



**U.S. Department
of Transportation**

Federal Motor Carrier
Safety Administration

1200 New Jersey Avenue SE
Washington DC 20590

Refer to: MC-PSP

Dear Applicant:

The Department of Transportation DOT Federal Motor Carrier Safety Administration (FMCSA) has received your request for an exemption from Section 391.41(b)(8) of the Federal Motor Carrier Safety Regulations which prohibits an individual with epilepsy or a seizure disorder from operating a commercial motor vehicle in interstate commerce. The process to determine if such an exemption should be granted includes a thorough review of your medical records and any other documents that would support your request for an exemption from this regulation. **Include any information about your condition, such as diagnosis, medical history, laboratory tests, diagnostic tests and any medications you are taking. Include your most recent visit note from your treating physician. Please indicate the following specifically:**

1. Physician Statement on letterhead, that includes: your diagnosis, the date(s) of your last seizure, the anti-seizure medication you take, the date of the last change in anti-seizure medication, and a sentence of support for your driving commercially.
2. A copy of your driver's license, front and back.
3. The type of vehicle you would be driving. DOT #
4. Completed Authorization for Release of Medical Information Form
5. A statement that you are an interstate commercial driver.
6. A copy of driving record for the last 3 years. Include the accident report for any vehicle accidents within the last 3 years.

In order to grant an exemption, the Agency must ensure that each exemption would maintain a level of safety equivalent to, or greater than, the level achieved without the exemption.

The Agency must carefully evaluate the application and, as required by 49 CFR U.S.C. 31315(b), prepare a Federal Register notice requesting public comment on the application for the exemption. In order to publish relevant medical information to the Federal Register docket, we are requesting that you complete and sign the enclosed Release of Information. After review of public comments received in response to the Federal Register notice, FMCSA will make a decision whether to grant or deny the exemption. You will be notified in writing once a final decision is made. Send information to:

U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Medical Programs Division, W64-221
Seizure Exemptions
1200 New Jersey Ave, SE
Washington DC 20590
Phone (202) 366-4001
Fax (202) 366-1265

Seizure Exemption Application

Welcome to the FMCSA Seizure Exemption Program application site. All of the information you will need to apply for an exemption from the epilepsy regulation in 49 CFR 391.41(b)(8) is located here.

If you are applying for a Seizure exemption, please first review the following criteria, you must meet these conditions to be considered:

- **Seizure Disorder/Epilepsy diagnosis.** If there is a seizure disorder/epilepsy diagnosis, the applicant should be seizure-free for 8 years, on or off medication. If the individual is taking anti-seizure medication(s), the plan for medication should be stable for 2 years. Stable means no changes in medication, dosage, or frequency of medication administration. Recertification for drivers with an epilepsy diagnosis should be performed every year.
- **Single unprovoked seizure.** If there is a single unprovoked seizure (i.e., there is no known trigger for the seizure), the individual should be seizure-free for 4 years, on or off medication. If the individual is taking anti-seizure medication(s), the plan for medication should be stable for 2 years. Recertification for drivers with a single unprovoked seizure should be performed every 2 years.
- **Single provoked seizure.** If there is a single provoked seizure (i.e., there is a known reason for the seizure), the Agency will consider specific criteria that fall into the following two categories: low-risk factors for recurrence and moderate-to-high risk factors for recurrence.
 - Examples of low-risk factors for recurrence include seizures that were caused by a medication; by non-penetrating head injury with loss of consciousness less than or equal to 30 minutes; by a brief loss of consciousness not likely to recur while driving; by metabolic derangement not likely to recur; and by alcohol or illicit drug withdrawal.
 - Examples of moderate-to-high-risk factors for recurrence include seizures caused by non-penetrating head injury with loss of consciousness or amnesia greater than 30 minutes, or penetrating head injury; intracerebral hemorrhage associated with a stroke or trauma; infections; intracranial hemorrhage; post-operative complications from brain surgery with significant brain hemorrhage; brain tumor; or stroke.

If you meet the above criteria, then you may submit an application to be considered for an exemption. First, the Agency must make a thorough review of your medical records and any other documents that would support your request for an exemption from this regulation. We require the following information:

- **Medical history: include any information about your condition, such as diagnosis, laboratory tests, diagnostic tests and any medications you are taking. Please indicate the following specifically:**

- **Physician Statement on letterhead, that includes: your diagnosis, the date(s) of your last seizure, the anti-seizure medication you take, the date of the last change in anti-seizure medication, and a sentence of support for your driving commercially.**
- **A copy of your driver's license, front and back**
- **3-year driving history**
- **The type of vehicle you would be driving. DOT #**
- **Completed Authorization for Release of Medical Information Form**
- **A statement that you are an interstate commercial driver.**

In order to grant an exemption, the Agency must ensure that each exemption would maintain a level of safety equivalent to, or greater than, the level achieved without the exemption.

The process for determining whether to grant an exemption follows:

- FMCSA must assure we have all the requested information.
- FMCSA is required to prepare a Federal Register notice requesting public comment on any application for a medical exemption.
- The notice includes personal information about you and your medical condition. There may be other drivers published in the same notice, asking for the same type of medical exemption.
 - To publish your name and relevant medical information to the Federal Register docket, we require that you complete and sign the "Release of Information".
- The public is allowed a 30-day period to comment on the exemption application.
- FMCSA reviews all of the comments.
- Then the Agency makes a decision on your application.
- You will be notified in writing of the decision.

FMCSA will also evaluate your driving record to assess for serious violations and/or repeated violations (speeding, crashes, etc).

