



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

XXXXXXXX 2006

Dear Medical Examiner,

The Federal Motor Carrier Safety Administration's (FMCSA) mission is to reduce crashes, injuries, and fatalities involving large trucks and buses. The mission of the FMCSA Medical Program is to protect the safety of America's roadways by ensuring commercial motor vehicle (CMV) drivers engaged in interstate commerce are physically qualified. Medical examiners of CMV drivers are an integral part of the success of the FMCSA Medical Program.

FMCSA will soon propose a National Registry of Certified Medical Examiners (NRCME) to improve highway safety by producing trained, certified FMCSA medical examiners who can effectively determine if a CMV driver's health meets FMCSA standards. More information on the NRCME program can be found on the Web site at <http://www.nrcme.fmcsa.dot.gov>.

Medical examiners, like you, from across the Nation are being queried about the tasks performed by the FMCSA medical examiner while examining CMV drivers. Survey results will play an essential role in developing a national certification test and a training curriculum.

Your response is needed to ensure the sample represents your personal experience, expertise, work environment, and State.

I want to thank you for taking time to respond to this very important survey.

Sincerely yours,

Rose A. McMurray
Associate Administrator for
Policy and Program Development

The collection of this information is authorized under the provisions of Public Law 109-59.

Public reporting for this collection of information is estimated to be 1 hour per response, including the time for reviewing instructions and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be anonymous. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MMI, U.S. Department of Transportation, Washington, D.C. 20590.



Role Delineation Study for FMCSA Medical Examiners

SECTION 1: SURVEY DIRECTIONS

ONLY FMCSA MEDICAL EXAMINERS SHOULD COMPLETE THE SURVEY

An FMCSA medical examiner is a licensed, certified, or registered healthcare professional (APN, DC, DO, MD, PA) who is knowledgeable about driver qualification standards and guidelines, and performs driver certification examinations with awareness of tasks and conditions under which CMV drivers work. The medical examiner evaluates physical, psychological, and emotional qualifications of CMV drivers while adhering to FMCSA standards, medical advisory criteria, and guidelines to determine a driver's fitness.

HANDLING THE SURVEY

- Please do not bend or fold the survey
- Place the completed survey in the enclosed return envelope and mail to Applied Measurement Professionals, Inc. no later than **Month, Day, Year**

RATING TASKS

Give one rating for each task. **Base your ratings on your own experience.** Please use the rating scale below to indicate whether you perform each task and how important it is if you do:

IMPORTANCE SCALE

How important is this task for competent performance of medical examinations for CMV drivers to minimize public risk of injuries and fatalities due to CMV crashes?

- 4 = High importance
- 3 = Above average importance
- 2 = Below average importance
- 1 = Low importance
- 0 = Never performed

EXAMPLE: The following box shows how one might use the rating scale to evaluate the first two tasks.

**SECTION 2:
FMSCA MEDICAL EXAMINER
TASK LIST**

- Use a soft, black lead pencil to fill in each response
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How important is this task for competent performance of medical examinations for CMV drivers to minimize public risk of injuries and fatalities due to CMV crashes?	TASK #	Never	IMPORTANCE Low High			
I. DRIVER'S MEDICAL INFORMATION						
1. Verify the identity of the driver.....1.	1.	①	①	②	●	④
<i>The example response indicates this task is above average in importance.</i>						
2. Ensure the driver signs the driver's statement about health history.....2.	2.	●	①	②	③	④
<i>The example response indicates this task is never performed.</i>						
NOTE: These ratings are only for illustrative purposes and do not reflect actual ratings.						

If you have any questions about the instructions, any of these tasks, or need assistance in completing this survey, please call:

J. Michael Clark, III, MS
 Research Associate
 Applied Measurement Professionals, Inc.
 (913) 495-4466

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How important is this task for competent performance of medical examinations for CMV drivers to minimize public risk of injuries and fatalities due to CMV crashes?

