

## **Medical Review Board**

### **Task 21–1: FMCSA Proposed Alternative Vision Standard**

#### **I. Task Title**

Recommendations to the Agency regarding the disposition of comments from medical professionals and associations submitted in response to the Agency’s proposed alternative vision standard.

#### **II. Background**

Currently, individuals who cannot meet the vision standard in 49 CFR 391.41(b)(10) are prohibited from driving commercial motor vehicles (CMV) in interstate commerce unless they obtain an exemption from the Federal Motor Carrier Safety Administration (FMCSA). On January 12, 2021, FMCSA published a notice of proposed rulemaking (NPRM) to amend its regulations to permit individuals who cannot meet either the current distant visual acuity or field of vision standard, or both, in one eye to be physically qualified to operate a (CMV) in interstate commerce (86 FR 2344). The proposed alternative vision standard, if adopted, would replace the current vision exemption program as a basis for establishing the physical qualification determination for such individuals. The NPRM requested comments on the proposed standard through March 15.

The alternative vision standard would involve a two-step process for physical qualification. First, an individual seeking physical qualification would obtain a vision evaluation from an ophthalmologist or optometrist who would record the findings and provide specified medical information and opinions on a proposed Vision Evaluation Report. Next, a medical examiner would perform an examination and determine whether the individual meets the proposed vision standard, as well as FMCSA’s other physical qualification standards. If the medical examiner determines that the individual meets the physical qualification standards, the medical examiner could issue a Medical Examiner’s Certificate (MEC), Form MCSA-5876, for a maximum of 12 months. With limited exceptions, individuals physically qualified under the alternative standard for the first time would complete a road test administered by an employer before operating a CMV in interstate commerce.

The proposal would provide that, to be physically qualified under the alternative vision standard, the individual must: (1) have in the better eye distant visual acuity of at least 20/40 (Snellen), with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian; (2) be able to recognize the colors of traffic signals and devices showing standard red, green, and amber; (3) have a stable vision deficiency; and (4) have had sufficient time to adapt to and compensate for the vision deficiency.

FMCSA responded to a previous request from the Medical Review Board (MRB) to investigate shortening the exemption program’s 3-year intrastate driving experience criterion and to provide more information about the vision exemption program by publishing the NPRM. This approach provides the MRB with background on the exemption program; summaries of previous reports and analyses (listed on Attachment C); a specific proposal and its rationale to consider; and

public comment on the proposal. FMCSA received 69 comments to the NPRM, including nine from medical professionals and associations.

### **III. Task**

FMCSA directs the MRB to review and analyze the comments from medical professionals and associations (Attachment A), make recommendations regarding the proposed alternative vision standard, and identify factors the Agency should consider regarding next steps in the vision rulemaking. In addition, FMCSA requests the MRB's recommendations with respect to whether the information requested from eye specialists on the proposed Vision Evaluation Report (Attachment B), provides sufficient information for a medical examiner to make a medical certification determination. Please identify additional information that would be useful and highlight any areas of ambiguity.

### **IV. Estimated Time to Complete Task**

The MRB will provide a letter report to the Deputy Administrator with its recommendations in advance of its fall 2021 meeting.

### **V. FMCSA Technical Representatives**

- Larry Minor, Associate Administrator for Policy, FMCSA, [larry.minor@dot.gov](mailto:larry.minor@dot.gov)
- Joseph Sentef, Chief Medical Officer, FMCSA, [joseph.sentef@dot.gov](mailto:joseph.sentef@dot.gov)
- Christine Hydock, Chief Medical Programs Division, FMCSA, [christine.hydock@dot.gov](mailto:christine.hydock@dot.gov)
- Shannon Watson, Senior Policy Advisor, FMCSA, [shannon.watson@dot.gov](mailto:shannon.watson@dot.gov)

## Attachment A

### Vision NPRM Comments from Medical Professionals

1. **Carl Hankel, NP**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0057>

I have been a DOT examiner for 14 years. I have the following comments:

If FMCSA changes the current Visual Exemption Program (VEP), it is necessary to (1) Provide a form/questionnaire to the eye specialist (ophthalmologist or optometrist) that includes all information required by the current VEP; (2) Forms need be given to the Certified Medical Examiner (CME); (3) The MRB is recommending 1 year certification with the vision exemption but FMCSA needs to seek comments from eye specialist (ophthalmologist or optometrist) or their professional associations on recommended frequency of examination because there are many different eye conditions and they could be fixed or progressive

