to cover the left eye.
3. Ask the driver to fixate on your left eye.
4. Extend your arms forward and position your hands halfway between yourself and the driver. Position your right hand one foot to the right of the straight-ahead axis and six inches above the horizontal plane. Position your left hand one-and-a-half feet to the left of the straight-ahead axis and six inches above the horizontal plane.
5. Ask the driver to confirm when a moving finger is detected. Repeat the procedure with your hands positioned six inches below the horizontal meridian.

Left eye examination

Repeat the procedure for the left eye (steps 2 through 5), making sure the driver fixates on your right eye and the hand placement is appropriately reversed.

When test results are inconclusive, obtain specialist evaluation for precise measurement of peripheral vision.

Color vision

The color vision requirement is met by the ability to recognize and distinguish among red, amber, and green, the standard colors of traffic control signals and devices. True color perception is not required.

Additional Evaluation and/or Ancillary Tests

Eye trauma and ophthalmic disease can adversely impact visual performance and interfere with safe driving. Some ophthalmic diseases are seen more frequently with increased age or are secondary to other diseases such as diabetes mellitus or atherosclerosis. The clinical setting may not provide the necessary equipment to evaluate ophthalmic diseases adequately. The medical examiner determines if the vision symptoms and signs or underlying disease require evaluation by an ophthalmologist or optometrist. The medical examiner then considers the documented results and the specialist opinion when determining if the vision meets qualification requirements.

Ophthalmic Diseases

Cataracts

Cataracts are a common cause of visual disturbances in the adult population. The slow, progressive opacification of the crystalline lens of the eye distorts the optical passage of light to the retina resulting
in diminished visual acuity. Cataract formation can be accelerated by a number of conditions, including injury, exposure to radiation, gout, certain medications (steroids), and the presence of diabetes mellitus.

Glare, particularly during night driving in the face of oncoming headlights, may be an early symptom of cataracts. Glare, diminished overall acuity, contrast, and color resolution are compounded by the light-scattering effect of the cataracts.

Treatment for cataracts is surgical removal and placement of an intraocular lens.

**Glaucoma**

Glaucoma can cause deficits in peripheral vision. The abnormal regulation of intraocular pressure can result in gradual progressive atrophy of optic nerve cells. The development of chronic elevated intraocular pressure is generally painless, and the gradual loss of peripheral visual field can progress significantly before symptoms are noticed.

Glaucoma may also affect a number of subtler visual functions, such as redirection of visual attention, night vision, and color vision. With glaucomatous damage, Snellen acuity test results may not be affected, but peripheral field test results may show deficits. Specialist examination may result in early detection and treatment before the occurrence of possibly disqualifying vision loss.

Vision loss caused by glaucoma cannot be restored.

A therapeutic goal is to lower intraocular pressure to a level that preserves the existing neuronal cells and prevents further loss of the peripheral visual field deficit. Strict and ongoing compliance with prescribed ophthalmic preparations is required for successful treatment; however, antiglaucoma agents may have side effects that impact vision and interfere with safe driving.

**Macular Degeneration**

Macular degeneration is a leading cause of untreatable legal blindness in the United States. Macular degeneration describes many ophthalmic diseases that impact the macula function and interfere with detailed, central vision. These diseases increase in prevalence with age, affecting some 30% of all Americans by age 70. For the majority of cases, macular degeneration is a slow process resulting in subtle visual defects; however, approximately 10% of cases are a "malignant" form of the disease and cause rapid loss of central vision.

Peripheral vision is generally spared in macular degeneration. Therapeutic options are limited.

Macular degeneration causes noticeable signs and symptoms. Visual acuity drops, recovery from bright lights is lengthened, and eventually a partial or total scotoma develops in the direction of attempted gaze. Snellen-type acuity testing will detect diminishing central acuity.

Telescopic lenses redirect unaffected peripheral vision to compensate for lost central acuity, resulting in a reduced peripheral field of vision. The use of telescopic lenses is not acceptable for commercial driving.

**Retinopathy**

Noninflammatory damage to the retina of the eye has many causes. The most common cause of retinopathy is diabetes mellitus. Background retinopathy with microaneurysms and intraretinal hemorrhages is common after 5-7 years with diabetes mellitus. In many cases, the retinopathy does not progress beyond this stage; however, fluid leakage near the macula (diabetic macular edema) can create
partial scotomas in central vision or cause gross hemorrhage in the eye which can obscure vision and eventually lead to retinal detachment and blindness. Subtler visual modalities such as contrast sensitivity, flicker fusion frequency, and color discrimination may also be affected.