TASK #	Never Performed	IMPORTANCE			
		Low		High	

I. DRIVER'S MEDICAL INFORMATION

A. Identification and History

1. Verify the identity of the driver.....	1.	⓪	①	②	③	④
2. Ensure the driver signs the driver's statement about health history.....	2.	⓪	①	②	③	④
3. Identify, query, and note issues in a driver's medical record and / or health history as available, which may include						
a. specifics regarding any affirmative responses in the history.....	3.	⓪	①	②	③	④
b. any illness, surgery, or injury in the last five years.....	4.	⓪	①	②	③	④
c. any other hospitalizations or surgeries.....	5.	⓪	①	②	③	④
d. any recent changes in health status.....	6.	⓪	①	②	③	④
e. whether he / she has any medical conditions or current complaints....	7.	⓪	①	②	③	④
f. any incidents of disability / physical limitations.....	8.	⓪	①	②	③	④
g. limitations placed during prior FMCSA exams	9.	⓪	①	②	③	④
h. current OTC and prescription medications and supplements, and potential side effects, which may be potentially disqualifying.....	10.	⓪	①	②	③	④
i. his or her use of recreational / addictive substances (e.g., nicotine, alcohol, inhalants).....	11.	⓪	①	②	③	④
j. weight disorders (e.g., unexplained loss or gain, obesity).....	12.	⓪	①	②	③	④
k. disorders of the eyes (e.g., retinopathy, cataracts, aphakia, glaucoma, macular degeneration, monocular vision).....	13.	⓪	①	②	③	④
l. disorders of the ears (e.g., hearing loss, hearing aids, vertigo, Meniere's, tinnitus, implants).....	14.	⓪	①	②	③	④
m. cardiac symptoms (e.g., syncope, dyspnea, chest pain, palpitations)	15.	⓪	①	②	③	④
n. cardiovascular diseases (e.g., hypertension, congestive heart failure, myocardial infarction, coronary insufficiency, or thrombosis).	16.	⓪	①	②	③	④
o. hematologic disorders (e.g., bleeding disorders, anemia, cancer, organ transplant history).....	17.	⓪	①	②	③	④
p. pulmonary symptoms (e.g., dyspnea, orthopnea, chronic cough)....	18.	⓪	①	②	③	④
q. pulmonary diseases (e.g., asthma, chronic lung disorders, tuberculosis, previous pulmonary embolus, pneumothorax).....	19.	⓪	①	②	③	④
r. sleep disorders (e.g., sleep apnea, narcolepsy, insomnia, daytime sleepiness, loud snoring, testing and / or treatments).....	20.	⓪	①	②	③	④
s. gastrointestinal disorders (e.g., pancreatitis, ulcers, ulcerative colitis, cirrhosis, hepatitis, irritable bowel syndrome, hernias).....	21.	⓪	①	②	③	④

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How important is this task for competent performance of medical examinations for CMV drivers to minimize public risk of injuries and fatalities due to CMV crashes?	TASK #	Never Performed	IMPORTANCE			
			Low			High
t. genitourinary disorders (e.g., polycystic, nephrotic syndrome, kidney stones, renal failure, hernias).....	22.	⓪	①	②	③	④
u. diabetes mellitus.....	23.	⓪	①	②	③	④
▪ weight loss						
▪ duration on current medications						
▪ medication side effects						
▪ complications from diabetes						
▪ availability of emergency glucose supply						
▪ presence and frequency of hypoglycemic / hyperglycemic episodes / reactions						
v. other endocrine disorders (e.g., thyroid disorders, interventions / treatment).....	24.	⓪	①	②	③	④
w. musculoskeletal disorders (e.g., amputations, arthritis, spinal surgery).....	25.	⓪	①	②	③	④
x. neoplastic disorders (e.g., leukemia; brain, bone, breast, and lung cancer).....	26.	⓪	①	②	③	④
y. substance use and abuse (e.g., alcohol, narcotics, illicit or legal drugs).....	27.	⓪	①	②	③	④
z. neurologic disorders (e.g., loss of consciousness, seizures, stroke / TIA, headaches / migraines, numbness / weakness).....	28.	⓪	①	②	③	④
aa. psychiatric disorders (e.g., schizophrenia, depression, anxiety, bipolar, ADHD, interventions / treatment).....	29.	⓪	①	②	③	④
bb. other conditions that could impair a driver's ability to safely function.....	30.	⓪	①	②	③	④
B. Physical Examination and Evaluation						
1. Ensure the driver is properly clothed for the physical examination.....	31.	⓪	①	②	③	④
2. Record height and weight, and note whether a driver is overweight or underweight.....	32.	⓪	①	②	③	④
3. Examine the driver's eyes and note						
a. distant acuity in each and both eyes (Snellen comparable values)...	33.	⓪	①	②	③	④
b. whether corrective lenses are required to meet the standard.....	34.	⓪	①	②	③	④
c. horizontal field of vision in each eye.....	35.	⓪	①	②	③	④
d. color recognition.....	36.	⓪	①	②	③	④
e. presence or absence of monocular vision.....	37.	⓪	①	②	③	④
f. reactivity to light and pupillary equality.....	38.	⓪	①	②	③	④
g. evidence of nystagmus and exophthalmos.....	39.	⓪	①	②	③	④
h. evaluation of extraocular movements.....	40.	⓪	①	②	③	④