FMCSA needs to seek comment from specialist professional associations regarding (1) determination whether or not there is additional information that would be useful to collect; (2) setting limit for the minimum amount of time that they would feel comfortable allowing someone to drive who has a sudden change from but no ocular vision. The current VEP requires a safe driving record for 3 years after such a change in vision; (3) comorbid conditions or disease processes; (4) recommendations on field of vision criteria (i.e., not supposed to be 70 as stated in the current vision standard). To raise the field of vision concerning part because the Pennsylvania school bus driver certification program has more restrictive standards regarding field of vision compared to DOT/FMCSA.

2. **Lisa Fuller, MD**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0059>

Im a CME since 2014. I feel the vision standard of 20/40 is loose enough as should stand as is. As such, the minimum of 3 year driving record is how I advise, if any state grants driving with worse vision than the FMCSA standard. So, I advise AGAINST altering 3 year driver record before allowing any vision waiver. Keep 3 year driving requirement before allowing a waiver to FMCSA standard. Safety first.

3. **Michele Farrar, NP**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0062>

Feel very concerned about changing the vision requirements. I do multiple DOTs at my clinic. Many clients don't drive big rig vehicles. In fact, most are delivery trucks, passenger driving, EMT transport, etc that require decent vision for parking, maneuvering traffic with lane changes, and driving in emergent conditions. Perhaps there can be a "carve out" for certain vehicle driving. Thank you, Michele Farrar, NP

4. **Mary Jane Hall, ARNP**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0074>

Submitted by individual.

FMCSA-2019-0049

I am submitting comments to encourage the proposed vision waiver changes as have been proposed in The Federal Register.

The change in the diabetes rules have worked very well in practice.

I have been doing CDL physicals exclusively for the past six and a half years. This has allowed me to examine a moderate number of clients with monocular vision. Some of these have been due to disease such as a congenital cataract. Many have had injuries causing monocular vision. I see several drivers who have driven intrastate only for years. Drivers I have examined, have all had monocular vision long enough to have adapted and have been driving professionally successfully. When completing the history I have found those with monocular vision, have had no auto accidents.

A study abstract published August, 2005 in Optom Visual Science titled "The impact of visual field loss on driving performance: evidence from on-road driving assessment" concluded "a large proportion of monocular drivers were safe drivers".

I am excited with the changes you are making in the waiver program. These changes are making it easier for both driver and the MEs.

My one question would be, if vision waivers are now 2 years, could drivers with legal blind designation have the certification for TWO years instead of 1 since their vision is NOT going to change.

Mary Jane Hall, ARNP

5. **Robert E. Morris, MD**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0087>

(47-page CV not included)

My name is Dr. Robert E. Morris, and I am a Board Certified Retina Surgeon and Ophthalmologist practicing medicine in Birmingham, Alabama. A copy of my *Curriculum Vitae* is attached hereto for your reference. In the ordinary course of my practice, I have had the occasion to treat [my patient] for loss of vision in his left eye as a result of contracting Rocky Mountain Spotted Fever from a tick bite back in January of 2019.

[My patient] has been employed with Alabama Power Company ("APCO") for twenty years, and as a part of his employment, operated a commercial APCO bucket truck which required a commercial driver's license. [He], as I understand, has had his commercial driver's license for thirty-plus years, and had his commercial driver's license at the time he developed Rocky Mountain Spotted Fever and lost his vision in his left eye. Subsequent to his loss of vision, his commercial driver's license was taken away.

Since that time, [he] has been trying to regain his commercial driving privileges by obtaining a vision waiver, which under the current rules he is unable to do. The current rules provide that in order to qualify for a vision waiver for a commercial driver's license, one had to be driving with a loss of vision/vision impairment for a minimum of three years. The proposed vision waiver qualification, if passed, would lay the groundwork for [him] to qualify for a commercial driver's license and remain gainfully employed with either APCO, or any other company he chose to work for that required a commercial driver's license.

I have had ample opportunities to examine and observe [him] and believe without reservation that [he] is qualified under the proposed alternative vision standard to meet the criteria for a waiver. [He] has in

his right eye a distant visual acuity of 20/20 without corrective lens, and a field of vision of 120 degrees in the horizontal meridian. [He] is able to recognize colors of traffic signals and devices showing standard red, green and amber. [He] has a stable vision deficiency and has had adequate time to adapt to and compensate for his change in vision.

