sites. Section 300.425(e)(3) of the NCP states that Fund-financed actions may be taken at sites deleted from the NPL in the unlikely event that conditions at these sites warrant such actions. Deletion of a site from the NPL does not affect responsible party liability or impede EPA's efforts to recover costs associated with response efforts.

Public Comments Received During August 13, 2003 Public Meeting on Proposed De-listing

Question: What was the basis for the cleanup levels in the 1985 Record of Decision?

Response: The Maximum Contaminant Levels (MCLs) or the Drinking Water Regulations (DWRs) are the basis for the water quality criteria for the gully, the surface water running into the gully, and the ground water. Action levels for the Trinity River were based upon Water Quality Criteria for the Protection of Freshwater Aquatic Life (WQCAL). Action levels for contaminants in soil were primarily based on the acceptable range of contaminant levels in soil as derived from the EPA National Ambient Water Quality Criteria for Protection of Human Health (WQCHH). An acceptable daily dose was computed by multiplying the WQCHH or MCL for a given contaminant by two liters, which is the maximum daily ingestion rate for the WQCHH or MCL to protect human health. This computed dose was then divided by 10 grams or 0.1 grams, which is the United States Center for Disease Control's (CDC) maximum estimated ingestion rate of soil for a child or an adult, respectively. The result is a range of contaminant concentrations in soil which will fully protect human health. Other considerations were also evaluated in setting the action levels. The action level for arsenic was based upon an advisory from the CDC. In our most recent comprehensive sampling, we compared the results to the Primary Remediation Goals for residential non-cancer standards. The action level for cadmium was based upon a cleanup level for unrestricted residential use. The action levels for copper and zinc were established at the California Assessment Manual Total Threshold Limit Concentrations (CAM TTLC).

Question: After de-listing, would Celtor Chemical be put back on the National Priorities List if contaminants were found?

Response: Deletion of a site from the NPL does not preclude eligibility for subsequent Fund-financed remedial action. If future conditions warrant, the NCP (40 CFR 300.425(e)(3)) provides that Fund-financed remedial actions may be taken at sites deleted from the NPL. When there is a significant release from a site deleted from the NPL, the site may be restored to the NPL without rescoring the site.

Question: Orange-colored soil has been seen on the gravel bar. Is this contamination from the Site?

Response: Orange stained sediments appear on the Trinity River's gravel bar on occasion. It is unknown whether these stained sediments are associated with the Celtor Site. No visible connection to a source has been identified. Stains were sampled by EPA in 1996, but the stains were not present during the 1998, 2001 and 2003 site visits. Some samples of the 1996 orange colored sediments had elevated levels of contaminants. Other samples did not show elevated levels of contaminants. Areas of the gravel bar were sampled to determine if contamination was present in the absence of the orange stains, and no elevated levels of contaminants were found. The Trinity River flows through a highly mineralized area, and there are upstream mining operations that could be the source of the stains. The orange color is also an indication of oxidation (rusting) and is not necessarily associated with contamination. No orange colored sediments have been seen on the gravel bar by EPA or the Tribe since 1996.

Question: Has the contamination affected the river water?

Response: When the processor was operating, there were large quantities of tailings released to the Trinity River that caused fish kills. Current samples of surface water do not show elevated levels of contaminants entering the river.

Question: Is it safe to grow a garden in the pasture?

Response: The pasture was sampled for site related contamination. There were no elevated levels of contaminants found in the soil. There is no unacceptable risk from growing a garden in the pasture with respect to site related contamination.

Question: There is a concern that fill from an area by the gravel bar of the Trinity River near the site was used as fill for yards. Is there a potential health risk for the people who live in these houses?

Response: According to sources from the Tribal Environmental Protection Agency (TEPA), it is not known if this fill was actually used in the yards of homes, or if it was, in what houses it may have been used. There is no reason to suspect that fill used in yards taken from near the gravel bar had elevated levels of site related contaminants. The area where the fill is located was not at the site of the remedial action, but further down the river access road behind the gravel bar.

List of Subjects in 40 CFR Part 300

Environmental protection, Chemicals, Hazardous substances, Hazardous waste, Intergovernmental relations, Reporting and recordkeeping requirements, Water pollution control.

Dated: September 19, 2003.

Deborah Jordan,

Acting Regional Administrator, Region IX.

