



US Department
Of Transportation
Federal Motor Carrier
Safety Administration

1200 New Jersey Ave., SE
Washington, DC 20590

Dear Applicant:

Thank you for your interest in the Federal Diabetes Exemption Program. The information in this letter and the accompanying materials need to be read carefully. The applicant is responsible for providing all required information. The following information is required to be submitted:

1. Applicant Information Checklist;
2. Signed **photocopy** of the Medical Examination Report (completed by the Medical Examiner);
3. Signed **photocopy** of the Medical Examiner's Certificate (completed by the Medical Examiner);
4. Endocrinologist Evaluation Checklist;
5. Vision Evaluation Checklist;
6. Copy of your driver's license and an **official copy** of your motor vehicle record.

Who may apply for an exemption from the diabetes standard?

The applicant who has a current diagnosis of diabetes mellitus requiring insulin for control and who intends to drive a Commercial Motor Vehicle (CMV) in **Interstate Commerce** only.

Interstate Commerce is trade, traffic, or transportation involving the crossing of a State boundary. Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier.

Intrastate Commerce is trade, traffic, or transportation within a single State.

How does the applicant apply for an exemption from the diabetes standard?

A. Medical Examiner

The applicant must be examined by a medical examiner, as defined in 49 CFR 390.5. The examiner can be a physician, (MD, DO), advanced nurse practitioner, physician assistant, or chiropractor if allowed by their state regulations to certify drivers. This examination **STARTS** the exemption process. The applicant **MUST** take the Certifying Medical Examiner Evaluation letter to the appointment with the medical examiner for him/her to review prior to performing the examination. In addition, the applicant must bring a copy of his/her 5 year medical history to the examination for the medical examiner to review. The medical examiner will have copies of the United States Department of Transportation Medical Examination Report Form and the Medical

Examiner's Certificate. The applicant must meet all medical standards and guidelines, other than diabetes, in accordance with 49 CFR 391.41 (b) (1-13).

Other than the use of insulin to treat their diabetes, any other medical problem or condition that prevents the applicant from being certified by the medical examiner must be corrected **BEFORE** the rest of this application is completed. Therefore, the endocrinologist and vision evaluations **SHOULD NOT** be completed until the medical examiner certifies the applicant. The applicant must submit copies of the completed medical examination report and medical examiner's certificate. The certificate should indicate that the driver is certified **ONLY IF** the driver has a diabetes exemption. The certificate is not valid until the insulin exemption is obtained from the Federal Motor Carrier Safety Administration (FMCSA).

B. Endocrinologist Evaluation Checklist

The applicant must be examined by a physician who is a board-certified or board-eligible endocrinologist. The applicant must take the Endocrinologist Evaluation Checklist and glucose logs to the appointment. The endocrinologist must complete all parts of the checklist. The applicant must submit the endocrinologist's signed letterhead, a completed checklist, and any additional reports outlined in the checklist to the exemption program.

C. Vision Evaluation Checklist

The applicant must have a vision examination by an ophthalmologist or optometrist. An applicant with **diabetic retinopathy MUST be evaluated by an ophthalmologist**. The applicant must take the Vision Evaluation Checklist to the appointment. The ophthalmologist or optometrist must complete all parts of the checklist. The applicant must submit the optometrist/ophthalmologist's signed letterhead and a completed checklist to the exemption program.

Please note that both the **Endocrinologist and Vision medical evaluations are only valid for 6 months from the date performed**. The **Medical Examiner's evaluation is valid for 1 year from the date performed**. Applicants will be required to submit a new examination for any of the aforementioned examinations if they expire during the application process.

D. Additional Applicant Information

The applicant must provide a completed Applicant Information Checklist, a readable photocopy of both sides of the driver's license, and an **official copy** of the current motor vehicle record.

Additional medical information may be required, based on review of the information submitted. Prior to submitting the application, please review all information and make sure that each checklist is **completely filled out and that all required information is included**. Application review will be delayed if the information submitted is not current or if it is incomplete. Mail all information to:

**Federal Diabetes Exemption Program
1200 New Jersey Ave., SE
Room W64-224
Washington, DC 20590**

The application may be faxed to 703-448-3077. However, original documents **must** be mailed to the above address.