As a retina surgeon, it is well recognized in medical journals that individuals who have experienced a vision loss in one eye can and usually develop compensatory viewing behavior to mitigate the vision loss. My experience in treating patients with the loss of vision in one eye is that these individuals, over time, are not limited by their lack of binocularity with respect to driving once they have adapted to and compensated for the change in vision. [He] has adapted and compensated for his change in vision and I know him to be a highly intelligent gentleman who is responsible and cautious.

[He] meets the proposed vision standard and, in my opinion, there will be no adverse impact on safety due to [his] current vision. [His] vision is stable and he has adapted to and compensated for his change in vision. In my opinion, [His] loss of vision is not likely to play a significant role in whether he can drive a commercial vehicle safely. He has developed the skills to adapt and to compensate for his vision loss, and in my further opinion, I believe [his] vision loss is stable. I firmly believe that should [he] be given a road test, he would clearly demonstrate that he possesses the skills needed to operate a commercial vehicle safely with his vision deficiency.

I have read the proposed rule change dated January 12, 2021 in the *Federal Register*, and the findings that this proposed rule amendment could increase employment opportunities is a valid point. [He] has been gainfully employed with the APCO with a commercial driver's license for twenty years. Prior to that, he was employed with other employers that required him to have a commercial driver's license. I find from getting acquainted with [him] that he is all about wanting to work and be gainfully employed. While some individuals might take a situation similar to [his] as an opportunity to scale back, not work, and be dependent on the government for support, this is not [he]. [He] wants to work and continue driving a commercial vehicle as a part of his job requirement with the APCO. I see this, as does [he], as an opportunity to stay employed and continue being a productive member of our society. I would encourage whoever is reviewing this proposed amendment, without any reservation, to adopt these rule changes to allow individuals such as [he] to continue working and going on with their lives in a quite responsible manner. In summary, I am confident that with his extensive experience and the high character I know him to have, [he] would perform his driving duties successfully and safely if allowed to do so.

6. **Paula Sperry, DC**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0088>

I have been doing exams on drivers since 1992 on rural Cape Cod. I have had to fail a few good drivers after not passing the vision exam with each eye better than 20/40. Our State requirements are in many ways, restrictive to myself as a Doctor of Chiropractic with a Diplomate with the American Chiropractic Board of Occupational Health, as well as with local small businesses trying to keep their employees on the job. It is very difficult for them to find qualified CDL operators. Most only drive on the Cape anyway. I would prefer all of this be federally regulated. Let it be between the Examiner and the Ophthalmologist and leave the Commonwealth of Massachusetts out of it. Thank you for allowing me to comment.

7. **Xavier Cantu, MD**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0091>

I am a certified medical examination physician. As a criteria for safe driving, it is imperative to have acuity in vision and hearing to drive a multi-ton vehicle around innocent drivers and pedestrians on the road.

For that reason, I strongly oppose the loosening of vision requirements for drivers for whatever ideological reason, and I will refuse to examine any drivers who fit the proposed loosened vision criteria for the sake of the driving public and as a personal liability concern.

I hope you will listen to reason and not grant exemptions.

#### **8. American College of Occupational and Environmental Medicine**

<https://www.regulations.gov/search/comment?filter=FMCSA-2019-0049-0057>

(substantive comments only, footnote text omitted)

We wish to highlight some concerns our members have raised regarding several aspects of the proposed alternative vision standard.

#### **Responsibility for Review of the Driver's Safety Record**

The 2015 MRB1 offered the recommendation that IF the vision standard was changed, a form/questionnaire be designed to be given to the eye specialist (ophthalmologist or optometrist) that "includes all information required by the current Visual Exemption program" which could then be reviewed by the medical examiner. The 2019 MRB2 recommended that the vision standard not be changed, but that FMCSA should investigate whether the 3-year driving experience requirement could be shortened. One concern expressed by the 2019 MRB was how would the driver's safety record be adequately assessed given that with the exemption program, the FMCSA reviews the safety record of the driver that did not meet the vision standard. The NPRM shifts responsibility to the employer, who would be responsible for not only reviewing the safety record, but also conducting a road test which could result in inconsistent standards for assessing driver safety. The proposed standard would also shift considerable responsibility to the medical examiner who may not have the training or experience to adequately assess the vision impairment.