■ For the reasons set out in the preamble, 40 CFR part 300 is amended as follows:

PART 300—[AMENDED]

■ 1. The authority citation for part 300 continues to read as follows:

Authority: 33 U.S.C. 1321(c)(2); 42 U.S.C. 9601–9657; E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp., p. 351; E.O. 12580, 52 FR 2923; 3 CFR, 1987 Comp., p. 193.

Appendix B—[Amended]

■ 2. Table 1 of Appendix B to part 300 is amended by removing the entry for the Celtor Chemical Works Superfund Site in Hoopa, California.

[FR Doc. 03–24775 Filed 9–29–03; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

49 CFR Parts 365, 374, 387, 391, 393, and 396

Motor Carrier Safety Regulations; Miscellaneous Technical Amendments

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Final rule; miscellaneous technical amendments.

SUMMARY: This rule makes technical amendments to the Federal Motor Carrier Safety Regulations (FMCSRs). These technical amendments were needed to correct inadvertent errors and omissions, update mailing addresses, remove obsolete references, and make minor editorial changes to improve clarity and consistency. No substantive changes have been made to the FMCSRs. The corrections are minor and will not have a significant impact on a substantial number of small entities.

DATE: The technical amendments in this final rule are effective September 30, 2003.

FOR FURTHER INFORMATION CONTACT: Ms. Janet Nunn, Office of Policy Plans and

Regulations (MC–PRR), U.S. Department of Transportation, FMCSA, 400 Seventh Street, SW., Washington, DC 20590–0001. Telephone (202) 366–2797, or e-mail *janet.nunn@fmcsa.dot.gov.*

SUPPLEMENTARY INFORMATION:

Availability of Final Rule Technical Amendments

You can view, print, and download an electronic copy of this document in PDF or HTML formats through FMCSA's Web site: *http://www.fmcsa.dot.gov/rulesregs,* or the Federal Register's Web site at *http://www.gpoaccess.gov.*

Summary of Technical Amendments

FMCSA has made the following technical corrections to the Federal Motor Carrier Safety Regulations (FMCSRs) contained in Title 49 of the Code of Federal Regulations (CFR), chapter III, subchapter B.

Section 365.405(a): ''Federal Motor Carrier Safety Administration, Licensing Division'' is corrected to read ''FMCSA, Licensing Team;'' ''Regional Director for the Region(s)'' is corrected to read ''Field Administrator for the Service Center(s);'' and ''1002.2(f)(25)'' is corrected to read ''360.3(f)(8).'' Section 365.411(b), ''Division'' is corrected to read ''Team.'' Section 365.413(b), ''Office of Data Analysis and Information Systems'' is corrected to read ''Licensing Team.'' Section 365.505(b)(3), ''unbvtil'' is corrected to read ''until.''

Section 374.303(a), ''carriers'' is corrected to read ''carrier.''

Section 387.303, paragraph (b)(2) table, column 1, paragraph (d), ''10,000'' is corrected to read ''10,001'' to be consistent with other sections in the table. In § 387.309, ''B.M.C.'' is corrected to read ''BMC.'' In § 387.311(b), ''B.M.C. 83'' and ''B.M.C. 34'' are corrected to read ''BMC 83'' and ''BMC 34.''

In § 391.43(f), the date on which existing physical examination forms may no longer be used ''November 6, 2001'' has been updated. In the ''Instructions For Performing and Recording Physical Examinations'' and the ''Medical Examination Report for Commercial Driver Fitness Determination,'' both codified after § 391.43(f), the information on blood pressure has been revised to incorporate the recommendations on hypertension included in a report prepared for FMCSA, entitled *Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers* (October 2002). The report, which has been posted on the FMCSA website for several months, represents the current medical consensus and state of the art in evaluating and treating hypertension.

In § 393.5, definition of ''*g,*'' the figure ''9.823'' is corrected to read ''9.81.'' In § 393.106(a), the reference to ''§ 393.122 through § 393.142'' is corrected to read §§ 393.116 through 393.136.''

Section 396.9, paragraphs (b) and (c)(2), the report form ''Driver Equipment and Compliance Check'' has been renamed the ''Driver Vehicle Examination Report'' to conform with industry terminology and for uniformity in reporting.

Regulatory Analyses and Notices

Administrative Procedure Act (APA)

The APA provides exceptions to its notice and public comment procedures when an agency finds there is good cause for dispensing with such procedures on the basis that they are ''impracticable, unnecessary, or contrary to the public interest.'' *See* 5 U.S.C. 553(b). FMCSA has determined that notice and comment on these amendments are unnecessary.

