



**Public Utilities
Commission**

John R. Kasich, Governor
Asim Z. Haque, Chairman

Provisional Medical Certification

Instruction Packet for Drivers and Medical Examiners.



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Introduction & Regulatory Contact List for Motor Carriers

The Public Utilities Commission of Ohio offers Provisional Medical Certification (PMC) to eligible intrastate (Ohio only) drivers who were unable to pass their USDOT required physical examination. To apply for PMC drivers must meet eligibility requirements outlined on the PUCO website under Provisional Medical Certification (which are also on page 2).

The materials in this packet cover instructions for drivers on how to apply for PMC, and instructions for certified medical examiners on how to conduct the physical examination procedure. Also in this packet are the forms to complete the PMC process, and guides to the relevant rules and regulations in the Ohio Motor Carrier Safety Regulations (OMSRs) and the Federal Motor Carrier Safety Regulations (FMCSRs).

PUCO Transportation Department

- **Motor Carrier Registration**
 - General Registration (614) 466-3392 *2
 - Hazardous Materials Registration (800) 642-3443
 - Crash Data, Statistics and Reports (614) 466-0429

- **Motor Carrier Safety and Enforcement**
 - New Entrant Safety Audits (614) 644-1454 *4
 - Motor Carrier Compliance Reviews (614) 466-0369
 - Driver Vehicle Inspections (614) 466-0429
 - Provisional Medical Certification (614) 728-1909
 - Hazardous Material Incident Line (800) 642-3443

- **Compliance**
 - Fines and Penalties (614) 466-0351*1
 - Hazardous Materials Safety Grants (800) 642-3443

Ohio Department of Public Safety

- **Ohio State Highway Patrol**
 - Commercial Vehicle Enforcement Division (614) 466-4056

- **Ohio Bureau of Motor Vehicles**
 - Commercial Drivers License Issuance and Renewal (614) 752-7500
 - Multi-State Vehicle Registration (IRP) (614) 777-8400

Federal Motor Carrier Safety Administration

Motor Carrier Safety Enforcement
Ohio Division Office

(614) 280-5657

Driver Eligibility Requirements and Limitations

- Drivers applying for Provisional Medical Certification (PMC) must have been employed or self-employed in an occupation that required the operation of a commercial motor vehicle on, or before, December 7, 1988.
- Drivers that use drugs, or have a clinical diagnosis of alcoholism as described in the USDOT physical exam (appendix D to 49 C.F.R. Part 341), are not eligible for PMC.
- Drivers applying for PMC must drive a commercial motor vehicle only within the state of Ohio (intrastate commerce). Drivers hauling freight in the continuation of interstate commerce are not eligible for PMC.
- PMC is ineffective to qualify a driver to haul hazardous materials in amounts that require placarding of the vehicle.
- PMC is ineffective to qualify a driver to transport passengers for hire.
- PMC is ineffective to qualify a driver to operate a vehicle designed to carry 16 or more passengers, including the driver.
- Restrictions for Provisional Medical Certification are further explained in 4901:2-5-04(c) of the Ohio Administrative Code.

Driver Instructions

- 1) **Complete the Certification of Driver Employment form.** First, complete the "Certification of Driver Employment" form (on page 6) to prove you have been employed or self-employed in a job that required the operation of a CMV on or before December 7, 1988.
- 2) **Submit Certification of Driver Employment form to PUCO.** Submit your completed Certification of Driver Employment form by mail, email, or fax, to the PUCO's Provisional Medical Certification (PMC) coordinator for review.

PUCO Transportation Department
Provisional Medical Certification Coordinator
180 East Broad Street, 4th Floor
Columbus, OH 43215-3793

Scan or email to MedWaiver@puc.state.oh.us
Phone: (614) 728-1909
Fax: (614) 466-2954

- 3) **Schedule Appointment.** After reviewing your Certification of Driver Employment form the PUCO PMC coordinator will provide you with a "Medical Examiner's Provisional Certificate" form and you can schedule a physical examination with a certified medical examiner listed on the National Registry of Certified Medical Examiners website: <https://nationalregistry.fmcsa.dot.gov>.