Strict control of blood glucose, as well as medical control of comorbid diseases (e.g., hypertension, renal disease, cardiac disease), may prevent or delay development of retinopathy.

Medical guidelines for the driver with diabetes mellitus include:

- Annual medical examination.
- Annual ophthalmologist or optometrist eye evaluation.
- Disqualification for a diagnosis of unstable proliferative retinopathy.

Other diseases can cause retinopathy. Carcinoma-associated retinopathy is characterized by rapid onset of blindness caused by retinal degeneration, usually of photoreceptors. Proliferative retinopathy can be a complication of sickle cell disease and sickle cell-thalassemia disease. A rare but characteristic finding of systemic lupus erythematosus is retinal exudates, usually near the disk.

**Ophthalmic Preparations** - Determine if the treatment is having the desired effect of preserving vision that meets qualification requirements without any visual and/or systemic side effects that interfere with safe driving (e.g., stinging, blurring, decreased night vision, sensitivity to glare, headache, or allergic reaction).

Categories include:

**Age-related Macular Degeneration** - Classifications of agents used to treat age-related macular degeneration include:
- Antioxidants and zinc.
- Vascular endothelial growth factor (VEGF) inhibitors.

**Anti-allergy (Allergic Conjunctivitis)** - Classifications of anti-allergy agents used to treat allergic conjunctivitis include:
- Oral and topical antihistamines.
- Topical decongestants.
- Antihistamine/decongestant combinations.
- Mast cell stabilizers.
- Topical nonsteroidal anti-inflammatory.

**Antiglaucoma Agents** - Classifications of agents used to treat glaucoma include:
- Prostaglandin analogs.
- Beta adrenergic blocking agents.
- Carbonic anhydrase inhibitors.
- Alpha agonists.
- Cholinergic agonists.
- Osmotic agents.
Combinations.

Anti-infective Agents (Bacterial Conjunctivitis) - Classifications of anti-infective agents used to treat bacterial conjunctivitis include oral and topical antibiotics.

Dry Eyes - Classifications of agents used to treat dry eyes include:
- Lubricants.
- Nonsteroidal anti-inflammatory.
- Topical cyclosporine.

The Federal Vision Exemption Program

The FMCSA Vision Exemption Program is for monocular vision. The vision exemption is issued for a maximum of 2 years and is renewable.

The driver must be otherwise qualified under 49 CFR 391.41(b)(1-13) or hold another valid medical exemption to legally operate a commercial motor vehicle in interstate commerce. Provisions of the vision exemption include an annual medical examination and an eye examination by an ophthalmologist or an optometrist.

At the annual recertification examination, the driver should present the current vision exemption and a copy of the specialist eye examination report. Certify the qualified driver for 1 year and issue a medical examiner's certificate with the "accompanied by" exemption checkbox marked and write "vision" to identify the type of Federal exemption.

The motor carrier is responsible for ensuring that the driver has the required documentation before driving a commercial vehicle. The driver is responsible for carrying both the vision exemption and the medical examiner's certificate while driving and keeping both current.

Qualified by Operation of 49 CFR 391.64: "Grandfathered"

Prior to the implementation of the Federal Vision Exemption Program, FMCSA conducted an initial vision study program that ran from 1992 to 1996. At the conclusion of that study, 2,656 drivers received a one-time letter confirming participation in the study and granting a continued exemption from the monocular vision requirement, as long as the driver is otherwise medically fit for duty and can meet the vision qualification requirements with the one eye. The driver who was grandfathered must have an annual medical examination and an eye examination by an ophthalmologist or optometrist. There are very few remaining drivers from that program.

At the annual medical examination, the driver should present to the medical examiner the letter identifying the driver as a participant in the vision study program and a copy of the specialist eye examination report. Certify the qualified driver for 1 year and issue a medical examiner's certificate with the "Qualified by operation of 49 CFR 391.64" checkbox marked.

Hearing - 49 CFR 391.41(b)(11)
"A person is physically qualified to drive a commercial motor vehicle if that person —
First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in
the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5–1951."

- The required tests screen for hearing loss in the range of normal conversational tones.
- Two tests are used to screen hearing: a forced whisper test AND/OR an audiometric test.
  - Either test may be administered first.
  - Test both ears.
  - Administration of the second test may be omitted when the test results of the initial test meet the hearing requirement for that test.
- Hearing requirements are:
  - First perceive a forced whispered voice, in one ear, at not less than five feet.
  - OR
  - Have an average hearing loss, in one ear, less than or equal to 40 decibels (dB).
- When a hearing aid is used to meet the hearing qualification requirement, the hearing aid must be used while driving.
- Disqualify when both the forced whisper test AND the audiometric test are failed.