The amendments to Part 365 involve four changes to the names of FMCSA offices; one change to replace an obsolete CFR citation which was recodified after the Interstate Commerce Commission's remaining functions were transferred to DOT; and one spelling correction. Because these changes make ministerial corrections or update references, but do not impose added burdens or alter any rights or obligations, the agency has determined that notice and comment are unnecessary.

The definition of ''Carrier'' in § 374.303(a) now reads: ''a motor passenger common carriers.'' The plural ''carriers'' is changed to the singular ''carrier'' to match the term being defined. This has no effect on the underlying rule, and FMCSA has determined that notice and comment are therefore unnecessary.

In part 387, three references to ''B.M.C.,'' meaning Bureau of Motor Carriers, are changed to ''BMC,'' the current preferred abbreviation of that term. The underlying rule is unchanged, and the agency has determined that notice and comment are unnecessary.

In § 391.43(f), the date after which existing physical examination forms could no longer be used (November 6, 2001) has been extended to September 2004. This is being done because it came to the agency's attention that stocks of the previous forms still exist. Allowing their continued use will save the expense of discarding these forms and buying new ones. The medical examination itself is the same, whatever the form used to record the results. FMCSA has therefore determined that notice and comment are not required.

In the ''Instructions For Performing and Recording Physical Examinations'' and the ''Medical Examination Report for Commercial Driver Fitness Determination,'' both codified after § 391.43(f), the information on blood pressure has been revised to incorporate the recommendations on hypertension included in a report prepared for FMCSA, entitled *Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers* (October 2002). The report, which has been posted on the FMCSA website for several months, represents the current medical consensus and state of the art in evaluating and treating hypertension. FMCSA has determined that notice and comment on these changes are unnecessary, because both the ''Instructions'' for dealing with high blood pressure and the corresponding ''Guidelines'' printed on the exam form are simply recommendations to the medical examiner. They represent the agency's summary of current medical thinking, but are neither part of the medical standard for blood pressure [*see* § 391.41(b)(6)] nor binding on the medical examiner.

In Part 393.5, the definition of ''g,'' the symbol for the acceleration of gravity, is corrected from 9.823 meters per second squared to 9.81 meters per second squared. FMCSA finds that notice and comment are unnecessary to correct this error. The reference in § 393.106(a) to ''the commodity-specific rules of § 393.122 through § 393.142'' is erroneous because it refers to section numbers used in a previous draft of Subpart I (Protection Against Shifting and Falling Cargo). The final rule codified the commodity-specific regulations at § 393.116 through § 393.136, and § 393.106(a) is therefore changed accordingly. Because this amendment clarifies a cross-reference but does not change any regulatory requirement, FMCSA finds that notice and comment are unnecessary.

In § 396.9(b) and (c)(2), the inspection report entitled ''Driver Equipment Compliance Check'' has been renamed the ''Driver Vehicle Examination Report.'' Because the substance of the inspection report has not been changed, FMCSA has determined that notice and comment are unnecessary.

These technical amendments have no significant impact on a substantial number of small entities. The amendments merely correct inadvertent errors and omissions, update mailing addresses, remove obsolete references,

and make minor editorial changes to improve clarity and consistency. They do not impose new requirements. As explained above, FMCSA has determined that prior notice and opportunity for comment on these changes are unnecessary. For the same reasons, the agency finds good cause under 5 U.S.C. 553(d)(3) to make these amendments effective upon publication.

Executive Order 12866 and DOT Regulatory Policies and Procedures

FMCSA does not consider this rule to be a ''significant regulatory action'' under Executive Order 12866, Regulatory Planning and Review, or within the meaning of DOT regulatory policies and procedures. Therefore, it does not require review by the Office of Management and Budget.

Regulatory Flexibility Act of 1980 (RFA)

FMCSA has reviewed the technical amendments rule, and certifies that this rule will not have a significant economic impact on a substantial number of small entities.

Unfunded Mandates Reform Act

This rule will not result in the expenditure by State, local and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any year and it will not significantly or uniquely affect small governments. Therefore, no actions were deemed necessary under the provisions of the Unfunded Mandates Reform Act of 1995.

Federalism

This rule will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 13132, we have determined that this rule does not have federalism implications.

Taking of Private Property

This rule will not affect a taking of private property or otherwise have taking implications under Executive Order 12630, Governmental Actions and Interference with Constitutionally Protected Property Rights.