- 4) **Bring Your Instructional Packet and Your Medical Examiner's Provisional Certificate to Appointment.** Give your instructional packet and your completed Certification of Driver Employment form to the medical examiner for review. If the medical examiner determines you qualify for PMC, the medical examiner will complete the Medical Examiner's Provisional Certificate form and provide you with the original copy.
- 5) **Send your completed provisional certificate that was signed by the medical examiner to the PMC coordinator (use contact information in step two).** The PMC coordinator will then stamp your Medical Examiner's Provisional Certificate and return it to you. This stamp indicates that your certificate was received by the PUCO and is now on file.
- 6) **Send a Copy of Your Signed and Stamped Medical Examiner's Provisional Certificate to Your Employer(s).** Your employer shall keep a copy of your Medical Examiner's Provisional Certificate in your driver's qualification file in the same manner as the medical examiner's certificate.
- 7) **Keep Stamped Copy!** Finally, you must possess a signed and stamped copy of your Medical Examiner's Provisional Certificate at all times when operating a commercial motor vehicle.

Drivers must maintain a copy of the PUCO stamped Medical Examiner's Provisional Certificate while operating a CMV.

Medical Examiner Eligibility Requirements

- **For medical examinations conducted on and after May 21, 2014**, all medical examiners must be certified by the FMCSA and listed on the National Registry of Certified Medical Examiners website: <https://nationalregistry.fmcsa.dot.gov>.
- Medical examiners should be knowledgeable of the specific physical and mental demands associated with operating a commercial motor vehicle and the requirements of Subpart E of Part 391 of the FMCSRs, including the FMCSA medical advisory criteria located on the FMCSA's website.
- Physicians with questions about how to become certified medical examiner should contact the FMCSA Ohio office: (614) 280-5657.

Medical Examiner Instructions

- 1) **Conduct the the Medical Examination and Complete the Medical Examination Report.** The Federal Motor Carrier Safety Administration (FMCSA) outlines the medical examination procedure in 49 C.F.R. Part 391.43 of the Federal Motor Carrier Safety Regulations (FMCSRs). If the driver can be medically qualified under the federal regulations, then provisional certification is not necessary and a standard medical certificate may be issued. If you determine the driver is not qualified under the federal regulations, then you may issue a Medical Examiner's Provisional Certificate (see steps 2-4).
- 2) **Complete Medical Examiner's Provisional Certificate.** Review the driver's medical history and Certification of Driver Employment Form for a background of the driver's duties and current employment. Complete the Medical Examiner's Provisional Certificate if, in your judgment, you feel the driver can safely operate the vehicle(s) referenced in the Certification of Driver Employment form.

List any conditions you feel are necessary to ensure the driver can safely operate a commercial motor vehicle without putting the driver or others in danger. For example, consider if there should be limits to the

- size and type of vehicle,
- hours, or time of day, behind the wheel, and
- other work activities performed in addition to driving.

- 3) **Issue a Re-Examination Date.** Drivers that require PMC must be re-examined each year unless you determine a shorter time is necessary due to relevant medical factors.
- 4) **Keep Necessary Forms.** Your completed Medical Examination Report and a copy of the Provisional Medical Certificate (paper or electronic) must be retained on file at your office for at least 3 years from the date of the initial examination. Your office must make all records and information in these files available to an authorized representative of the FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made.

A MEDICAL EXAMINER'S PROVISIONAL CERTIFICATE does not qualify a driver to operate a vehicle in interstate commerce, transport hazardous materials in a vehicle required to be placarded, transport passengers for hire, or operate a vehicle designed to carry 16 or more passengers including the driver.

Drivers must maintain a copy of the PUCO stamped Medical Examiner's Provisional Certificate while operating a CMV.



CERTIFICATION OF DRIVER EMPLOYMENT

Complete this form and return to the PUCO for review prior to your medical examination. The medical examiner must be listed on the National Registry of Certified Medical Examiners. A list of certified medical examiners in your area can be found at: https://nationalregistry.fmcsa.dot.gov

Email: MedWaiver@puc.state.oh.us
Fax: (614) 466-2954
Questions: (877) 709-0121

Mail: Public Utilities Commission of Ohio
Transportation Department, Enforcement Division
180 East Broad Street, 4th Floor
Columbus, OH 43215-3793

Providing false or misleading information could result in the denial or cancellation of a Provisional Medical Certificate.