#### **Expanding the Vision Standard**

While the current exemption program would only be applicable to those drivers whose best corrected vision in their worse eye would prevent them from meeting the vision standard, as worded, the NPRM seems to allow any driver to meet the vision standard, provided their vision in one eye is at least 20/40 with or without corrective lenses. This would permit, for example, having one eye corrected to distant vision, and the other corrected for near, or a driver who chooses not to obtain corrective lenses if his vision in the better eye would meet the criteria.

The preamble discusses studies of individuals with "monocular vision" as the basis to support this alternative standard. These studies included truly monocular drivers and those that simply did not meet FMCSA's vision standard. True monocular vision is defined by medical professionals as vision with only one eye whether it be due to functional loss or physical loss of the eye and in many cases the individual will have time to accommodate to the vision deficit. As worded, the proposed regulation can apply to a driver who simply does not meet the visual acuity requirements and does not specify whether due to a long-term condition, surgery or just normal vision changes.

If this is accurate, then this regulation goes far beyond the scope of the original waiver and later exemption process which was only meant to cover those drivers whose best corrected vision in the worse eye was less than 20/40.

### **What Is “Stable” Vision?**

If the alternative vision standard is only to apply to those with “stable” vision in their worse eye, how would stable be defined? Would a modest change in vision in the worse eye over a 5–10-year period be considered stable? Should any progressive eye disease, such as proliferative retinopathy, ever be considered stable? Not only will eye care professionals have different opinions on what is considered “stable” but many certified MEs will have insufficient knowledge of visual disorders to be able to evaluate whether an eye disorder is stable or progressive. Removing the 3-year driving experience requirement will only amplify this issue.

### **Acceptable Field of Vision**

The field of vision has long been an area of controversy for examiners and others. The vision standard notes that 70 degrees in the horizontal meridian in each eye is sufficient, however, normal field of vision is twice that – 50 degrees nasally and 90 degrees temporally for a total of 140 degrees. Thus, the current vision standard allows half of a normal visual field to be acceptable. This is a very large defect and as proposed, the rule would allow a quarter of a normal visual field to meet the standard. This would be an appropriate time to address this issue. The MRB in 2013 recommended that a 120-degree field of vision be adopted.<sup>3</sup> In addition, any discussion on field of vision should specify whether from nasal, temporal or total.

### **Commercial Driving Experience Versus Road Test**

The current requirement for 3 years of commercial driving experience with the vision deficiency would allow the individual with a vision impairment a period of time under which they could adjust to the vision deficit. Under the proposed alternative standard, aside from those who have had 3 years of intrastate or excepted interstate CMV driving experience with the vision deficiency, hold a valid Federal vision exemption, or are medically certified under § 391.64(b), a road test conducted by the motor carrier would suffice to assess the individual’s ability to operate the CMV with the vision deficiency.

The road test itself as outlined in 49 CFR 391.41 is fairly minimal. It only requires demonstrating use of the CMV controls, turning and operating in traffic in addition to the pre and post trip duties. There is no requirement for evaluating safe operation in conditions of darkness, inclement weather, or complex multisensory environments such as congested traffic, construction zones, and the like where a vision deficiency may be detrimental. It is not specific to a vehicle. The task of operating a passenger carrying motorcoach is quite different than operating a semi-tractor with up to three trailers.

We are concerned a simple road test is insufficient evaluation for drivers lacking experience operating CMVs. The presently available data regarding the safety of drivers with monocular vision is inconclusive: “three studies that provided crash data for drivers with monocular vision in general driver populations were insufficient to determine whether individuals with monocular vision were at increased risk of a crash.” Further, “Data on the relationship between monocular vision and crash involvement is sparse, conflicting with respect to crash risk, and not definitive. Moreover, the Agency must exercise caution when interpreting the data because of the different definitions of “monocular vision” in the literature.” These observations were pointed out in the docket and actually support maintaining the requirement for experience over a road test. There is a concern that, not only will the

number of employer-required road tests significantly increase, but also some carriers, especially smaller ones, may be more lenient on the passing criteria of the road test.

### **The Role of Ophthalmologists**

The change allowing an ophthalmologist to complete the vision portion of the examination appears to be an oversight not previously identified and certainly makes sense. In fact, an ophthalmologist may be preferred for complicated cases.