Civil Justice Reform

This rule meets applicable standards in section 3 of Executive Order 12988, Civil Justice Reform, to minimize litigation, eliminate ambiguity, and reduce burden.

Protection of Children

We have analyzed this rule under Executive Order 13045, Protection of Children from Environmental Health Risks and Safety Risks. This rule is not an economically significant rule and does not concern an environmental risk to health or risk to safety that may disproportionately affect children.

Intergovernmental Review

Catalog of Federal Domestic Assistance Program Number 20.217, Motor Carrier Safety. The regulations implementing Executive order 12372 regarding intergovernmental consultation on Federal programs and activities do not apply to this action.

Information Collection

This rule contains no new collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

Environment

We have analyzed this action for purposes of the National Environmental Policy Act (NEPA) and have determined that this action does not have any effect on the quality of the environment.

Energy Impact

We have determined that this rule is not a major regulatory action under the provisions of the Energy Policy and Conservation Act (EPCA).

Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA)

This final rule is not a major rule as defined by section 804 of SBREFA. This rule will not result in annual effect on the economy of $100 million or more; a major increase in costs or prices; or significant adverse effects on competition, employment, investment, productivity, or innovation. This rule is also exempt from congressional review under 5 U.S.C. 801 *et seq.*, as added by SBREFA, since it involves ministerial technical corrections to existing regulations.

List of Subjects

49 CFR Part 365

Administrative practice and procedure, Brokers, Buses, Freight forwarders, Motor carriers, Moving of household goods.

49 CFR Part 374

Aged, Blind, Buses, Civil rights, Freight, Individuals with disabilities, Motor Carriers, Smoking.

49 CFR Part 387

Buses, Freight, Freight forwarders, Hazardous materials transportation, Highway safety, Insurance, Intergovernmental relations, Motor carriers, Motor vehicle safety, Moving of household goods, Penalties, Reporting and recordkeeping requirements, Surety bonds.

49 CFR Part 391

Alcohol abuse, Drug abuse, Drug testing, Highway safety, Motor carriers, Reporting and recordkeeping requirements, Safety, Transportation

49 CFR Part 393

Highway safety, Motor carriers, Motor vehicle safety.

49 CFR Part 396

Highway safety, Motor carriers, Motor vehicle safety, Reporting and recordkeeping requirements.

■ For the reasons stated in the preamble, FMCSA amends 49 CFR chapter III, subchapter B, as set forth below.

PART 365—RULES GOVERNING APPLICATIONS FOR OPERATING AUTHORITY

■ 1. The authority citation for part 365 continues to read as follows:

Authority: 5 U.S.C. 553 and 559; 16 U.S.C. 1456; 49 U.S.C. 13101, 13301, 13901–13906, 14708, 31138, and 31144; 49 CFR 1.73.

§ 365.405 [Amended]

■ 2. Amend § 365.405(a)(1) by removing ''Federal Motor Carrier Safety Administration, Licensing Division'' and add, in its place, ''FMCSA, Licensing Team;''

§ 365.411 [Amended]

■ 3. Amend § 365.411(b) by removing ''Division'' and add, in its place, ''Team.''

§ 365.413 [Amended]

■ 4. Amend § 365.413(b) by removing ''Office of Data Analysis and Information'' and add, in its place, ''Licensing Team.''

§ 365.505 [Amended]

■ 5. Amend § 365.505(b)(3) by removing ''unbvtil'' and add, in its place, ''until.''

PART 374—PASSENGER CARRIER REGULATIONS

■ 6. The authority citation for part 374 continues to read as follows:

Authority: 49 U.S.C. 13301 and 14101; 49 CFR 1.73.

§ 374.303 [Amended]

■ 7. Amend § 374.303(a) by removing the word ''carriers'' and add, in its place, ''carrier.''

PART 387—MINIMUM LEVELS OF FINANCIAL RESPONSIBILITY FOR MOTOR CARRIERS

■ 8. The authority citation for part 387 continues to read as follows:

Authority: 49 U.S.C. 13101, 13906, 14701, 31138, and 31139; 49 CFR 1.73.

§ 387.303 [Amended]

■ 9. Amend § 387.303, paragraph (b)(2) table, column 1, in paragraph (d), by removing ''10,000'' and add, in its place, ''10,001.''

§ 387.309 [Amended]

■ 10. Amend § 387.309(a) by removing ''B.M.C.'' and add, in its place, ''BMC.''