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			Low	High		
i. fundoscopic examination results.....	41.	⓪	①	②	③	④
4. Examine the driver's ears and note						
a. abnormalities of the ear canal and tympanic membrane.....	42.	⓪	①	②	③	④
b. whisper test and / or audiometric results (in ANSI standard units) as indicated.....	43.	⓪	①	②	③	④
c. presence or absence of a hearing aid and whether required to meet the standard.....	44.	⓪	①	②	③	④
5. Examine the driver's mouth and throat, and note conditions that may interfere with breathing, speaking, or swallowing.....	45.	⓪	①	②	③	④
6. Examine the driver's neck and note						
a. range of motion.....	46.	⓪	①	②	③	④
b. soft tissue palpation / examination (e.g., lymph nodes, thyroid gland).....	47.	⓪	①	②	③	④
7. Examine the driver's heart						
a. chest inspection (e.g., surgical scars, pacemaker / IAD).....	48.	⓪	①	②	③	④
b. thrills, murmurs, extra sounds, and enlargement.....	49.	⓪	①	②	③	④
c. blood pressure and pulse (rate and rhythm).....	50.	⓪	①	②	③	④
d. additional signs of disease (e.g., edema, bruits, diaphoresis, distended neck veins).....	51.	⓪	①	②	③	④
8. Examine the driver's lungs, chest, and thorax, excluding breasts, and note						
a. respiratory rate and pattern.....	52.	⓪	①	②	③	④
b. abnormal breath sounds.....	53.	⓪	①	②	③	④
c. abnormal chest wall configuration / palpation.....	54.	⓪	①	②	③	④
d. scars.....	55.	⓪	①	②	③	④
9. Examine the driver's abdomen, and note						
a. surgical scars.....	56.	⓪	①	②	③	④
b. an enlarged liver or spleen.....	57.	⓪	①	②	③	④
c. abnormal masses or bruits / pulsation.....	58.	⓪	①	②	③	④
d. abdominal tenderness.....	59.	⓪	①	②	③	④
e. hernias (e.g., inguinal, umbilical, ventral, femoral).....	60.	⓪	①	②	③	④
10. Examine the driver's spine and note						
a. surgical scars and deformities.....	61.	⓪	①	②	③	④

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			Low	High		
b. tenderness and muscle spasm.....	62.	⓪	①	②	③	④
c. loss in range of motion and painful motion.....	63.	⓪	①	②	③	④
d. kyphosis, scoliosis, or other spinal deformities.....	64.	⓪	①	②	③	④
11. Examine the driver's extremities and note						
a. gait, mobility, and posture while bearing his or her weight; limping or signs of pain.....	65.	⓪	①	②	③	④
b. loss, impairment, or use of orthosis.....	66.	⓪	①	②	③	④
c. deformities, atrophy, weakness, paralysis, surgical scars.....	67.	⓪	①	②	③	④
d. elbow and shoulder strength, function, and mobility.....	68.	⓪	①	②	③	④
e. handgrip and prehension relative to requirements for controlling a steering wheel and gear shift.....	69.	⓪	①	②	③	④
f. varicosities, skin abnormalities, and cyanosis, clubbing, or edema....	70.	⓪	①	②	③	④
g. leg length discrepancy; lower extremity strength, motion, and function.....	71.	⓪	①	②	③	④
12. Examine the driver's neurologic status and note						
a. impaired equilibrium, coordination or speech pattern (e.g., Romberg, finger to nose test).....	72.	⓪	①	②	③	④
b. gait disorders.....	73.	⓪	①	②	③	④
c. sensory or positional abnormalities.....	74.	⓪	①	②	③	④
d. tremor.....	75.	⓪	①	②	③	④
e. radicular signs.....	76.	⓪	①	②	③	④
f. reflexes (e.g., asymmetric deep-tendon, normal / abnormal patellar and Babinski).....	77.	⓪	①	②	③	④
13. Test the driver's urine and note specific gravity, protein, blood, and glucose.....	78.	⓪	①	②	③	④
14. Examine the driver's mental status and note						
a. comprehension and interaction.....	79.	⓪	①	②	③	④
b. cognitive impairment (e.g., orientation, intellect, memory, obsessions, circumstantial / tangential speech).....	80.	⓪	①	②	③	④
c. signs of depression, paranoia, antagonism, or aggressiveness that may require follow-up with a mental health professional.....	81.	⓪	①	②	③	④
C. Diagnostic Tests and / or Referrals						
1. Obtain additional information when indicated by						
a. audiometrics.....	82.	⓪	①	②	③	④