Once you have collected all of the requested information, please send it to the following address:

**Federal Motor Carrier Safety Administration
 Medical Programs Division, W64-220
 (Seizure Exemptions)
 1200 New Jersey Ave, SE
 Washington DC 20590**

If you require any assistance in preparing your application or have questions regarding your eligibility, please contact the Medical Programs Division at 202-366-4001 or email at fmcsamedical@dot.gov

Thank you and we look forward to assisting you!



F M C S A
Federal Motor Carrier Safety Administration

www.fmcsa.dot.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT IDENTIFICATION

Name: _____

Date of Birth: _____

Protected Health Information: Any information that can be linked back to the individual applicant, can be in any form: written, electronic, or verbal.

(Signed original will be placed in the applicant's record and a copy provided to the applicant)

I (NAME OF APPLICANT) authorize the Federal Motor Carrier Safety Administration ("FMCSA" or "the Agency") to disclose, in a public docket accessible to all interested parties via the Internet, medical records and information related to my application for an exemption from one or more of the physical qualifications standards under 49 CFR 391.41. I understand that the medical records and information that will be disclosed by the Agency may include specific health information related to the medical conditions or illnesses, injuries, diagnosis, prognosis and medical treatment provided to me which have resulted in my not being able to obtain a medical certificate to operate commercial motor vehicles in interstate commerce. I understand that the American Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides certain protections against the release of my personal medical records and information and hereby waive all protections provided by HIPAA with regard to medical records and information related to my application for an exemption from certain requirements under 49 CFR 391.41.

Please check and initial the statement that applies: I do _____ I do not _____ authorize this information to be released.

Information Limitations, if any: _____

This information may also be shared with (please check one of the following):

1. Legal Representative _____

2. Other (please specify):

Description of the exemption being sought and the medical information to be released to FMCSA in support of the exemption application, including the healthcare professionals responsible for providing the records that will be released.

I understand that I may refuse to sign this authorization and that my refusal to sign may affect my ability to obtain an exemption with the FMCSA. I understand that I may withdraw my application for an exemption at any time and that I may revoke this authorization in writing at any time prior to the FMCSA publishing a notice in the Federal Register soliciting public comments on my exemption application. I understand that after FMCSA publishes a notice in the Federal Register all medical records and information submitted to FMCSA will be submitted to a public docket accessible by all interested parties via the Internet. The Agency will not remove information from the public docket after it has been posted.

Applicant's Address Signing person Name, Address & Telephone #:

Name(s) _____

Address _____

Telephone # _____

Request sent to:

1. Physician Company Person Other (explain)

2. Address: _____

3. Phone Number: _____ **Fax #:** _____

*** Signature of Applicant Signing Person Legal Representative:**

_____ **Date:** _____

Relationship to applicant: _____

(Sample)

F M C S A

Federal Motor Carrier Safety Administration

www.fmcsa.dot.gov

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT IDENTIFICATION

Name: **John Doe**

Date of Birth: **1/1/1960**

Protected Health Information: Any information that can be linked back to the individual applicant, can be in any form: written, electronic, or verbal.

(Signed original will be placed in the applicant's record and a copy provided to the applicant)

I (NAME OF APPLICANT) authorize the Federal Motor Carrier Safety Administration ("FMCSA" or "the Agency") to disclose, in a public docket accessible to all interested parties via the Internet, medical records and information related to my application for an exemption from one or more of the physical qualifications standards under 49 CFR 391.41. I understand that the medical records and information that will be disclosed by the Agency may include specific health information related to the medical conditions or illnesses, injuries, diagnosis, prognosis and medical treatment provided to me which have resulted in my not being able to obtain a medical certificate to operate commercial motor vehicles in interstate commerce. I understand that the American Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides certain protections against the release of my personal medical records and information and hereby waive all protections provided by HIPAA with regard to medical records and information related to my application for an exemption from certain requirements under 49 CFR 391.41.

Please check and initial the statement that applies: I do X I do not authorize this information to be released.

Information Limitations, if any: (list any information you do NOT want to release)

This information may also be shared with (please check one of the following):

1. Legal Representative : (if you have a lawyer, put his/her name here)

2. Other (please specify):

Description of the exemption being sought and the medical information to be released to FMCSA in support of the exemption application, including the healthcare professionals responsible for providing the records that will be released. **I am asking for an exemption from the epilepsy standard in CFR 49 391.41. The information to be released includes my medical records from my treating doctor.**

I understand that I may refuse to sign this authorization and that my refusal to sign may affect my ability to obtain an exemption with the FMCSA. I understand that I may withdraw my application for an exemption at any time and that I may revoke this authorization in writing at any time prior to the FMCSA publishing a notice in the Federal Register soliciting public comments on my exemption application. I understand that after FMCSA publishes a notice in the Federal Register all medical records and information submitted to FMCSA will be submitted to a public docket accessible by all interested parties via the Internet. The Agency will not remove information from the public docket after it has been posted.

Applicant's Address Signing person Name, Address & Telephone #:

Name(s) John Doe

Address 123 Main Street, Dallas, TX 11111

Telephone # _____

Request sent to:

1. Physician Company Person Other (explain)

Dr. John Smith

2. Address: 5555 Church Street, Dog street, MA 33333

3. Phone Number: _____ Fax #: _____

* Signature of Applicant Signing Person Legal Representative:

John D Doe Date: 1/2/2012

Relationship to applicant: (if someone other than you is signing on your behalf, they must list their relationship to you here)