§ 387.311 [Amended]

■ 11. Amend § 387.311(b) by removing ''B.M.C.'' wherever it appears and add, in its place, ''BMC.''

PART 391—QUALIFICATIONS OF DRIVERS

■ 12. The authority citation for part 391 continues to read as follows:

Authority: 49 U.S.C. 322, 504, 31133, 31136, and 31502; 49 CFR 1.73.

§ 391.43 [Amended]

■ 13. Amend § 391.43 as follows:
■ a. Amend § 391.43(f) by removing ''November 6, 2001'' and add, in its place, ''September 30, 2004.''
■ b. In the Instructions immediately following § 391.43(f), revise ''*Blood pressure (BP)*'' to read as follows:

Instructions for Performing and Recording Physical Examinations

* * * * *

Blood pressure (BP). If a driver has hypertension and/or is being medicated for hypertension, he or she should be recertified more frequently. An individual diagnosed with Stage 1 hypertension (BP is 140/90–159/99) may be certified for one year. At recertification, an individual with a BP equal to or less than 140/90 may be certified for one year; however, if his or her BP is greater than 140/90 but less than 160/100, a one-time certificate for 3 months can be issued. An individual diagnosed with Stage 2 (BP is 160/100–179/109) should be treated and a one-time certificate for 3-month certification can be issued. Once the driver has reduced his or her BP to equal to or less than 140/90, he or she may be recertified annually thereafter. An individual diagnosed with Stage 3 hypertension (BP equal to or greater than 180/110) should not be certified until his or her BP is reduced to 140/90 or less, and may be recertified every 6 months.

* * * * *

c. Revise the form entitled ''Medical Examination Report for Commercial Driver Fitness Determination'' to read as follows:

BILLING CODE 4910–EX–P

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)	Social Security No.	Birthdate	Age	Sex ☐ M ☐ F	New Certification ☐ Recertification ☐ Follow-up ☐	Date of Exam

Address	City, State, Zip Code	Work Tel: ( ) Home Tel: ( )	Driver License No.	License Class ☐ A ☐ B ☐ C ☐ D ☐ Other	State of Issue

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

Yes No

- Any illness or injury in the last 5 years?
- Head/Brain injuries, disorders or illnesses
- Seizures, epilepsy ☐ medication_____
- Eye disorders or impaired vision (except corrective lenses)
- Ear disorders, loss of hearing or balance
- Heart disease or heart attack; other cardiovascular condition ☐ medication_____
- Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
- High blood pressure ☐ medication_____
- Muscular disease
- Shortness of breath

Yes No

- Lung disease, emphysema, asthma, chronic bronchitis
- Kidney disease, dialysis
- Liver disease
- Digestive problems
- Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin
- Nervous or psychiatric disorders, e.g., severe depression medication_____
- Loss of, or altered consciousness

Yes No

- Fainting, dizziness
- Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
- Stroke or paralysis
- Missing or impaired hand, arm, foot, leg, finger, toe
- Spinal injury or disease
- Chronic low back pain
- Regular, frequent alcohol use
- Narcotic or habit forming drug use

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.)

_____

_____

_____

_____

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, First, Middle,

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 °
Left Eye	20/	20/	Left Eye °
Both Eyes	20/	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☐ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:
☐ Corrective Lenses

Monocular Vision: ☐ Yes ☐ No

Complete next line only if vision testing is done by an opthalmologist 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 ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 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

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)	Right Ear			Left Ear		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
	Average:			Average:		

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 ≤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 ≤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 ≤140/90
≥180/110	Stage 3	6 months from date of exam if ≤140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR

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*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	☐	☐
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.	☐	☐
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.	☐	☐
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.	☐	☐
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.	☐	☐
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.	☐	☐

BODY SYSTEM	CHECK FOR:	YES*	NO
7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.	☐	☐
8. Vascular System	Abnormal pulse and amplitude, cartoid or arterial bruits, varicose veins.	☐	☐
9. Genito-urinary System	Hernias.	☐	☐
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. Insufficicent grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.	☐	☐
11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.	☐	☐
12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinki's reflexes, ataxia.	☐	☐

***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): _____

Return to medical examiner's office for follow up on _____

☐ Wearing corrective lense
☐ Wearing hearing aid
☐ Accompanied by a _____ waiver/ exemption. Driver must present exemption at time of certification.
☐ Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's signature _____
Medical Examiner's name _____
Address _____
Telephone Number _____

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

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.

