

HEALTHLINE MEDICAL GROUP

FMCSA interpretation of Part 391.41:

Medical certification determinations are the responsibility of the Commercial Driver Medical Examiner (CDME).

The motor carrier, who is ultimately responsible for ensuring that only medically qualified drivers are operating CMVs, has the responsibility to ensure that the CDME is informed of the minimum medical requirements, AND the characteristics of the work to be performed *prior to* the examination and issuance of a medical certificate,

For SPE or exemption, the medical examiners determines that the driver meets the criteria with the exemption or SPE, the employer must follow through and ensure that those variances are obtained prior to permitting the driver to operate CMV (includes age & language requirements).

In-order-to ensure that your company drivers/candidates are provided the most efficient & effective one-stop quality services, we recommend the following information be passed to each driver/candidate.

Dear Employee:

To ensure that a DOT physical can be completed in a timely manner please read this letter and bring with you any documentation related to the medical conditions listed below.

Please come prepared to the exam by considering the following:

- Make sure to arrive at the scheduled time.
- Please bring with you your **Company ID** and current **DOT medical qualification card**.
- If you **wear prescription contacts**, make sure you wear them & bring an extra pair of **glasses** for the exam.
- If you have **hearing aid(s)**, bring them with you to the exam & an extra power source.
- If you take **blood thinners** such as Warfarin or Coumadin, bring documentation that your INR has been regulated for at least the last month.
- If you have **diabetes**, bring documentation of A1C of less than 8. Documentation must be less than 6 months old.
- If you have been **diagnosed with heart disease or heart attack or other cardiovascular condition** bring a copy of your recent cardiac stress test results completed within the last two years.
- If you have had **heart surgery (valve replacement /bypass, angioplasty)** bring a letter from your cardiologist clearing you to drive a commercial vehicle.
- If you have a **pacemaker**, bring documentation of annual pacemaker check.
- If you have been **diagnosed with a nervous or psychiatric disorder**, bring a letter from your psychiatrist clearing you to drive a commercial vehicle.
- If you have been diagnosed with **seizures or epilepsy**, bring documentation from your treating provider that you have been seizure free without taking seizure medication for 10 years.
- If you are on any prescription medications, bring the medications with you.

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- If you are taking blood pressure medication or if your blood pressure is greater than 140/90 during the exam, you do not qualify for a 2 year DOT card and will be issued a card of less than 2 years.
- All individuals with **Sleep Disorders/Obstructive Sleep Apnea** should be referred to a clinician with relevant expertise as OSA diagnosis precludes unconditional certification. A driver with an OSA diagnosis may be recertified annually, based on demonstrating compliance with treatment (minimally acceptable compliance with Positive Airway Pressure (PAP) treatment consists of at least 4 hrs/d of use on 70 % of days. Optimal treatment efficacy occurs with 7 or more hours of daily use during sleep. The driver does not report excessive sleepiness during the major wake period indicates OSA being effectively treated.

Please arrive for the physical on your scheduled time. Call for any clarifications or requirements or questions: 818-997-7711.

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Dear _____ CDL Applicant, DOB _____

In order to be successful and efficient in your quest for a CDL, We will need you to bring to your exam, the following:

- _____ 1. If you require correction to your **vision**, whether or not you routinely wear contacts, you must bring a pair of glasses with you to the exam.
- _____ 2. If you were **hearing aids** please bring them and extra batteries.
- _____ 3. If you had a **Heart Attack, MI, Stents PCI, Angina**; you will require a cardiology consult BEFORE your CDL exam. Please call 818-997-7711 for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)
- _____ 4. If you have had a **Stroke, Seizure, Traumatic brain injury, or TIA** you will require a Neurology consult BEFORE your CDL exam. Please call 818-997-7711 for assistance with this Consult. (We have form letter for the Dr. to make this an easier process for all)
- _____ 5. If you have **Diabetes** you are required a letter from your treating doctor, BEFORE your CDL Exam; with specific areas addressed; to include a 1-month log of fasting blood sugars and HgA1c. Please call 818-997-7711 for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)
- _____ 6. If you have adult **ADHD** and are being treated for this we need a consult from your treating PCM or mental health provider with specific information, BEFORE YOUR CDL EXAM. Please call 818-997-7711 for assistance with this Consult. (We have a form letter for the dr. to make this an easier process for all)
- _____ 7. If you are currently being treated for **Depression**; we need a consult from your treating PCM or mental health provider with specific information, BEFORE YOUR CDL EXAM. Please call 818-997-7711 for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)
- _____ 8. If you have **Sleep Apnea or Sleep Disorder** we need a consult from your sleep specialist or PCM with specific information. BEFORE YOUR CDL EXAM. Please call 818-997-7711 for assistance with this Consult. (We have a form letter for the Dr. to make this an easier process for all)

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Dear Dr. _____, Treating doctor.
Your Pt. _____ DOB _____

Is applying for a NEW/RENEWING Commercial Drivers License, (CDL). Rules governing the CDL have changed per Department of Transportation (DOT). Please address the highlighted areas and attached required testing so that your patient may be successful in their quest for a CDL.

Diagnosis: **DIABETES**,

Diet controlled, _____

Oral meds _____

Insulin _____

Adult Meds _____

The patient's meds have been STABLE/CHANGE on Dose _____

_____ Patients Blood sugars FBS log for 1 month attached average 90-120

_____ HgA1c _____ 8 or less. Please attach test.

_____ Any hypoglycemic episodes in last yr. requiring medical intervention

ADHD

_____ Source of diagnosis, attach copy of testing

_____ No drug-induced impairment. _____

_____ No tendency to increase the dose. _____

_____ Disqualifying underlying condition (e.g., narcolepsy). _____

_____ Treatment side effects that interfere with safe driving. _____

_____ Adequate Vigilance and Attention for CDL _____

_____ Able to Perform of simple tasks (not complex intellectual functions).

_____ Able to perform complex intellectual tasks & functions associated with CDL

_____ Any accommodations required by pt. to perform job tasks

Please feel free to call my office at 818-997-7711 with any questions regarding this consult.