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			Low			High
b. cardiovascular studies (e.g., electrocardiogram, stress test, ejection fraction, vascular studies).....	83.	⓪	①	②	③	④
c. blood analyses (e.g., creatinine, electrolytes, toxicology, lipids, blood chemistries).....	84.	⓪	①	②	③	④
d. chest radiograph.....	85.	⓪	①	②	③	④
e. respiratory tests (e.g., spirometry, diffusion, lung volumes, oximetry or arterial blood gas analysis with or without exercise).....	86.	⓪	①	②	③	④
f. sleep studies.....	87.	⓪	①	②	③	④
g. drug level monitoring (e.g., digoxin, theophylline).....	88.	⓪	①	②	③	④
h. other tests.....	89.	⓪	①	②	③	④
2. Refer a driver who exhibits evidence of any of the following disorders for follow-up care and evaluation by an appropriate specialist or primary care provider.....	90.	⓪	①	②	③	④
▪ vision (e.g., retinopathy, macular degeneration)						
▪ cardiac (e.g., myocardial infarction, coronary insufficiency, blood pressure control)						
▪ pulmonary (e.g., emphysema, fibrosis)						
▪ endocrine (e.g., diabetes)						
▪ musculoskeletal (e.g., arthritis, neuromuscular disease)						
▪ neurologic (e.g., seizures)						
▪ sleep (e.g., obstructive sleep apnea)						
▪ mental / emotional health (e.g., depression, schizophrenia)						
3. Refer a driver						
a. with limitations in extremity movement for an on-road performance evaluation and / or skill performance evaluation.....	91.	⓪	①	②	③	④
b. for conditions not directly related to certification, but detected during the examination.....	92.	⓪	①	②	③	④
D. Documentation of Ancillary Information						
1. Record / include results as available with other information about the driver, which may include						
a. audiometrics.....	93.	⓪	①	②	③	④
b. cardiovascular studies (e.g., electrocardiogram, stress test, ejection fraction, vascular studies).....	94.	⓪	①	②	③	④
c. blood analyses (e.g., creatinine, electrolytes, toxicology, lipids, blood chemistries).....	95.	⓪	①	②	③	④
d. chest radiograph.....	96.	⓪	①	②	③	④

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			Low			High
e. respiratory tests (e.g., spirometry, diffusion, lung volumes, oximetry or arterial blood gas analysis with or without exercise).....	97.	⓪	①	②	③	④
f. sleep studies.....	98.	⓪	①	②	③	④
g. drug level monitoring (e.g., digoxin, theophylline).....	99.	⓪	①	②	③	④
h. other tests.....	100.	⓪	①	②	③	④
i. treating physician's work release.....	101.	⓪	①	②	③	④
2. Integrate a specialist's evaluation with other information about the driver.....	102.	⓪	①	②	③	④
3. Include an annual ophthalmologist's or optometrist's report for a driver who was qualified under a vision exemption.....	103.	⓪	①	②	③	④
4. Include information for a driver who is qualified under a diabetes exemption, which includes an endocrinologist's and ophthalmologist's / optometrist's report as required.....	104.	⓪	①	②	③	④
5. Include if available						
a. a current skill performance evaluation certificate.....	105.	⓪	①	②	③	④
b. documentation of intracity zone exemption.....	106.	⓪	①	②	③	④
6. Review results of SAP evaluations for alcohol and drug use and / or abuse for a driver with						
a. alcoholism who completed counseling and treatment to the point of full recovery.....	107.	⓪	①	②	③	④
b. prohibited drug use who shows evidence he or she is now free from such use.....	108.	⓪	①	②	③	④
II. DETERMINATION OF DRIVER'S QUALIFICATIONS AND DISPOSITION						
A. Health Education Counseling						
1. Explain to a driver consequences of non-compliance with a care plan for conditions that have been advised for periodic monitoring with primary healthcare provider.....	109.	⓪	①	②	③	④
2. Advise a driver						
a. regarding side effects and interactions of medications and supplements (e.g., narcotics, anticoagulants, psychotropics) including those acquired over the counter (e.g., antihistamines, cold and cough medications) that could negatively affect his or her driving.....	110.	⓪	①	②	③	④
b. that fatigue, lack of sleep, undesirable diet, emotional conditions, stress, and other illnesses can affect safe driving.....	111.	⓪	①	②	③	④
c. with contact lenses that he or she should carry a pair of glasses while driving.....	112.	⓪	①	②	③	④