What Happens After a Completed Application Is Submitted?

The FMCSA will review the application and notify the applicant if additional information is required or missing. Please note, as stated above, that additional medical information may be required. Once the application is complete, the FMCSA will determine applicant eligibility for this program.

If the applicant is eligible for an exemption, the FMCSA is required to publish the applicant request for exemption in the Federal Register twice; this includes a 30 day period for public comment and notification of the Agency's final decision. The notice discloses the applicant's full name, age, basic information related to the applicant's insulin use to control diabetes, and the type of driving license held; however, the notice does not include any detailed personal information, such as the applicant's address, employer, medical records, or driver's license number.

If granted, the Federal exemption is valid for CMV operation within the United States and does not exempt the applicant from foreign requirements, such as Canada and Mexico.

If the Applicant Does Not Meet Eligibility Criteria

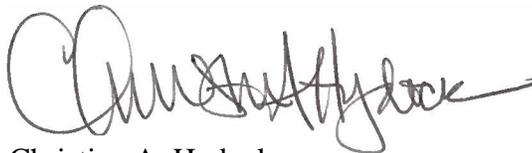
If the FMCSA determines that the applicant does not meet program eligibility criteria, a decision letter will be mailed directly to the applicant outlining the reason that the Agency is unable to grant the exemption from the Federal diabetes standard.

What Is Required of the Driver After an Exemption Is Granted?

The exemption certificate and requirements are sent to the exempted applicant by certified mail. The FMCSA can issue an exemption for a maximum of 2 years. Quarterly and annual medical monitoring and reporting are conditions of the exemption from the Federal diabetes standard of 49 CFR 391.41(b)(3). The driver will receive the necessary forms from the FMCSA and will be responsible for compliance. Additionally, the driver is required to reapply for renewal every two years, and, as with monitoring, the responsibility of reapplication rests with the driver. The driver must have yearly medical re-certification examinations.

If you have questions related to the application process outlined in this document, please call 703-448-3094.

Sincerely yours,



Christine A. Hydock
Chief, Medical Programs Division

Enclosures

Applicant Checklist

1. Driver Information

Name (First, Middle Initial, Last): _____

Street Address: _____

City: _____ State: _____ ZIP code: _____

Mailing Address, if different from above:

City: _____ State: _____ ZIP code: _____

Telephone number: (____) _____ - _____

Mobile phone number: (____) _____ - _____

Fax number: (____) _____ - _____

Sex (check one): Male Female

Date of birth (MM/DD/YYYY): _____

Social Security number: _____ - _____ - _____

2. Current Employment

Employer's name: _____

Employer's address: _____

City: _____ State: _____ ZIP code: _____

Employer's telephone number: (____) _____ - _____

Do you currently drive for this employer? (Check one): YES NO

If you are currently employed by a Federal, State, Municipal or Local Government Agency, please check below:

I am employed by a: Private contractor
 Federal, State, municipal, or local government

3. Statement of Qualification

Prior to signing this statement, please **review the attached Regulatory Criteria on Physical Qualifications** for Commercial Drivers.

Note: “otherwise qualified” or “hold a valid medical exemption” means that you meet the physical qualifications standards to drive a Commercial Motor Vehicle (CMV) (except for diabetes) or that you have an exemption or a skill performance evaluation certificate.

By signing below, I hereby certify that the following statement is true: “I acknowledge that I must be otherwise qualified under 49 CFR 391.41(b)(1-13) or hold a valid medical exemption before I can legally operate a CMV in interstate commerce.”

Signature: _____

Interstate Commerce is trade, traffic, or transportation involving the crossing of a State boundary. Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier.

Intrastate Commerce is trade, traffic, or transportation within a single State.

I intend to drive a CMV in: INTERSTATE commerce only
 INTRASTATE commerce only

Do you have any waivers, exemptions, or Skill Performance Evaluation certificates? (check one)

YES **NO**

If yes, list each, including date of issue, date of expiration, and identification number

Name	Issue Date	Expiration Date	ID#
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4. Driver’s License and Motor Vehicle Record

Please attach a readable copy of **both sides** of your current **VALID** driver’s license. You must include your driving record, furnished by an official state agency on its letterhead, bearing the state seal of official stamp. **No other documentation will be accepted.** This request is to verify that you have a valid license and will not be used for any other purpose.