Driver's Information

1. Driver's Name: Last First M.I. Title: Sr., Jr., etc.
2. Driver's Address: Street Address County City State ZIP Code
3. Phone #'s: Home Fax Cell
4. Email: 5. Birthdate: MM / DD / YYYY
6. Operator's License #: 7. Issuing State: 8. CDL Class:
9. Endorsement(s) on Operator's License:

Current Employing Motor Carrier Information

10. Employing Motor Carrier:
11. Address: Street Address City State Zip Code
12. Phone #: Fax #:
13. Supervisor: (From) (To)
14. Current duties including types of Commercial Motor Vehicles CMV operated, weights, brakes etc.:
15. Do You Currently Drive CMV for this Employer? YES NO

Employment History

List employment Previous Motor Carriers in an occupation that required the operation of a commercial motor vehicle **starting on or before December 7, 1988** to the present:

1. Employing Motor Carrier: _____

Address: _____

Street Address

City

State

ZIP Code

Phone #: () _____ Fax #: () _____

Supervisor: _____ (From) _____ (To) _____

Duties including types of Commercial Motor Vehicles CMV operated, weights, brakes etc.:

Did you Drive Commercial Motor Vehicle for this Employer?

YES NO

2. Employing Motor Carrier: _____

Address: _____

Street Address

City

State

ZIP Code

Phone #: () _____ Fax #: () _____

Supervisor: _____ (From) _____ (To) _____

Duties including types of Commercial Motor Vehicles CMV operated, weights, brakes etc.:

Did you Drive Commercial Motor Vehicle for this Employer?

YES NO

3. Employing Motor Carrier: _____

Address: _____

Street Address

City

State

ZIP Code

Phone #: () _____ Fax #: () _____

Supervisor: _____ (From) _____ (To) _____

Duties including types of Commercial Motor Vehicles CMV operated, weights, brakes etc.:

Did you Drive Commercial Motor Vehicle for this Employer?

YES NO

If additional entries are needed for employment history, please use the same format.
Attaching the additional pages to the end of this document.

Experience

1. List types of vehicles operated and years of experience:

Straight Truck (with gross vehicle weight rating): _____

Straight Truck with trailer (with gross combination weight rating): _____

Tractor-trailer combination: _____

Tractor with double / triple trailers: _____

Other (cargo tanks, pole trailers, van trailers, flatbeds, etc.): _____

Type of brake systems (electric, hydraulic, air): _____

2. List the types of (Classes) of hazardous materials transported:

3. List all accidents in a commercial motor vehicle within the past 2 years:

4. List all moving violations for which a citation or warning was issued within the past 2 years:

5. Distance traveled in miles with your current employing motor carrier:

6. Describe the type(s) of cargo to be transported with the present motor carrier, including whether any of the cargo is a hazardous material:

Disclaimer and Signature

By signing below, the driver is agreeing all information provided is complete and accurate.

(PRINT) Name of Driver

Signature of Driver

Date



MEDICAL EXAMINER'S PROVISIONAL CERTIFICATE

Driver's Name:		Driver License #: Include State:	
Driver's Address: <i>(Include City State Zip)</i>			
Driver's Email:		Driver's Cell #:	
Driver's Home #:		Driver's Fax #:	
Medical Examiner's (ME) Name:		ME's National Registry #:	
ME's Address: <i>(Include City State Zip)</i>			
ME's Email:		Conducted DOT 49 CFR 391.43 Examination:	<input type="checkbox"/> Yes
ME's Phone #:		ME's Fax #:	
Examination Date:		Expiration Date: <i>Up to 1 year</i>	
Limitations and/or Conditions: <small>Examples - Glasses, Medications, Specific Driving Schedule</small>			
All information on this form must be complete and include a PUCO encoded stamp to be valid.			
FAX: (614) 466-2954 EMAIL: MedWaiver@puc.state.oh.us PHONE: (877) 709-0121	Mail: Public Utilities Commission of Ohio Transportation Department, Enforcement Division 180 East Broad Street, 4 th Floor Columbus, Ohio 43215-3793		
NOTICE			
<ol style="list-style-type: none"> Only operate a commercial motor vehicle in intrastate commerce (Ohio only); Will NOT transport hazardous materials which require placards; Will NOT transport passengers for hire, or operated any vehicle designed to carry 16 or more passengers including the driver; Will NOT operate a commercial motor vehicle beyond any restriction(s) indicated by the Medical Examiner; Driver must maintain a copy of this Medical Examiner's Provisional Certificate while operating a CMV; Certificate must include an Official PUCO stamp and be return to you to be valid. 			
Medical Examiner's Signature:		Date:	
Driver's Signature:		Date:	
THIS CERTIFICATE HAS		<i>Official PUCO Stamp Required To Be VALID</i>	BEEN RECEIVED BY THE PUCO

The medical examiner must be listed on the National Registry of Certified Medical Examiners. A list of certified medical examiners in your area can be found at: <https://nationalregistry.fmcsa.dot.gov>

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION

Driver completes this section

Driver's Name (Last, First, Middle)	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification Recertification Follow-up	Date of Exam
Address	City, State, Zip Code	Work Tel: ()	Home Tel: ()	Driver License No.	State of Issue
				License Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	

2. HEALTH HISTORY

Driver completes this section, but medical examiner is encouraged to discuss with driver.