**Driving and Public Safety**

Hearing plays a role in safe driving. Hearing warning sounds, such as horns, train signals, and sirens may allow the driver to react to a potential hazard before it is visible. An auditory alarm or changes in the usual sound of the engine or vehicle carriage may be the first indication that the vehicle may require maintenance.

Hearing loss can interfere with communication between the driver and other people such as dispatchers, loading dock personnel, passengers, and law enforcement officers.

Balance is required for safe driving and task performance (e.g., vehicle inspections, securing loads) and when getting into, and out of, trucks and buses.

**Health History**

Here are the hearing questions that are asked in the health history. Yes responses require clarification and documentation.
- Ear disorders?
- Loss of hearing?
- Loss of balance?

Here are important questions to ask.
- Symptoms related to or caused by ear disease?
- Use of otic preparations?

**Physical Examination**

Examine the ears for:
- Scarring of the tympanic membranes.
- Occlusion of the external ear canal.
- Perforated eardrums.
Note and discuss abnormal findings, including the impact on driving and certification. Hearing loss can be a symptom of a disease rather than a discrete disorder. In some cases, hearing loss may be treated and reversed.

Required Tests

The forced whisper test and audiometry are used to determine certification. These tests measure hearing loss using the frequencies found in normal conversation. Either test can be administered first. Administration of both tests is required only when the initial test results for both ears fail to meet the hearing requirement.

A hearing aid may be used during forced whisper testing. When a driver who wears a hearing aid is unable to pass a forced whisper test, referral to an audiologist, otolaryngologist, or hearing aid center is required.

Additional Evaluation and/or Ancillary Tests

Ear trauma and otic disease can adversely impact hearing and/or balance and interfere with safe driving and performance of related tasks. When findings are inconclusive regarding medical fitness for duty, ancillary tests and/or additional evaluation by a specialist, usually an audiologist or otolaryngologist, may be required to obtain sufficient medical information to determine certification status.

Otic Disease and Conditions

Meniere's Disease - The Conference on Neurological Disorders and Commercial Drivers report recommends disqualification when there is a diagnosis of Meniere's disease.

Vertigo - Vertigo is generally caused by an inner ear abnormality. Uncontrolled vertigo is disqualifying. The Conference on Neurological Disorders and Commercial Drivers report recommends that the driver may be certified after completing:

- At least 2 months symptom free with a diagnosis of:
  - Benign positional vertigo.
  - Acute and chronic peripheral vestibulopathy.

Labyrinthine Fistula - The Conference on Neurological Disorders and Commercial Drivers report recommends disqualification when there is a diagnosis of labyrinthine fistula.

Nonfunctioning Labyrinth - The Conference on Neurological Disorders and Commercial Drivers report recommends disqualification when there is a diagnosis of nonfunctioning labyrinth.

Otic Preparations

Determine if the treatment is having the desired effect of preserving hearing, reducing inflammatory disorders causing pain, and/or controlling dizziness causing loss of balance. Determine if the treatment has any effects and/or side effects that interfere with safe driving (e.g., drug, food, and/or alcohol interactions, excessive drowsiness, or allergic reaction).

Categories include:
Anti-acute Benign Positional Vertigo - Classifications of agents used to treat acute vertigo include:
• Antihistaminic antiemetics.
• Benzodiazepines.
• Anticholinergics.
• Sympathomimetics.

Anti-infective/Anti-inflammatory Agents - Infection and inflammation can be of the external auditory canal (EAC) and/or the middle ear. Classifications of topical drops used to treat EAC include:
• Antibiotics.
• Steroids.
• Antibiotic-steroid combinations.

Classification of oral drugs used to treat infections and inflammation of the middle ear (otitis media) include:
• Antibiotics.
• Steroids.

Diabetes Mellitus — 49 CFR 391.41(b)(3)
"A person is physically qualified to drive a commercial motor vehicle if that person —
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control."

Relevance to Driving

The Center for Disease Control and Prevention (CDC) 2007 National Diabetes Fact Sheet reports the prevalence of diagnosed and undiagnosed diabetes mellitus in the United States, for all ages, as:
• Total: 23.6 million people, or 7.8% of the population, have diabetes.
• Diagnosed: 17.9 million people.
• Undiagnosed: 5.7 million people.

