The DOT Health Card: How the FMCSA Medical Guidelines & Regulations Affect You

The Federal Motor Carrier Safety Administration (FMCSA) has specific regulations and guidelines for the medical examination of commercial motor vehicle drivers.

The guidelines have been considered standards of practice for medical examiners since September 30, 2004. Many of our Work Link client companies are unfamiliar with these guidelines; however I know some are aware. This handout will hopefully increase awareness of the recommendations and guidelines. This convenient, concise guide includes easy-to-read summaries of the guidelines on blood pressure, cardiovascular disease and diabetes, highlighting significant areas.

Work Link anticipates that many drivers who have been previously certified or who are seeking initial certification may be unable to meet these requirements. To prevent potential delays and DOT certification problems, please carefully review this guide. And, as always, feel free to contact the Work Link Clinic medical team with any questions.

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Blood Pressure

Perhaps the most significant change in the pre-2004 guidelines was the adjustment in blood pressure requirements for DOT certification. The guidelines identify normal or controlled blood pressure for DOT certification as a systolic value of 140 or less and a diastolic value of 90 or less, i.e. 140/90 or less. This is a decrease from the 1987 guidelines of 160/90. Even at 140/90, from general health standards this is a generous goal, our target normal is 120/80.

The FMCSA has defined three stages of high blood pressure or hypertension: stage 1, 2 or 3 hypertension.

**Stage 1 Hypertension**
Stage 1: indicates a blood pressure range of 140-159/90-99.

Drivers in this range can receive a one-year certificate. After a year, if they are not at 140/90 or below, they can receive a non-renewable three-month certificate. During this time, they must have a 140/90 or below to qualify for an extension of the one-year certificate. If they do not reach the required level, certification extension is suspended until control is achieved. They will require re-certification every 12 months.

**Stage 2 Hypertension**
Stage 2: indicates a blood pressure range of 160-179/100-109.

Drivers are eligible for a three-month certification only. After three months, blood pressure must be 140/90 or lower to qualify for the remainder of the 12 months from the date of initial examination. If above 140/90, drivers are disqualified until control is achieved. They will require re-certification every 12 months.

**Stage 3 Hypertension**
Stage 3: indicates a blood pressure of 180/110 or greater.

This is an immediate disqualification for certification. On return, if they are in control at 140/90 or below, they may qualify for a six-month certificate – dated from the time of the initial disqualification. They will require re-certification every six months thereafter.
To prevent potential delays, be aware of these common cardiovascular disease implications.

For individuals with a history of cardiovascular disease, the medical guidelines for DOT certification are:

**Acute Myocardial Infarction (heart attack)**
At the onset of an acute myocardial infarction, the individual should immediately be placed on temporary suspension from DOT certification. To regain certification, the individual must be at least two months past the time of his/her infarction and must be cleared by a cardiologist to return to work. Clearance involves meeting certain medical parameters regarding heart function including the heart's ability to adequately act as a pump (i.e. cardiac output measurement). Such a determination usually requires specific testing that may or may not have been done routinely after the initial infarction. Patients seen at Work Link seeking recertification shortly after their heart attack will need to provide this information to our medical staff before certification can be approved. For patients with a history of myocardial infarction, annual re-examination and certification renewal is required. As part of that re-examination, the patient must document having passed a heart stress test at least every two years.

**Percutaneous Coronary Intervention**
Percutaneous Coronary Intervention (PCI) is medical terminology for patients who have had a blockage of one or more of the heart arteries re-opened or widened by use of a tube or catheter. The procedure either opens the artery by expanding a small balloon in the area of the narrowed blood vessel (called an angioplasty), or by placing a permanent hollow tube or “stent” in the narrowed area, which forces open the vessel (called coronary stenting). Patients having undergone PCI procedures may return to commercial driving one week after their procedure but only with the approval of a heart specialist. Re-certification covers a period of three to six months, after which time a heart stress test is required before extension to a full year Thereafter, annual renewal is required with heart stress testing performed at least every two years. Yearly evaluation by a heart specialist is recommended.

**Coronary Artery Bypass Surgery**
This surgery involves opening up the chest wall and ribs and exposing the heart, then using veins from other parts of the body to bypass blocked areas of the heart arteries. Individuals are able to return to commercial driving if approved by the heart specialist and if at least three months have passed since the surgical correction. In addition, as with acute myocardial infarction, individuals are required to have a test for adequacy of cardiac output before re-certification. All individuals having undergone bypass surgery must have yearly certification renewals. In addition, annual heart stress testing is mandatory five years or more past surgery.
Diabetes

To prevent potential delays, be aware of these common disease implications.

