



Medical Review Board

c/o Federal Motor Carrier Safety Administration
1200 New Jersey Avenue, SE
Room W64-104
Washington, DC 20590

July 20, 2021

Meera Joshi
Deputy Administrator
Federal Motor Carrier Safety Administration
1200 New Jersey Avenue, SE
Washington, DC 20590

Dear Deputy Administrator Joshi:

On May 19-20, 2021, the Medical Review Board (MRB) held a public meeting in response to MRB Task 21-1. This task relates to the Federal Motor Carrier Safety Administration's (FMCSA) notice of proposed rulemaking to establish a new alternative vision standard for individuals who cannot meet either the current distant visual acuity or field of vision standard, or both, in one eye.

In MRB Task 21-1, FMCSA requested that the MRB review and analyze the public comments from medical professionals and associations, make recommendations regarding the proposed alternative vision standard, and identify factors the Agency should consider regarding next steps in the vision rulemaking. Additionally, FMCSA requested the MRB's recommendations with respect to whether the information requested from eye specialists on the proposed Vision Evaluation Report provides sufficient information for a medical examiner to make a medical certification determination.

The attached report includes the MRB's recommendations relating to MRB Task 21-1. On behalf of the MRB, I respectfully submit this report to FMCSA for its consideration.

Sincerely,

//signed//

Gina C. Pervall, MD
Chairman

Enclosure

Medical Review Board
Task 21-1 Report: FMCSA Proposed Alternative Vision Standard
May 19-20, 2021

Task 21-1: In January 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 commercial motor vehicle (CMV) in interstate commerce. The proposed alternative vision standard, if adopted, would replace the current vision exemption program as a basis for establishing the physical qualification determination for monocular vision individuals.

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 on the Agency's National Registry of Certified Medical Examiners 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 directed the MRB to review and analyze the comments from medical professionals and associations, 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 requested the MRB's recommendations with respect to whether the information requested from eye specialists on the proposed Vision Evaluation Report provides sufficient information for a medical examiner to make a medical certification determination. FMCSA also asked the MRB to identify additional information that would be useful and to highlight any areas of ambiguity. The Agency requested that the MRB provide a letter report to FMCSA with its recommendations.

I. Overview

A. With respect to the medical aspects of the proposed alternative vision standard only, if the MRB does not make a specific recommendation to change a provision, the MRB concurs with the provision as proposed in the January 2021 NPRM.

B. The MRB recommends that the Agency deemphasize that the alternative vision standard begins with the vision evaluation because the individual may be examined first by the medical examiner.

II. Recommendations for the Regulatory Standards

A. The MRB recommends that the current field of vision requirement be changed from 70 degrees to 120 degrees for the alternative vision standard for monocular vision drivers.

B. The MRB agrees that the requirement for sufficient time to adapt to and compensate for the vision deficiency should not be changed in the proposed alternative vision standard. The MRB notes it does not have sufficient data to establish a specific waiting period for an individual who has a new vision deficiency.

III. Recommendations for the Vision Evaluation Report

A. The MRB recommends that the physical qualification standards for the alternative vision standard, as set forth in the paragraph below from Task 21-1 but modified to reflect a field of vision of at least 120 degrees, be added to page 1 in the instructions after FMCSA's definition of monocular vision:

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 120 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.

B. The MRB recommends that the Agency expand the medical opinion in question 12 to require that the individual can drive a CMV safely with the vision condition. The MRB notes that the medical opinion provided by the ophthalmologist or optometrist regarding whether the individual has adapted to and compensated for the change in vision sufficiently encompasses depth perception. The MRB notes further that question 12 sufficiently implies that time is needed to adapt and compensate for the change in vision but appropriately

relies on the ophthalmologist or optometrist conducting the vision evaluation to determine the appropriate period of time on a case-by-case basis.

C. The MRB recommends that the requests for information about stability in questions 11 and 13 both be retained. The questions solicit different information.

D. The MRB recommends that the Agency change the order of the requested information to be questions 1 through 9, 10, 12, 13, and then 11.

E. The MRB recommends that the vision evaluation report not request information relating to severe non-proliferative diabetic retinopathy and proliferative diabetic retinopathy because they are evaluated separately under the standard for insulin-treated diabetes mellitus.

The MRB's recommended edits to the Vision Evaluation Report are set forth in the Attachment to this report.

Attachment

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.

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 120 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.

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

Attachment

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4. 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: _____

5. Is the individual able to recognize the standard red, green, and amber traffic control signal colors?
YES NO

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~~

112. In your medical opinion, has sufficient time passed to allow the individual to adapt to and compensate for the change in vision **and to drive a commercial motor vehicle safely?** YES NO

123. 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 Severe	Moderate		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? _____

~~134. In your medical opinion, is the individual's vision deficiency stable? YES NO~~

Attachment

Form MCSA-5871

OMB Control Number: 2126-0006

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Expiration Date:

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

City, State, Zip Code