

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

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. *Attach 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~~his or her blood glucose? _____
5. Is the individual compliant with glucose monitoring based on ~~their~~his or her specific treatment plan?
 Yes No

Diabetes Management and Control

6. Has the individual experienced any severe hypoglycemic episodes within the preceding ~~three~~six 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 significant hyperglycemic episodes within the preceding six months (for example, diabetic ketoacidosis and hyperosmolar)? 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 ~~H~~hemoglobin A1c (HgbA1c) measured intermittently over the last 12 months, with the most recent HgbA1c measured within the preceding ~~three~~six months?
 Yes No

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

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 **diagnosis**, 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 **diagnosis**, 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 **diagnosis**, 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 **diagnosis**, 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 **diagnosis**, date of diagnosis, current treatment, and whether the condition is stable:

f. Other? (*specify condition*) _____
___ Yes ___ No

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

Diabetic Retinopathy

10. Date of last eye exam: _____

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

Printed Name of Treating Healthcare Provider

State of Licensure

Street Address

City, State, Zip Code

Phone/Fax

Email

DRAFT