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Cardiovascular

Dear Dr. _____, Cardiologist.
Pt. _____ DOB _____

Is Applying for Renewal/New Commercial Drivers License (CDL). The rules have changed recently and because the patient has had: Stents, MI, or Angina. The following areas must be addressed by a cardiologist. Please fill out the following and attach requested studies so that the patient can be successful in their quest for a CDL. Please check and circle all that apply and please attach requested studies

- Is asymptomatic.
- Tolerates medications.
 - List medications _____
- Has a satisfactory exercise tolerance test (ETT) * Please attach copy
- Has a resting left ventricular ejection fraction (LVEF) greater than or equal to 40%. Please attach copy
- Has no electrocardiogram ischemic changes. Please attach copy
- **NOTE:** For an initial certification following an MI, an in-hospital post-MI echocardiogram showing an LVEF greater than or equal to 40% is sufficient.
- _____ months or weeks since event

- **Angina**
- ANGINA AT REST
- CHANGE IN ANGINA PATTERN W/IN 3 MONTHS OF EXAM
- ABNORMAL ETT
- ISCHEMIC CHANGES ON REST ECG
- INTOLERANCE TO CARDIOVASCULAR TX
 - **Recertification**
 - ANNUAL EVAL
 - BIENNIAL ETT (MINNIMUM)
 - IF + TEST OR INCONCLUSIVE, IMAGING STRESS TEST MAY BE INDICATED

- **PCI stents**
- Yes if: At least 1 week after procedure;
- Approval by cardiologist;
- Tolerance to medications.
- ETT 3 to 6 months after PCI.
- No if:
 - Incomplete healing or complication at vascular access site;
 - Rest angina;
 - Ischemic ECG change

- **Recertify**
 - **Annual**
 - Recommend cardiologist examination.

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- Biennial ETT at minimum (If test positive or inconclusive, imaging stress test may be indicated).
- Low risk for sudden incapacitation while driving
- Cardiologist recommendations

*Driver should be able to:

- Exercise to a workload capacity greater than 6 Metabolic Equivalents (METs) (through Bruce protocol stage II or equivalent).
- Attain a heart rate greater than or equal to 85% of predicted maximum (unless on beta blockers).
- Have a rise in systolic blood pressure greater than or equal to 20 mm Hg without angina.
- Have no significant ST segment depression.

NOTE:

METs — Extensive literature exists on the energy requirements for many physical tasks.

- Sedentary activity requires fewer than 2 METs. These activities include sitting, slow walking, and lifting light objects of no more than 10 pounds.
- Light work requires 2 to 4 METs and includes carrying lightweight objects of no more than 20 pounds.
- Medium work requires 4 to 6 METs and includes carrying moderate weight objects of up to 50 pounds.
- Heavy and very heavy work requires greater than 6 METs and includes carrying heavy objects and climbing stairs rapidly.

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Dear Dr. _____, Neurologist.
Pt. _____ DOB _____

The above named patient is applying for a NEW/RENEWAL of their Commercial Drivers License (CDL). New regulations make it imperative that the patient receives a neurology consult. The consult must contain certain tests and opinions. Please address the circled areas and attach requested tests.

Diagnosis: _____

Medications: _____

Seizures*

- _____ Seizure free period
- _____ Length of time off anticonvulsants
- _____ Normal physical examination,
- _____ Neurological examination
- _____ Including Neuro-Ophthalmological evaluation
- _____ Neuropsychological test. Attach testing
- _____ Clearance from a neurologist who understands the functions and demands of commercial driving.

Strokes

- **The neurological examination should include assessment of:**

- _____ Cognitive abilities.
- _____ Judgment.
- _____ Attention.
- _____ Concentration.
- _____ Vision.
- _____ Physical strength and agility.
- _____ Reaction time.

Type of stroke _____

Time from the Stroke _____ **

TBI(Severe TBI will not get CDL)

The driver with a mild or moderate TBI who has:

- _____ Completed the minimum waiting period seizure free and off anticonvulsant medication.
- _____ Seizure free
- _____ Normal physical examination, neurological examination including neuro-ophthalmological evaluation
- _____ Neuropsychological test. Please attach testing
- _____ Clearance from a neurologist who understands the functions and demands of commercial driving.
- _____ The patient is low risk for sudden incapacitation

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Neurology Consult Results:

- **Waiting period**
- **Minimum — 1 year seizure free and off anticonvulsant medication following:**
 - Mild insult without early seizures.
 - Stroke without risk for seizures.
 - Intracerebral or subarachnoid hemorrhage without risk for seizures.
- **Minimum — 2 years seizure free and off anticonvulsant medication following:**
 - Moderate insult without early seizures.
 - Mild insult with early seizures.
- **Minimum — 5 years seizure free and off anticonvulsant medication following:**
 - Moderate insult with early seizures.
 - Stroke with risk for seizures.
 - Intracerebral or subarachnoid hemorrhage with risk for seizures.
- ****Certification/Recertification — Embolic and Thrombotic Strokes**
 - **Waiting period**
 - **Minimum — 1 year if not at risk for seizures (cerebellum or brainstem vascular lesions)**
 - **Minimum — 5 years if at risk for seizures (cortical or subcortical deficits)**

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