<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any illness or injury in the last 5 years? <input type="checkbox"/> Head/Brain injuries, disorders or illnesses <input type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____</p> <p>Eye disorders or impaired vision (except corrective lenses) <input type="checkbox"/> Ear disorders, loss of hearing or balance <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> medication _____</p> <p>Heart surgery (valve replacement/bypass, angioplasty, pacemaker) <input type="checkbox"/> High blood pressure <input type="checkbox"/> Muscular disease <input type="checkbox"/> Shortness of breath</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> Kidney disease, dialysis <input type="checkbox"/> Liver disease <input type="checkbox"/> Digestive problems <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> medication _____</p> <p>Loss of, or altered consciousness <input type="checkbox"/></p>
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<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fainting, dizziness <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring <input type="checkbox"/> Stroke or paralysis <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> Narcotic or habit forming drug use</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. **Monocular drivers are not qualified.**

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/	Right Eye <input type="radio"/>
Left Eye	20/	20/	Left Eye <input type="radio"/>
Both Eyes	20/	20/	

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel. No. _____ License No./ State of Issue _____ Signature _____

4. HEARING

Standard: a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 40 dB
 Check if hearing aid used for tests. Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard. Right ear \ Feet Left Ear \ Feet

Right Ear		Left Ear	
500 Hz	1000 Hz	2000 Hz	500 Hz
Average:		Average:	

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

5. BLOOD PRESSURE/PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure Systolic Diastolic

Driver qualified if \leq 140/90.

Pulse Rate: Regular Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if \leq 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
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Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.
 Other Testing (Describe and record) _____

7. PHYSICAL EXAMINATION

Height: _____ (in.) Weight: _____ (lbs.)

Name: Last, _____

First, _____

Middle, _____

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*		BODY SYSTEM	CHECK FOR:		YES*		NO
		YES*	NO		YES*	NO			
1. General Appearance	Marked overweight; tremor, signs of alcoholism, problem drinking, or drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.	<input type="checkbox"/>	<input type="checkbox"/>	9. Genito-urinary System	Hernias.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.	<input type="checkbox"/>	<input type="checkbox"/>	10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.	<input type="checkbox"/>	<input type="checkbox"/>	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rates, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.	<input type="checkbox"/>	<input type="checkbox"/>	12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

***COMMENTS:**

Note certification status here. See Instructions to the Medical Examiner for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to _____
 Driver qualified only for: 3 months 6 months 1 year Other

Temporarily disqualified due to (condition or medication): _____
 Medical Examiner's signature _____
 Address _____
 Telephone Number _____

49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER'S ROLE

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.

§391.41 PHYSICAL QUALIFICATIONS FOR

DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a 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 (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.
- (2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.
- (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 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 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 which interferes with his 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 which is 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 his 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 70degrees 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 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 device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;

(12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.

(ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

(13) Has no current clinical diagnosis of alcoholism.

4901:2-5-04 Qualifications of drivers.

(A) No motor carrier, excepted carrier, or hazardous materials transporter shall operate or permit the operation of a motor vehicle in intrastate commerce by a person under the age of eighteen years. No motor carrier, or excepted carrier, shall operate or permit the operation of a commercial motor vehicle transporting hazardous materials in a quantity or of a type that requires the motor vehicle to be placarded pursuant to 49 C.F.R. 172, as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, in intrastate commerce, by a person under the age of twenty-one years.

(B) The provisions in 49 C.F.R. 391.21 (applications for employment), and 391.23 (investigations and inquiries), as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, shall not apply to a driver operating in intrastate commerce who has been a single employer driver as defined in 49 C.F.R. 390.5 , as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, of a motor carrier, for a continuous period which began before January 1, 1987, so long as the driver continues to be a regularly employed driver of that motor carrier.