### **Flawed Basis for Alternative Standard**

Overall, we have concerns that the basis for the alternative vision standard is flawed. The studies used to support this proposal are inconsistent both in definition of those studied and the conclusions reached. Some studies included those that were truly monocular, while others included persons who simply did not meet the FMCSA vision criteria. Some studies reported that there was insufficient evidence of monocular drivers being at higher risk of crash. We respectfully remind all concerned that lack of evidence of the risk is not evidence of absence. It was pointed out that the “data on the relationship between monocular vision and crash involvement is sparse, conflicting with respect to crash risk, and not definitive.” While the results of the former waiver and current exemption programs have not demonstrated an increased crash risk, it is important to remember that drivers in those programs were a self-selected, highly motivated, carefully vetted (very specific criteria including 3 years driving experience and a good driving record), closely monitored group. Our opinion is that making the jump to apply these findings to the general population of drivers is lacking in sufficient evidence to modify the current vision standard.

### **9. Concentra**

<https://www.regulations.gov/comment/FMCSA-2019-0049-0107>

(substantive comments only, footnote text omitted)

We wish to highlight some concerns regarding several aspects of the proposed change in the standard.

The 2019 FMCSA Medical Review Board (MRB)<sup>1</sup>, at their July 2019 meeting, recommended that the vision standard not be changed. They recommended that the vision exemption be maintained, but that FMCSA should investigate whether the three-year driving experience requirement could be shortened. The 2019 MRB also highlighted that under the current exemption process, the FMCSA reviews the driver’s safety records. The proposed rule shifts this responsibility to the employer, who would also be responsible for not only reviewing the safety record, but also for performing a road test.

Monocular vision is generally defined by medical professionals as vision with only one eye, whether it be due to functional loss or physical loss of the eye. The proposed rule has a different definition of monocular vision; any driver that does not meet the binocular vision requirement of § 391.41, in effect, has monocular vision. This simplified definition could apply to a driver who does not meet the visual acuity requirements in one eye for essentially any reason; it does not specify whether the loss of vision is due to a chronic condition, an accident, or just normal vision changes. One example of an individual who fits this scenario, is one having one eye corrected to distant vision, and the other corrected for near vision. We would respectfully submit, this an example of a condition that is not stable or permanent, but permissible as the proposed regulation is presently written.

Under the exemption program that currently exists, there is a requirement for three years of commercial driving experience with the vision deficiency. Under the proposed alternative standard, a road test conducted by the motor carrier would suffice to assess the individual’s ability to operate the CMV with the vision deficiency. We understand that it is proposed that those with three years of intrastate or



excepted interstate CMV driving experience with the vision deficiency, hold a valid federal vision exemption, or are medically certified under § 391.64(b), would not require the road test. The road test itself as outlined is minimal. It only requires demonstrating use of the CMV controls, turning and operating in traffic, in addition to demonstrating an ability to perform the pre- and post-trip duties. Simply driving the vehicle around the block in traffic would satisfy the proposed requirements. However, there is no requirement for evaluating safe operation in conditions of darkness, inclement weather, or complex multisensory environments such as congested traffic, construction zones, and the like, where the effects of a vision deficiency may be amplified. It is also not specific to a particular type of vehicle. The task of operating a box truck or a passenger carrying motor coach is quite different than operating a semi-tractor with up to three trailers. We are concerned a simple road test cannot substitute for drivers lacking experience operating CMVs. The presently available data regarding the safety of drivers with monocular vision is inconclusive: “three studies that provided crash data for drivers with monocular vision in general driver populations were insufficient to determine whether individuals with monocular vision were at increased risk of a crash.”<sup>2</sup> Furthermore, “Data on the relationship between monocular vision and crash involvement is sparse, conflicting with respect to crash risk, and not definitive. Moreover, the Agency must exercise caution when interpreting the data because of the different definitions of ‘monocular vision’ in the literature.”<sup>2</sup> These observations were pointed out in the docket and actually support maintaining the requirement for experience over a road test.