The implications of the new diabetic guidelines are significant, in that for certification to be completed, patients with known diabetes will be required to provide specific medical information to the DOT certifying physician regarding diabetic control.

To have a full one-year certification, an individual with diabetes must meet the following requirements:

- Must be controlled by diet alone or diet with diabetic oral medications, thus excluding insulin (unless one has received a waiver for insulin use)
- Maintain a fasting blood sugar of 140 or below
  OR
- Maintain a two hour postprandial, i.e., after meals blood sugar of 200 or less
  OR
- Maintain glycosylated hemoglobin of 8 percent or less

Glycosylated hemoglobin (also known as hemoglobin A1C) is probably the test that will be relied on most frequently for documentation of diabetic control. The glycosylated hemoglobin test reveals what the average blood sugar has been over the last several months and is thus an indication of diabetes control over a longer period of time. Diabetic patients seeking DOT certification will have to provide this diabetes control information to the examining physician. This information should be available as part of routine diabetes care through the patient's primary care physician.

To avoid delays in certification, it is recommended that patients talk with their primary care physician in advance of the examination and obtain copies of the required laboratory information, or a note or letter regarding adherence to diabetes control, and bring the information with them to the examination.

Those unable to provide the information at the time of the DOT examination may have certification delayed until the information is obtained and reviewed by the certifying physician. At present, diabetics who require insulin for control cannot be approved for DOT certification unless they have a waiver, which requires a special process not managed through Work Link, but available through the FMCSA. Likewise, diabetics who have inadequate control on oral medications and are placed on insulin become disqualified for driving a commercial vehicle under DOT regulations until the driver receives a waiver through the Federal Diabetes Exemption Program. In the past, diabetes control was assumed adequate if glucose or sugar was absent from the routine urine testing done at the time of examination. This is not the best way of testing for diabetes control, since some individuals have sugar in the urine only when the body's blood sugar level is very high. This type of sampling only tests for control on the day of the examination and is not very predictive of adequate continued control. It is no longer considered adequate documentation alone of satisfactory control, but is helpful in diagnosing new onset diabetes.
Obstructive Sleep Apnea

To prevent potential delays, be aware of these disease implications.

Expert Panel Recommendations on Obstructive Sleep Apnea (OSA) and Commercial Motor Vehicle Driver Safety
The panel made 14 recommendations. These are a few general guidance recommendations:

General Guidance
• An individual with a diagnosis of OSA may be certified to drive a CMV if that individual meets the following criteria:
  • Has untreated OSA with an apnea-hypopnea index (AHI) \leq 20
    AND
    Has no daytime sleepiness
  OR
  • Has OSA that is being effectively treated

• An individual with OSA who meets the requirements for certification described above should be recertified annually, based on demonstrating satisfactory compliance with therapy.

Specific Guidance – Drivers who should be disqualified immediately or denied certification
• Individuals who have undergone surgery and who are pending the findings of a three-month post-operative evaluation.
• Individuals who have been found to be non-compliant with their CPAP treatment at any point

Conditional Certification
• BMI>33 kg/m2 – one month pending sleep study evaluation.
• Newly diagnosed with OSA – one-month certification
• If compliant with CPAP at one month – three-month certification
• If compliant with CPAP at three months – one-year certification
  - Warn driver about danger of stopping therapy
  - Warn driver he/she could be liable if not using therapy and involved in crash
• Recheck compliance in one year (will require data from sleep center)
• Minimal CPAP compliance > four hours/day, 70 percent of days
These DOT Guidelines are based on nationally recognized advisory boards of medical experts’ recommendations to the Federal Motor Carrier Safety Administration.

Note: Unlike regulations that are codified and have a statutory base, the recommendations in this advisory are simply guidance established to help the medical examiner determine a driver’s medical qualifications pursuant to Section 391.41 of the Federal Motor Carrier Safety Regulations (FMCSRs). The Office of Motor Carrier Research and Standards routinely sends copies of these guidelines to medical examiners to assist them in making an evaluation. The medical examiner may, but is not required to, accept the recommendations; however if these recommendations are not adhered to, the medical examiner must be prepared to defend the reason that a deviation from the recommendations occurred. Section 390.3(d) of the FMCSRs allows employers to have more stringent medical requirements.

Note: Guidelines are written or are being written for many other medical conditions but these are the most frequent.

For more information or additional copies of this guide, please call (662) 377-5300 or (662) 377-4242 or contact any Work Link Clinic staff member.