§391.45 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 70 degrees 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 a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) Is familiar with the driver's medical history and assigned duties; and (B) Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and

(13) Has no current clinical diagnosis of alcoholism.

INSTRUCTIONS TO THE MEDICAL EXAMINER

General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, **The Driver's Role**.

In addition to reviewing the **Health History** section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. **Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring.** In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202) 366-1790 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in italics and it's reference by section is highlighted.

Federal Motor Carrier Safety Regulations
-Advisory Criteria-

Loss of Limb:
§391.41(b)(1)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

Limb Impairment:
§391.41(b)(2)

A person is physically qualified to drive a commercial motor vehicle if that person:
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 (iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a curent SPE certificate for his/her physical disability.

Diabetes
§391.41(b)(3)

A person is physically qualified to drive a commercial motor vehicle if that person:
Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-1790 for an application for a diabetes exemption.
(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at:
http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Cardiovascular Condition
§391.41(b)(4)

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

The term "has no current clinical diagnosis of" is specifically designed to encompass: "*a clinical diagnosis of*" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit The term "*known to be*

accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 366-1790 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Cardiovasular Advisory Panel Guidelines for the Medical examination of Commercial Motor Vehicle Drivers at: http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Respiratory Dysfunction
§391.41(b)(5)

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

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: http://www.fmcsa.dot.gov/rulesregs/medreports.htm

Hypertension
§391.41(b)(6)

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

Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1997).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP-related event. The driver may **not** be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at recheck BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particulary undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease §391.41(b)(7)

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

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at: http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Epilepsy
§391.41(b)(8)
A person is physically qualified to drive a commercial motor vehicle if that person:
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 motor vehicle.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonepileptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication **and** seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free **and** off antiseizure medication for a 5-year period or more.
(See Conference on Neurological Disorders and Commercial Drivers at:
http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Mental Disorders
§391.41(b)(9)
A person is physically qualified to drive a commercial motor vehicle if that person:
Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "nagging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns. Excessively antagonistic, instinctive, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.
(See Conference on Psychiatric Disorders and Commercial Drivers at:
http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Vision
§391.41(b)(10)
A person is physically qualified to drive a commercial motor vehicle if that person:
Has distant visual acuity of at least 20/40 (Snellen) in each eye with or 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 degrees 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.

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered, (such as Ishihara, Pseudoisochromatic, Yarn) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard may call (202) 366-1790 for an application for a vision exemption.
(See Visual Disorders and Commercial Drivers at:
http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Hearing
§391.41(b)(11)
A person is physically qualified to drive a commercial motor vehicle if that person:
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 when the audiometric device is calibrated to American National Standard (formerly ADA Standard) Z24.5-1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18,

23, etc. The examiner should not use only sibilants (s sounding materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid."

(See Hearing Disorders and Commercial Motor Vehicle Drivers at: http://www/fmcsa.dot.gov/rulesregs/medrports.htm)

Drug Use

§391.41(b)(12)

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

Does not use a controlled substance identified in 21 CFR 1308.II. *Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.*

This exception does not apply to methadone. The intent of the medical certification process is to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit-forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: http://www.fmcsa.dot.gov/rulesregs/medreports.htm)

Alcoholism

§391.41(b)(13)

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

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.

BILLING CODE 4910–EX–C

PART 393—PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION

■ 14. The authority citation for part 393 continues to read as follows:

Authority: 49 U.S.C. 322, 31136, and 31502; sec. 104(b) of Pub. L. 102–240, 105 Stat. 1914, 1993 (1991); 49 CFR 1.73.

§ 393.5 [Amended]

■ 15. Amend § 393.5 in the definition of ''g'' by removing ''9.823'' and add, in its place, ''9.81.''

§ 393.106 [Amended]

■ 16. Amend § 393.106(a) by removing ''§ 393.122 through § 393.142'' and add, in its place, ''§§ 393.116 through 393.136.''

PART 396—INSPECTION, REPAIR, AND MAINTENANCE

■ 17. The authority citation for part 396 continues to read as follows:

Authority: 49 U.S.C. 31133, 31136, and 31502; 49 CFR 1.73.

§ 396.9 [Amended]

■ 18. In § 396.9, paragraphs (b) and (c)(2), remove ''Driver Equipment Compliance Check'' and add, in its place, ''Driver Vehicle Examination Report.''