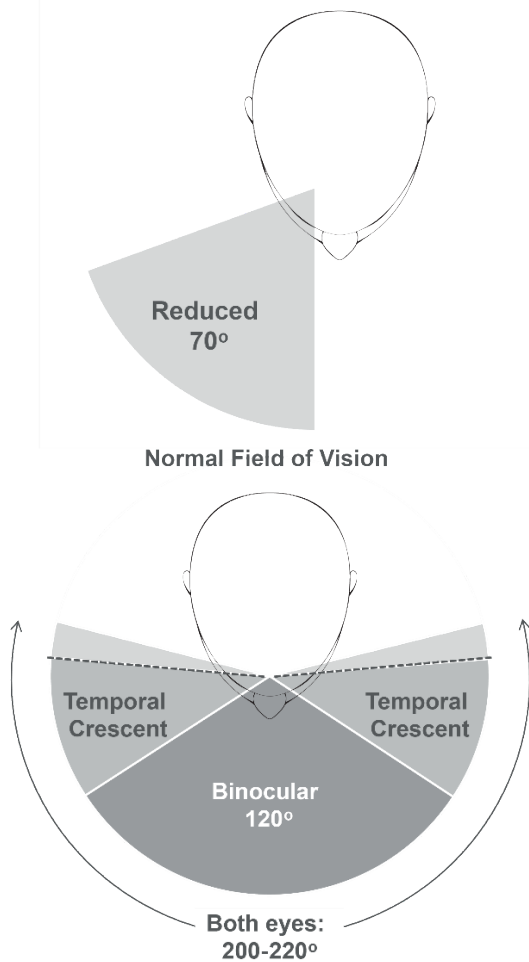
An issue with interpreting several studies that were mentioned in the Federal Register is that they defined monocular differently; in some the person had no vision in the worse eye and in others they were just shy of meeting the FMCSA Vision Standard. Some of these studies reported that there was insufficient evidence that monocular drivers were at higher risk of crash. We respectfully remind all concerned that lack of evidence of the risk is not evidence of absence of that risk. It was pointed out that the “data on the relationship between monocular vision and crash involvement is sparse, conflicting with respect to crash risk, and not definitive.”<sup>2</sup> We feel that applying the study findings from drivers enrolled in the waiver/exemption programs who were a carefully selected (very specific criteria including three years driving experience and a good driving record), highly motivated, and closely monitored group, cannot be applied to the general population of drivers.

The term “stable” is too broad and is guaranteed to cause controversy and confusion. Consider the driver who needs new corrective lenses every 2-3 years to even reach 20/40 in the worse eye. This individual could be certified under the proposed standard of § 391.44. Should any progressive eye diseases such as proliferative retinopathy ever be considered as stable? Not only will eye care professionals have different opinions on stable, but certified MEs will not have sufficient knowledge of visual disorders to be able to evaluate whether an eye disorder is stable or progressive. Removing the three year driving experience requirement will only amplify this issue.

The field of vision issue needs to be addressed. FMCSA has long considered 70 degrees in the horizontal meridian in each eye to be sufficient. However, normal field of vision is twice that: 50 degrees nasally, 90 degrees temporally, for a total of 140 degrees. The current regulations allow half of a normal visual field to be acceptable (70 degrees in each eye). As demonstrated in the diagrams, a driver with monocular vision and a field of horizontal vision that meets the 70 degree minimum, has a markedly decreased field of vision. A field of vision limited to 70 degrees is not normal vision and if detected on an examination, is reason to have a comprehensive evaluation by a specialist. To be eligible for the current vision exemption an individual must have the field of vision tested in each eye, including central and peripheral fields; they must test to at least 120 degrees in the horizontal (in the better eye and formal perimetry is required). The doctor must submit the formal perimetry test for each eye and interpret the results in degrees of field of vision. The proposed regulation, as written, would permit a quarter of a normal visual field to be accepted (70 degrees in one eye). 14 CFR § 67.103 requires normal field of vision for pilots. We would recommend that 120 degrees bilaterally be

considered the minimum acceptable standard for § 391.41, and drivers not meeting this standard be disqualified. Depending on the cause of the vision deficit, perhaps the driver could be eligible for an exemption under either the current exemption program or the proposed § 391.44. Any discussion and definition of field of vision should specify if it is from nasal, temporal or total.

#### Monocular Vision Meeting the Minimum Standard



One of the rebuttals to many of the concerns we expressed here will certainly be that there have not been any significant problems or issues with monocular drivers in the last 30+ years. This could lead one to conclude drivers with monocular vision are as safe as other drivers. We remind readers that as mentioned above, the data is either absent or conflicting regarding the safety of monocular drivers. With such a small percentage of drivers having monocular vision, this data will continue to be difficult to obtain in a statistically significant manner.