(C) Persons who on or before December 7, 1988, were employed or self-employed in occupations which required the operation of commercial motor vehicles, who cannot be medically certified under the requirements of 49 C.F.R. 391.41 , as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, may obtain provisional medical certification for operating commercial motor vehicles in intrastate commerce under the following conditions:

(1) A driver may obtain a packet of materials prescribed by the commission to be used by the driver and the medical examiner in conducting a medical examination for provisional medical certification. The medical examiner must be listed on the "National Registry of Certified Medical Examiners" administered by the U.S. department of transportation and current on all requirements to perform an examination for a provisional medical certification. Included in the packet will be instructions to assist the medical examiner in making an evaluation.

(2) Prior to visiting the medical examiner, a driver shall submit to the commission a completed "Certification of Driver Employment" form on which the driver shall certify the conditions of the driver's past and current employment, including employer name and contact information, dates of employment, size and type of vehicles operated, types of cargo transported, accident history, and any additional information deemed necessary by the commission. After reviewing the driver's employment history and experience, the commission shall return a copy of the "Certification of Driver Employment" form to the driver and provide the driver with the "Medical Examiner's Provisional Certificate" form, prescribed by the commission, for the medical examiner to complete.

(3) The medical examination shall be performed in accordance with 49 C.F.R. 391.43 , as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, and shall be recorded on the examination form prescribed by that part. If the medical examiner finds that the driver cannot be certified in accordance with 49 C.F.R. 391.41 as effective the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, but that the driver can safely operate commercial motor vehicles under certain conditions, the medical examiner may provisionally certify the driver.

(4) To provisionally certify a driver, the medical examiner must complete the "Medical Examiner's Provisional Certificate" in lieu of the "Medical Examiner's Certificate" prescribed in 49 C.F.R. 391.43 , as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code. The medical examiner shall indicate on the provisional certificate the limitations under which the medical examiner finds the driver can safely operate a commercial motor vehicle, including but not limited to, restrictions on the size and type of vehicle operated, hours operated per day, and

any other work activities performed in addition to driving. A copy of the provisional certificate shall be provided to the driver.

(5) A copy of the completed provisional certificate shall be submitted to the commission. The commission shall confirm receipt by placing a stamp upon the provisional certificate and then returning a copy of it to the driver. A provisional certificate shall not be effective unless stamped by the commission. The driver shall provide a copy of the provisional certificate to the driver's employer, which shall be kept in the employer's driver qualification file in the same manner as the medical examiner's certificate, as required by 49 C.F.R. 391.51 , as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code. A driver must possess a copy of the provisional certificate at all times when operating a commercial motor vehicle.

(6) A driver who has obtained provisional medical certification shall be re-examined one year from the date of the medical examination, or such shorter time as the medical examiner may prescribe, and shall obtain a new provisional certificate pursuant to the requirements of this rule, except that the driver shall not be required to submit a new "Certification of Driver Employment" form prior to obtaining a "Medical Examiner's Provisional Certificate" form from the commission.

(7) Except as otherwise provided by this rule, the medical examiner's provisional certificate shall be treated as medical examiner's certificate for all purposes as provided in 49 C.F.R. 390 to 396, as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code.

(8) Provisional medical certification under this rule shall be ineffective to qualify a driver to drive in interstate commerce, to transport hazardous materials in a quantity or of a type that requires the motor vehicle to be placarded pursuant to 49 C.F.R. 172, as effective on the date referenced in paragraph (C) of rule 4901:2-5-02 of the Administrative Code, to transport passengers for hire, to operate a motor vehicle designed to transport sixteen or more passengers, including the driver, or to operate a commercial motor vehicle beyond the scope of any restrictions indicated by the medical examiner.

(9) After notice and opportunity for a hearing conducted pursuant to Chapter 4901-1 of the Administrative Code, the commission may invalidate the provisional medical certification issued by the medical examiner upon its finding that continued operations by the driver constitute an unreasonable risk of harm to the public.

Replaces: 4901:2-5-04

Effective:					10/30/2014
Five	Year	Review	(FYR)	Dates:	08/07/2019
Promulgated			Under:		<u>111.15</u>
Statutory			Authority:		<u>4923.04</u>
Rule			Amplifies:		<u>4923.04</u>
Prior Effective Dates: 1/20/63, 3/19/87, 10/28/90, 5/5/00, 9/17/06, 6/6/11					