The most common form of diabetes mellitus is Type 2 (adult onset or non-insulin-dependent diabetes mellitus). Individuals with Type 2 diabetes mellitus:
• Can produce insulin and have intact blood glucose control counter-regulatory mechanisms.
• May preserve blood glucose control counter-regulatory mechanisms for many years with lifestyle changes and oral hypoglycemic medications.
• May, over time, have insulin production fail and require insulin replacement therapy.

While the detection and management of both hyperglycemia and hypoglycemia are important aspects of the overall medical management of a person with diabetes mellitus, the detection and management of hypoglycemia is more relevant to safety considerations, in the certification of the commercial motor vehicle (CMV) driver, with diabetes mellitus.

Blood Glucose Control

Some of the factors related to commercial driving that affect blood glucose control include:
• Fatigue.
• Lack of sleep.
• Poor diet.
• Missed meals.
• Emotional conditions.
• Stress.
• Concomitant illness.

These same factors may hasten the need for the driver with diabetes mellitus who does not use insulin to start insulin therapy. Poorly controlled diabetes mellitus can result in serious, life-threatening health consequences. However, with good management of the disease process, a driver with diabetes mellitus can safely operate a CMV.

**Hyperglycemia Risk**

Poor blood glucose control can lead to fatigue, lethargy, and sluggishness. Complications related to acute hyperglycemia may affect the ability of a driver to operate a motor vehicle. Although ketoacidosis and hyperosmolar states significantly impair cognitive function. Onset is gradual and frequency is generally low.

The complications of diabetes mellitus can lead to medical conditions severe enough to be disqualifying, such as neuropathy, retinopathy, and nephropathy. Accelerated atherosclerosis is a major complication of diabetes mellitus involving the coronary, cerebral, and peripheral vessels.

Individuals with diabetes mellitus are at increased risk for coronary heart disease and have a higher incidence of painless myocardial infarction than individuals who do not have diabetes mellitus.

**Hypoglycemia Risk**

Preventing hypoglycemia is the most critical and challenging safety issue for any driver with diabetes mellitus. Hypoglycemia can occur in individuals with diabetes mellitus who both use and do not use insulin. Mild hypoglycemia causes rapid heart rate, sweating, weakness, and hunger. Severe hypoglycemia can cause symptoms that interfere with safe driving. The Federal Motor Carrier Safety Administration (FMCSA) defines a severe hypoglycemic reaction as one that results in:

• Seizure.
• Loss of consciousness.
• Need of assistance from another person.
• Period of impaired cognitive function that occurred without warning.

The occurrence of a severe hypoglycemic reaction while driving endangers the safety and health of the driver and the public.

**Health History and Physical Examination**

The general purpose of the history and physical examination is to detect the presence of physical, mental, or organic conditions of such character and extent as to affect the driver ability to operate a CMV safely. This examination is for public safety determination and is considered by FMCSA to be a “medical fitness for duty” examination.

As a medical examiner, your fundamental obligation during the assessment of a driver with diabetes mellitus is to establish whether the driver is at an unacceptable risk for sudden death or incapacitation, thus endangering public safety. The risk may be associated with the disease process and/or the treatment for the disease.
The examination is based on information provided by the driver (history), objective data (physical examination), and additional testing requested by the medical examiner. Your assessment should reflect physical, psychological, and environmental factors.

Medical certification depends on a comprehensive medical assessment of overall health and informed medical judgment about the impact of single or multiple conditions on the whole person.

Medical qualification of the driver with diabetes mellitus should be determined through a case-by-case evaluation of the ability of the driver to manage the disease and meet qualification standards. The FMCSA Medical Examination Report form includes health history questions and physical examination checklists. Additional questions about diabetes mellitus symptoms, treatment, and driver adjustment to living with a chronic condition should be asked to supplement information requested on the form.

The ME must review and discuss with the driver any "yes" answers

Does the driver have diabetes mellitus or elevated blood glucose controlled by:
- Diet?
- Pills?
- Insulin?
- Other injectable medications?

Questions the ME may ask include - Does the driver:
- Routinely monitor blood glucose level?
- Use over-the-counter medications and/or supplements?
- Use an incretin mimetic?
- Have a history of fainting, dizziness, or loss of consciousness?
- Have a history of hypoglycemic reactions that resulted in:
  - Seizure?
  - Loss of consciousness?
  - Need of assistance from another person?
  - Period of impaired cognitive function that occurred without warning?

NOTE: When the driver has a positive history for severe hypoglycemic reactions, ask about occurrences, including has the driver had:
- One or more occurrences within last 12 months?
- Two or more occurrences within last 5 years?

