U.S. Department of Transportation
Federal Motor Carrier Safety Administration

NON- INSULIN-TREATED DIABETES MELLITUS ASSESSMENT FORM

Driver Name: ____ **DOB**:_______________________

The individual named above is being evaluated to determine whether he/she meets the physical qualification standards [49 CFR 391.41(b)(1-13)] of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle (CMV) in interstate commerce. During the medical evaluation, it was determined this individual has a diagnosis of non-insulin-treated diabetes mellitus, which may impair his/her ability to safely operate a CMV. As the certified Medical Examiner (ME), I request that you review and complete this form, and return it to me via the individual, or at the mailing address, email address, or fax number specified below. The final determination as to whether the individual listed in this form is physically qualified to drive a CMV will be made by the certified ME.

THE DRIVER'S ROLE

49 CFR 391.43

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.) The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver. There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s). In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

______________________________	______________________________
Signature of Certified Medical Examiner	Date
______________________________	______________________________
Printed Name of Certified Medical Examiner	Email
______________________________	______________________________
Street Address	City, State, Zip Code

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

DRAFT

Non-Insulin-Treated Diabetes Mellitus Diagnosis

1. Date of Diabetes Mellitus Diagnosis_______________

2. Diabetes-related medications and date treatment began (List all diabetes-related medications, dosage and date treatment initiated. A*ttach additional pages if necessary*).

   _________________________ _________
   _________________________ _________
   _________________________ __________

3. Has the individual been on a stable diabetes regimen in the last 3 months?
   _____Yes _____No

Blood Glucose Self-Monitoring Records

4. How many times per day is the individual testing their blood glucose? ______

5. Is the individual compliant with glucose monitoring based on their specific treatment plan?
   ____Yes ____No

Diabetes Management and Control

6. Has the individual experienced any severe hypoglycemic episodes within the preceding three months? *FMCSA defines severe hypoglycemic episode as an episode resulting in impaired cognitive function that occurred without warning, loss of consciousness, seizures or coma, requiring the assistance of others or needing urgent treatment with glucagon injection or IV glucose*.
   ___Yes ___ No

   If yes, provide date(s) of occurrence and associated details (*attach additional pages if necessary*): ______
   ____
   ____

7. Has the individual experienced any severe hypoglycemic episodes since the last medical certification date?
   ____Yes ____ No

   If yes, provide date(s) of occurrence and associated details: *attach additional pages if necessary*):
   ____

Hemoglobin A1C (HgbA1C) Measurements

8. Has the individual had Hemoglobin A1c (HgbA1c) measured intermittently over the last 12 months, with the most recent HgbA1c measured within the preceding three months?
   ___Yes ___No

   If yes, attach a copy of most current lab result.

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

DRAFT

Diabetes Complications

9. Does the individual have signs of diabetic complications or target organ damage? *This information will be used by the medical examiner in determining whether the listed conditions would impair the individual's ability to safely operate a commercial motor vehicle.*

   a. Renal disease/renal insufficiency (diabetic nephropathy, proteinuria, nephrotic syndrome)?
   ____Yes ____ No

   If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: ___________
   ____

   b. Diabetic cardiovascular disease (coronary artery disease, hypertension, transient ischemic attack, stroke, peripheral vascular disease)?
   ____Yes ____No

   If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: ___________
   ____

   c. Neurological disease/autonomic neuropathy (cardiovascular, gastrointestinal, genitourinary)?
   ____Yes ____No

   If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: ___________
   ____

   d. Peripheral neuropathy (sensory loss, decreased sensation, loss of vibratory sense, loss of position sense, infection)?
   ____Yes ____No

   If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: ___________
   ____

   e. Lower limb (foot ulcers, amputated toes/foot, infection)?
   ____Yes ____No

   If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: ___________
   ____

   f. Other? (*specify condition*)__________________
   ____Yes ____No

   If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: ___________
   ____

Diabetic Retinopathy

10. Date of last eye exam: _________________

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

DRAFT

11. Has the individual been diagnosed with either severe non-proliferative diabetic retinopathy or proliferative diabetic retinopathy?
    ___Yes ____No

    If yes, provide date of diagnosis: ___________________

Comments (*if necessary*):
____
____
____
____

I am the treating healthcare provider for the above individual.

This individual has a stable diabetes medication regimen and maintains stable control and management of his/her non-insulin treated diabetes mellitus.
___Yes _____No

This individual has no diabetes-related medical concerns that would adversely affect the ability to safely operate a CMV.
___Yes ___No
Comments (*if necessary*):
____
____
____
____

____
Signature of Treating Healthcare Provider

____
Date

____
State of Licensure

____
Printed Name of Treating Healthcare Provider

____
Street Address

____
City, State, Zip Code

____
Phone/Fax

____
Email

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

DRAFT