# Vision Evaluation Form (Appendix B)

Form MCSA-5871

OMB Control Number: 2126-0006  
Expiration Date:

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

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## VISION EVALUATION REPORT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number (if applicable): \_\_\_\_\_ State: \_\_\_\_\_

This individual is being evaluated to determine whether he/she meets the vision standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle in interstate commerce. This report is required to provide additional information for an individual who has "monocular vision" or did not meet FMCSA's vision standard at a physical qualification examination. An ophthalmologist or optometrist should complete this report to the best of his/her ability based on his/her evaluation of the individual and knowledge of the individual's medical history. Completion of this report does not imply that the ophthalmologist or optometrist is making a decision to qualify the individual to drive a commercial motor vehicle. Any determination as to whether the individual is physically qualified to drive a commercial motor vehicle will be made by a certified medical examiner on FMCSA's National Registry of Certified Medical Examiners.

*FMCSA defines monocular vision as (1) in the better eye, distant visual acuity of at least 20/40 (with or without corrective lenses) and field of vision of at least 70 degrees in the horizontal meridian, and (2) in the worse eye, either distant visual acuity of less than 20/40 (with or without corrective lenses) or field of vision of less than 70 degrees in the horizontal meridian, or both.*

### Instructions to the Individual:

The certified medical examiner must receive this report and begin the examination no later than 45 calendar days after an ophthalmologist or optometrist signs this report.

### PLEASE CHECK / FILL IN REQUESTED INFORMATION (PLEASE PRINT)

- I am an ophthalmologist  I am an optometrist
- Date of vision evaluation \_\_\_\_\_ (MM/DD/YYYY)
- Distant visual acuity (please provide both if applicable):  
Uncorrected: right eye: 20/\_\_\_\_ left eye: 20/\_\_\_\_  
Corrected: right eye: 20/\_\_\_\_ left eye: 20/\_\_\_\_  
Type of correction: glasses  contacts
- Field of vision, including central and peripheral fields, utilizing a testing modality that tests to at least 120° in the horizontal. Formal perimetry is required. Attach a copy of the formal perimetry test for each eye and interpret the results in degrees of field of vision.  
Right eye: \_\_\_\_\_ degrees ("normal" or "full" are not acceptable)  
Left eye: \_\_\_\_\_ degrees ("normal" or "full" are not acceptable)  
Test used to determine results: \_\_\_\_\_
- Is the individual able to recognize the standard red, green, and amber traffic control signal colors?  
YES  NO

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- 6. Date of last comprehensive eye examination \_\_\_\_\_ (MM/DD/YYYY) or unknown
- 7. Does the individual have monocular vision as it is defined by FMCSA? YES  NO
- 8. If yes, cause of the monocular vision (describe): \_\_\_\_\_  
\_\_\_\_\_
- 9. When did the monocular vision begin? \_\_\_\_\_ (MM/YYYY)
- 10. Current treatment \_\_\_\_\_ or N/A
- 11. In your medical opinion, is the individual's vision deficiency stable? YES  NO
- 12. In your medical opinion, has sufficient time passed to allow the individual to adapt to and compensate for the change in vision?  
YES  NO
- 13. Does the individual have any progressive eye condition or disease (e.g., macular edema, cataracts, glaucoma, or retinopathy)?  
YES  NO

If yes, provide the condition or disease, date of diagnosis, severity (mild, moderate, or severe), current treatment, and whether the condition is stable. Please enter the information in the table below.

Condition or Disease	Date of Diagnosis	Severity			Current Treatment	Is Condition Stable?	
		Mild	Moderate	Severe		Yes	No
a)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

In your medical opinion, is a vision evaluation required more often than annually? YES  NO

If yes, how often? \_\_\_\_\_

I attest that I am an ophthalmologist or optometrist and that the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Medical Credential

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Professional License Number and State

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address

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City, State, Zip Code

## Attachment C

### Supporting Documentation Vision NPRM, Studies, and Referenced Documents Docket FMCSA-2019-0049

#### PRIMARY DOCUMENTS

NPRM, Qualifications of Drivers: Vision Standard (86 FR 2344, Jan. 12, 2021).

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#### SECONDARY DOCUMENTS

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<https://www.regulations.gov/document/FMCSA-2019-0049-0009>
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14. FMCSA. Safety Performance of Drivers with Medical Exemptions: How safe are drivers in a medical exemption program compared to those who are not? Analysis Brief (FMCSA RRA-16-019b). Washington, DC: U.S. Department of Transportation; November 2016.  
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