The ME must evaluate whether the driver has:
- Glycosuria (dip stick urinalysis)?
- Signs of target organ damage associated with dysfunction of the senses, including:
  - Retinopathy?
  - Macular degeneration?
  - Peripheral neuropathy?
- Signs of target organ damage that can cause gradual or sudden incapacitation, including:
  - Coronary heart disease?
  - Cerebrovascular disease, including:
    - Transient ischemic attack?
    - Embolic or thrombotic stroke?
  - Peripheral vascular disease?
  - Autonomic neuropathy?
  - Nephropathy?
The ME must document discussion with the driver about

- Any affirmative history, including if available:
  - Onset date, diagnosis.
  - Medication(s), dose, and frequency.
  - Any current limitation(s).
- Potential negative effects of medication use, including over-the-counter medications, while driving.
- Any abnormal finding(s), noting:
  - Effect on driver ability to operate a CMV safely.
  - Necessary steps to correct the condition as soon as possible, particularly if the condition, if neglected, could result in more serious illness that might affect driving.
- Any additional medical tests and evaluation.

The diabetes qualification standard parameter is use of insulin, not the diagnosis of diabetes mellitus.

**Federal Diabetes Exemption Program**

49 CFR 381.300 What is an exemption?
"(a) An exemption is temporary regulatory relief from one or more FMCSR given to a person or class of persons subject to the regulations, or who intend to engage in an activity that would make them subject to the regulations.
(b) An exemption provides the person or class of persons with relief from the regulations for up to two years, and may be renewed.
(c) Exemptions may only be granted from one or more of the requirements contained in the following parts and sections of the FMCSRs - (c)(3) Part 391 — Qualifications of Drivers."

**About the Federal Diabetes Exemption Program**

**Background**

Prior to the implementation of the Federal Diabetes Exemption Program, the Federal Motor Carrier Safety Administration (FMCSA) conducted a waiver study program concerning commercial motor vehicle (CMV) operation by drivers with insulin-controlled diabetes. A small number of the drivers who participated in the study and were participants in good standing on March 31, 1996, were provided a letter from FMCSA that grandfathered them an exemption from standard 49 CFR 391.41(b)(3), by operation of 49 CFR 391.64(a), as long as they were in compliance with the requirements. These drivers are governed by 49 CFR 391.64(a) and must provide the letter from FMCSA as proof of their grandfathered status before you issue a Medical Examiner’s Certificate to the driver.

On September 3, 2003, FMCSA published a Notice of Final Disposition announcing the decision to issue exemptions to the diabetes mellitus prohibition under 49 CFR 391.41(b)(3). This program allows some drivers who meet all medical standards and guidelines, other than the use of insulin, to be medically certified and operate a CMV if the driver also meets the parameters for issuance of a Federal diabetes exemption.

The 2003 Notice explained that in considering exemptions, FMCSA must ensure that the issuance of diabetes exemptions will not be contrary to the public interest, and that the exemption achieves an acceptable level of safety.

**Responsibilities**
As a medical examiner, you are responsible for determining if the driver is otherwise medically fit for duty and issuing a Medical Examiner's Certificate that indicates the driver is certified ONLY IF the driver has a diabetes exemption.

The Federal Diabetes Exemption Program is responsible for determining if the driver meets program requirements and for issuing the diabetes exemption.

The motor carrier is responsible for ensuring that the driver has a current medical examiner's certificate and diabetes exemption before allowing the driver to operate a commercial vehicle.

The driver is responsible for carrying both the Medical Examiner's Certificate and the diabetes exemption while driving and keeping both certificates current. The Federal diabetes exemption must be renewed every 2 years. The driver must also comply with program requirements that include:

- **Annual:**
  - CMV driver medical qualification examination.
  - Endocrinologist evaluation.
  - Ophthalmologist/optometrist evaluation.
  - Diabetes mellitus education.
- **Monitoring blood glucose.**

  **NOTE:** Although you, as a medical examiner, are not involved in the Diabetes Exemption Program monitoring, it is helpful for you to understand the requirements. The driver must provide a quarterly evaluation checklist from his/her endocrinologist throughout the 2-year period or risk losing the exemption.

  The Safe, Accountable, Flexible, Efficient Transportation Equity Act - A Legacy for Users (SAFETEA-LU), August 10, 2005, eliminated the driving experience requirement.

For more information, review the Diabetes Exemption Application (http://www.fmcsa.dot.gov/documents/safetyprograms/Diabetes/diabetes-exemption-package.pdf). Please direct questions concerning Driver Exemption Programs to medicalexemptions@dot.gov, or call 703-448-3094.