Regulatory Criteria on Physical Qualifications for Commercial Drivers

A person is physically qualified to drive a commercial motor vehicle if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a skill performance evaluation certificate.
2. Has no impairment of: a hand or finger that interferes with prehension or power grasping; or an arm, foot, or leg that interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or any other significant limb defect or limitation that interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or has been granted a skill performance evaluation certificate.
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
5. Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely.
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely.
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease that interferes with his/her ability to control and operate a commercial motor vehicle safely.
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle.
9. Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the driver's ability to drive a commercial motor vehicle safely.
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.
11. First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not

have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid.

12. Does not use a controlled substance identified in 21 CFR 1308.11 *Schedule I*, an amphetamine, narcotic, or any other habit-forming drug, unless prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that it will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
13. Has no current clinical diagnosis of alcoholism.

CERTIFYING MEDICAL EXAMINER EVALUATION GUIDELINES
FEDERAL DIABETES EXEMPTION PROGRAM

This applicant is applying for a Federal diabetes exemption to allow insulin use while operating a commercial motor vehicle (large truck or bus) in interstate commerce. **The driver is required to be examined by a medical examiner as part of the application process.** This will assist the Agency in determining that the individual is qualified for all medical standards, other than diabetes, in accordance with 49 CFR 391.41(b). A medical examiner is defined as a medical doctor, doctor of osteopathy, a physician assistant, doctor of chiropractic, or an advanced practice nurse, who is licensed in their state to perform these examinations.

This examination begins the exemption process. The certifying medical examiner must review the applicant's 5 year medical history and provide the applicant with a completed U.S. Department of Transportation medical examination report and medical examiner's certificate. The applicant is responsible to submit copies of these forms with their application. The form and certificate are not valid until Federal Motor Carrier Safety Administration (FMCSA) has issued an insulin exemption. Any other medical problem or condition that prevents being certified by the medical examiner must be corrected **BEFORE** the rest of this application is completed.

IT IS THE EXAMINER'S RESPONSIBILITY TO DETERMINE IF THE APPLICANT MEETS ALL MEDICAL STANDARDS AND GUIDELINES, OTHER THAN DIABETES, IN ACCORDANCE WITH 49 CFR 391.41 (B) (1-13). **IF THE APPLICANT PASSES THE CERTIFICATION EXCEPT FOR USING INSULIN, PROVIDE HIM WITH A COMPLETE MEDICAL EXAMINER REPORT AND CERTIFICATE**

Check the following on the Medical Examination Report:

- Meets standards but periodic evaluation required due to "**insulin use**" driver qualified only for (check the **1 year box**)
- Accompanied by a "**Federal diabetes**" waiver/exemption

Check the following on the Medical Examiner's Certificate:

- Accompanied by a "**Federal diabetes**" waiver/exemption
- Medical examination expiration date should be **one year** from the **date of examination**.

The applicant is required to submit copies of the Medical Examination Report and Medical Examiner's Certificate along with the endocrinologist and the ophthalmologist/optometrist evaluation checklists, to be reviewed by FMCSA for the determination of qualification for the Federal diabetes exemption.

If you have questions, please call 703-448-3094.

Please print and sign your name below and return this to the applicant:

Medical Examiner's Signature: _____ Date: _____

Medical Examiner's Name (Please print): _____

Endocrinologist Evaluation Checklist

Federal Diabetes Exemption Program

Driver Identifying Information

Name: _____
 First MI Last

Address: _____

DOB (MM/DD/YYYY): _____

This applicant is applying for a Federal diabetes exemption to be able to take insulin while operating a commercial motor vehicle (large truck or bus) in interstate commerce. Part of the application process is an evaluation by a board-certified or board-eligible Endocrinologist to determine if the individual has any medical problem related to diabetes that might impair safe driving.

The applicant's examination by an Endocrinologist is only valid for 6 months from the date performed. Applicants will be required to submit a new examination if the current examination expires during the application process.

PLEASE CHECK / FILL IN REQUESTED INFORMATION.