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			Low	High		
d. with a hearing aid that he / she should possess a spare power source for the device while driving.....	113.	①	①	②	③	④
e. who has had a deep vein thrombosis event of risks associated with inactivity while driving and interventions that could prevent another thrombotic event.....	114.	①	①	②	③	④
f. who has diabetes about glucose monitoring frequencies and the minimum threshold while driving.....	115.	①	①	②	③	④
g. with a diabetes exemption, that he / she should						
1) possess a rapidly absorbable form of glucose while driving.....	116.	①	①	②	③	④
2) self-monitor blood glucose one hour before driving and at least once every four hours while driving.....	117.	①	①	②	③	④
3) comply with each condition of his / her exemption.....	118.	①	①	②	③	④
4) plan to submit glucose monitoring logs for each annual recertification.....	119.	①	①	②	③	④
3. Inform the driver of the rationale for delaying or potentially disqualifying certification, which may include.....	120.	①	①	②	③	④
▪ the immediate post-operative period						
▪ a vision disability (e.g., retinopathy, macular degeneration)						
▪ a cardiac event (e.g., myocardial infarction, coronary insufficiency)						
▪ a chronic pulmonary exacerbation (e.g., emphysema, fibrosis)						
▪ uncontrolled hypertension						
▪ endocrine dysfunctions (e.g., diabetes)						
▪ musculoskeletal challenges (e.g., arthritis, neuromuscular disease)						
▪ a neurologic event (e.g., seizures, stroke, TIA)						
▪ a sleep disorder (e.g., obstructive sleep apnea)						
▪ mental health dysfunctions (e.g., depression, bipolar)						
B. Risk Assessment						
1. Consider a driver's ability to.....	121.	①	①	②	③	④

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			Low		High	
<ul style="list-style-type: none"> ▪ couple and uncouple trailers from a tractor ▪ load or unload several thousand pounds of freight ▪ install and remove tire chains ▪ manipulate and secure tarpaulins that cover open trailer ▪ move one's own body through space while climbing ladders; bending, stooping, and crouching; entering and exiting the cab ▪ manipulate an oversized steering wheel ▪ shift through several gears using a manual transmission ▪ perform precision prehension and power grasping ▪ use arms, feet, and legs during CMV operation 						
2. Review Skill Performance Evaluation (SPE) cases						
a. identify terms, conditions, and limitations set forth in a driver's SPE Certificate.....	122.	①	①	②	③	④
b. ensure an appropriate SPE Certificate from the FMCSA Division Administrator has been granted to a driver who lost a foot, leg, hand, or arm.....	123.	①	①	②	③	④
3. Consider a driver's cognitive ability to.....	124.	①	①	②	③	④
<ul style="list-style-type: none"> ▪ plan a travel route ▪ inspect the operating condition of a tractor and / or trailer ▪ monitor and adjust to a complex driving situation ▪ maneuver through crowded areas ▪ quickly alter the course of vehicle to avoid trouble 						
4. Consider general health and wellness factors such as						
a. adverse health effects associated with rotating work schedules and irregular sleep patterns.....	125.	①	①	②	③	④
b. long-term effects of fatigue associated with extended work hours without breaks.....	126.	①	①	②	③	④
c. risk factors associated with common dietary choices available to drivers.....	127.	①	①	②	③	④
d. stressors likely associated with extended time away from a driver's social support system.....	128.	①	①	②	③	④
e. short- and long-term health effects of stress from..... <ul style="list-style-type: none"> ▪ tight pickup and delivery schedules ▪ irregular work, rest, and eating patterns / dietary choices ▪ adverse road, weather, and traffic conditions ▪ exposure to temperature extremes, vibration, and noise ▪ transporting passengers or hazardous products 	129.	①	①	②	③	④