Issued on: September 24, 2003.

Warren Hoemann,

Deputy Administrator.

[FR Doc. 03–24736 Filed 9–29–03; 8:45 am]

BILLING CODE 4910–EX–P

DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

49 CFR Part 375

[Docket No. FMCSA–97–2979]

RIN 2126–AA32

Transportation of Household Goods; Consumer Protection Regulations; Delay of Compliance Date

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Interim final rule; delay of compliance date.

SUMMARY: The Federal Motor Carrier Safety Administration (FMCSA) delays the compliance date for the new part 375, Transportation of Household Goods; Consumer Protection Regulations, which was published as an interim final rule on June 11, 2003. That rule amends regulations governing the interstate transportation of household goods. On August 25, 2003, FMCSA received two petitions for reconsideration of the rule. On the same date, one of the petitioners, the American Moving and Storage Association, submitted a separate Petition for Stay of Effective Date. The reconsideration petitions address a variety of issues, both substantive and technical. The interim final rule took effect on September 9, 2003, with mandatory compliance to begin March 1, 2004. As the rule's effective date has passed, we are delaying the compliance date to gain time to consider fully the petitioners' concerns.

DATES: The compliance date of the interim final rule amending 49 CFR part 375 published at 68 FR 35066 on June 11, 2003, is delayed indefinitely. The Administration will publish a document in the **Federal Register** announcing the new compliance date.

FOR FURTHER INFORMATION CONTACT: Mr. Nathaniel Jackson, Household Goods Enforcement Team Leader, (MC–ECI), 202–366–6406, FMCSA, 400 Seventh Street, SW., Room 8310, Washington, DC 20590.

SUPPLEMENTARY INFORMATION: In the Motor Carrier Safety Improvement Act of 1999 (Pub. L. 106–159), which established FMCSA as a separate agency within the U.S. Department of Transportation (DOT), Congress authorized FMCSA to regulate the interstate transportation of household goods. In earlier legislation, Congress abolished the Interstate Commerce Commission and transferred the Commission's jurisdiction over household goods transportation to DOT (ICC Termination Act of 1995, Pub. L. 104–88). Prior to FMCSA's establishment, the Secretary of Transportation delegated this household goods jurisdiction to the Federal Highway Administration (FHWA).

In May 1998, FHWA published a notice of proposed rulemaking requesting comments on its proposal to amend the household goods regulations at 49 CFR part 375 and the credit regulations at part 377 (63 FR 27126, May 15, 1998). The public submitted more than 50 comments on the proposal. FMCSA modified the substance of the proposed rule in light of concerns raised by some of the commenters, including the American Moving and Storage Association, and published an interim final rule on June 11, 2003 (68 FR 35064), to become effective September 9, 2003, with mandatory compliance to begin March 1, 2004. We published an interim final rule rather than a final rule to allow the Office of Management and Budget additional time to complete its review of information collection requirements.

On August 25, 2003, FMCSA received two petitions for reconsideration of the interim final rule. The petitioners are (1) the American Moving and Storage Association and (2) United Van Lines, LLC and Mayflower Transit, LLC. On the same date, the American Moving and Storage Association submitted a separate Petition for Stay of Effective Date. The reconsideration petitions address a variety of issues, both substantive and technical. Certain of the substantive concerns will require the agency's careful analysis. The rule took effect on September 9, 2003, but compliance was not required until March 1, 2004. As the rule's effective date has passed, we are delaying the compliance date until further notice in order to consider fully the petitioners' concerns. FMCSA will publish a document in the **Federal Register** promulgating any necessary technical corrections and/or substantive changes, and announcing the new compliance date for the rule.

FMCSA recognizes that interstate household goods carriers will require sufficient time to prepare for compliance with this rule. Prior to the compliance date, carriers will need to conduct an educational process, make document changes, and revise operational procedures. In addition, the compliance date must precede the summer peak moving season, which begins May 15, 2004. FMCSA will ensure that the new compliance date provides the household goods transportation industry with this vital lead time.

Issued on: September 23, 2003.

Warren E. Hoemann,

Deputy Administrator.

[FR Doc. 03–24499 Filed 9–29–03; 8:45 am]

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DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

49 CFR Part 395

[Docket No. FMCSA–97–2350]

RIN 2126–AA23

Hours of Service of Drivers

AGENCY: Federal Motor Carrier Safety Administration (FMCSA), DOT.

ACTION: Final rule; technical amendments.