1. I am board-certified in endocrinology.

I am board-eligible in endocrinology.

If neither, do not continue your assessment. Applicants must be evaluated by an endocrinologist who is board-certified or board-eligible.

2. Office telephone number: _____

3. Office fax number: _____

4. Date of most recent patient evaluation (MM/DD/YYYY): _____

(Note: the applicant must have been on insulin daily for a minimum of 30 to 60 days prior to the completion of this evaluation. See13.A)

5. I am familiar with the patient's medical history for the past 5 years through a records review, treating the patient, or consultation with the treating physician.

YES NO

A review of the applicant's 5-year medical history is required. If the history is not available, please state the reason.

6. Date of initial diagnosis of diabetes mellitus: _____

Treatment for diabetes mellitus prior to insulin use:

None Diet Oral agent

7. Insulin Usage:

Date insulin use began: _____

Type of insulin(s) and current dosage now used: _____

Length of time on current dose: _____

Is the applicant compliant with his/her insulin regimen? YES NO

If patient uses insulin pump, current average daily dose: _____

8. FMCSA defines a **severe hypoglycemic reaction** as one that results in:

Seizure, or

Loss of consciousness, or

Requiring assistance of another person, or

Period of impaired cognitive function that occurred without warning.

In the last 5 years, while being treated for diabetes, has the patient had recurrent (2 or more) severe hypoglycemic episodes? YES NO

In the last 12 months, while being treated for diabetes, has the patient had a severe hypoglycemic episode? YES NO (**If no proceed to #9 below**)

If yes, provide information on each hypoglycemic episode:

Date(s):

Include additional information about each episode including symptoms of hypoglycemic reaction, treatment, and suspected cause:

Was the patient hospitalized? YES NO

If yes, provide brief summary of hospitalization:

Has the patient's treatment regimen changed since the last hypoglycemic episode?

YES NO

Briefly explain changes:

9. Additional Information or History (If none, write *none*):

10. List all medications including those taken related to the treatment of diabetes (if none, write none):

Name of Medication	Dose	Reason for Taking the Medication

11. In your medical opinion, **other than insulin**, does any one of the listed medications have the potential to compromise the driver's ability to operate a CMV safely?

YES NO

If yes, which medication(s): _____

12. Associated Medical Conditions (please check *yes* or *no*):

Renal Disease	Renal insufficiency	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Proteinuria	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Nephrotic Syndrome	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cardiovascular Disease	Coronary artery disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Hypertension	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Transient ischemic attack	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Stroke	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Peripheral vascular disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neurological Disease	Autonomic neuropathy (i.e, cardiovascular GI, GU)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Peripheral Neuropathy (Circle one below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Sensory		
	Decreased sensation		
	Loss of vibratory sense		
	Loss of position sense		

If the applicant has been or is currently being treated for any of the above medical conditions, provide relevant additional information (consultation notes, special studies, follow-up reports, and hospital records).

13. Stable Insulin Regimen/Glucose Measurements:

Is the patient able to identify correctly the standard red, green, and amber traffic control signal colors? YES NO

Note: If color testing results are inconclusive, it is discretionary whether to administer a controlled test using an actual traffic signal to determine the individual's ability to recognize red, green, and amber.

An applicant with diabetic retinopathy must be evaluated by an ophthalmologist. The vision examination must occur AFTER any eye surgery/procedures (postoperatively).

6. Does the patient have diabetic retinopathy? YES NO

If yes: Proliferative
 Stable Unstable
 Nonproliferative
 Stable Unstable

Treatment: _____

Date diagnosed: _____

Surgery/procedures: _____

Requires recheck in _____ months

7. Does the patient have macular edema?

YES NO

8. Does the patient have cataracts?

YES NO

9. Does the patient have any other medical diagnosis, visual defects, condition or field loss that would affect the safe operation of a motor vehicle?

YES NO

If yes, what? _____

10. If yes to any of the conditions listed above, are any unstable?

YES NO

If yes, which condition(s)? _____

11. In your medical opinion, is monitoring required more often than annually?

YES NO

If yes, how often? _____

12. Please attach your office letterhead with your printed/typed name, signature, date, license number, date of expiration and state of issue to this checklist.