SECTION 2:
FMCSA MEDICAL EXAMINER
TASK LIST

- Use a soft, black lead pencil to fill in each response
- Mark the zero if you have never performed a task
- Rate the importance of a task you have performed
- Erase cleanly any response you choose to change

How important is this task for competent performance of medical examinations for CMV drivers to minimize public risk of injuries and fatalities due to CMV crashes?	TASK #	Never Performed	IMPORTANCE			
			Low	High		
5. Integrate FMCSA medical advisory criteria and guidelines regarding a driver's condition into the risk assessment.....	130.	⓪	①	②	③	④
6. Consider the rate of progression, degree of control, and likelihood of sudden incapacitation for documented conditions (e.g., cardiovascular, neurologic, respiratory, musculoskeletal).....	131.	⓪	①	②	③	④
7. Support the rationale for using FMCSA guidelines that have not been published in regulations yet.....	132.	⓪	①	②	③	④
C. Certification Outcomes and Intervals						
1. Apply nondiscretionary certification standards to disqualify a driver						
a. with a history of epilepsy.....	133.	⓪	①	②	③	④
b. with diabetes requiring insulin control (unless accompanied by an exemption).....	134.	⓪	①	②	③	④
c. when vision parameters (e.g., acuity, horizontal field of vision, color) fall below minimum standards unless accompanied by an exemption.....	135.	⓪	①	②	③	④
d. when hearing measurements with or without a hearing aid fall below minimum standards.....	136.	⓪	①	②	③	④
2. Disqualify a driver who						
a. is currently taking methadone.....	137.	⓪	①	②	③	④
b. has a current clinical diagnosis of alcoholism.....	138.	⓪	①	②	③	④
c. uses a controlled substance including a narcotic, an amphetamine, or another habit-forming drug without a prescription from the treating physician.....	139.	⓪	①	②	③	④
3. Disqualify a driver when evidence shows a condition exists that will likely interfere with the safe operation of a CMV, which may include sufficient supporting opinions and information from specialists.....	140.	⓪	①	②	③	④
4. Document the reason(s) for the disqualification and / or referral.....	141.	⓪	①	②	③	④
5. Advise a driver of the reasons for a disqualification decision and what a driver could do to become qualified.....	142.	⓪	①	②	③	④
6. Certify a driver for an appropriate interval.....	143.	⓪	①	②	③	④
7. Indicate certification status, which may require.....	144.	⓪	①	②	③	④
▪ waiver / exemption, which the medical examiner identifies						
▪ wearing corrective lenses						
▪ wearing a hearing aid						
▪ a Skill Performance Evaluation Certificate						
8. Advise a driver certified with a limited interval to return for recertification with the appropriate documentation for his or her condition.....	145.	⓪	①	②	③	④

SECTION 2:
FMCSA MEDICAL EXAMINER
TASK LIST

- Use a soft, black lead pencil to fill in each response
- Mark the zero if you have never performed a task
- Rate the importance of a task you have performed
- Erase cleanly any response you choose to change

How important is this task for competent performance of medical examinations for CMV drivers to minimize public risk of injuries and fatalities due to CMV crashes?	TASK #	Never Performed	IMPORTANCE Low High				
		①	①	②	③	④	
9. Complete a medical examination report and medical certificate / card.... <ul style="list-style-type: none"> ▪ ensure use of currently required examination form ▪ ensure the form includes the examiner's name, examination date, office address, and telephone number ▪ ensure the driver signs the medical certificate / card 	146.	①	①	②	③	④	

Thank you for rating these tasks. Please proceed to the next page to evaluate the adequacy of the task inventory in describing the role of a medical examiner.

1. How well did this survey cover critical tasks for the role of an FMSCA medical examiner?

① Inadequately

② Adequately

If inadequately, then specify tasks you perceive should be added below:

2. What percentage of questions on a certification examination for medical examiners do you think should come from each of the following content areas?

Ensure the sum of your percentage values is equal to 100.

%	Identification and History
%	Physical Examination and Evaluation
%	Diagnostic Tests and / or Referrals
%	Documentation of Ancillary Information
%	Health Education Counseling
%	Risk Assessment
%	Certification Outcomes and Intervals
100%	Total

Please proceed to the next page to provide information about your background. Individual responses will be kept confidential.

SECTION 3:

BACKGROUND INFORMATION

DIRECTIONS: Please answer the following questions about your background.

Select only one response to each item unless otherwise directed.

1. Which of the following is your profession?

- ① Advanced Practice Nurse
- ② Doctor of Chiropractic
- ③ Doctor of Osteopathic Medicine
- ④ Medical Doctor
- ⑤ Physician Assistant
- ⑥ Other _____

2. For how many years have you been working in your current profession?

Write numbers over each blank space and fill in the corresponding bubble below.

- | | |
|---|---|
| — | — |
| ① | ① |
| ① | ① |
| ② | ② |
| ③ | ③ |
| ④ | ④ |
| ⑤ | ⑤ |
| ⑥ | ⑥ |
| ⑦ | ⑦ |
| ⑧ | ⑧ |
| ⑨ | ⑨ |

3. Which of the following best describes your primary job function?

- ① Administration
- ② Clinical
- ③ Consultant
- ④ Education
- ⑤ Research
- ⑥ Other _____

4. In what type of healthcare environment do you work?

- ① Academic
- ② Group practice
- ③ Hospital
- ④ Industry / on-site
- ⑤ Military
- ⑥ Multi-specialty
- ⑦ Solo practice
- ⑧ Urgent care
- ⑨ Other _____

5. Is occupational health your primary work responsibility?

- ① No
- ② Yes

6. Have you had training in occupational health?

- ① No
- ② Yes

7. Have you attended a training course for CMV driver physical examinations?

- ① No (Skip to question 9)
- ② Yes

8. If yes, did you take your course from any of the following organizations? (select all that apply)

- ① American Academy of Physician Assistants National Conference
- ② American College of Occupational and Environmental Medicine
- ③ Concentra
- ④ Intermountain Health Care
- ⑤ National University of Health Sciences
- ⑥ Other _____

9. To what materials do you typically refer when performing a physical exam for CMV drivers? (select all that apply)

General References

- ① Consensus reports from specialty organizations
- ② Federal Register notices
- ③ Hartenbaum: The DOT Medical Exam
- ④ Wittels: Concentra Guide
- ⑤ DOT Web site
- ⑥ NTIS Web site
- ⑦ Other _____

FMCSA References

- ⑧ FMCSA Web site
- ⑨ NRCME Web site
- ⑩ Federal Motor Carrier Safety regulations
- ⑪ Medical Report Form
- ⑫ Medical Advisory Criteria
- ⑬ Medical Conference Reports
- ⑭ Telephone support
- ⑮ Other _____

10. On average, how many physical examinations for CMV (DOT-FMCSA) drivers do **you** personally perform each month?

Write numbers over each blank space and fill in the corresponding bubble below.

—	—	—	—
①	①	①	①
②	②	②	②
③	③	③	③
④	④	④	④
⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨

11. For how many years have you been performing physical examinations for CMV drivers?

Write numbers over each blank space and fill in the corresponding bubble below.

—	—
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

12. Which of the following best describes the community in which you practice?

- ① Rural
- ② Suburban
- ③ Urban

13. In what zip code do you primarily practice?

Write zip code numbers over each blank space and fill in the corresponding bubble below.

—	—	—	—	—
①	①	①	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨

14 How many people in each of the following groups do you know who also perform CMV physical examinations?

Write numbers over each blank space and fill in the corresponding bubble below.

APN		DC		DO		MD		PA	
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

15. What was the year of your birth?

Write the last two digits of your birth year over each blank space and fill in the corresponding bubble below.

1 9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

16. What is your gender?

- ① Female
- ② Male

17. With which of the following ethnic and racial groups do you most closely identify?

Select one or more

Racial Groups	Ethnic Groups	
	Hispanic or Latino	Not Hispanic or Latino
American Indian or Alaska Native	①	②
Asian	③	④
Black or African American	⑤	⑥
Native Hawaiian or Other Pacific Islander	⑦	⑧
White	⑨	⑩

**Thank you for completing this survey.
Please return the survey in the postage-paid return envelope to:**

**FMCSA RDS
Applied Measurement Professionals, Inc.
8310 Nieman Road
Lenexa, KS 66214**