DOT MEDICAL EXAMINER CERTIFICATION
Practice Exam Questions
FMCSA modeled the development of the certification test on recognized processes and procedures established by the National Commission for Certifying Agencies (NCCA), a national accreditation body for a variety of certification programs and organizations that assess professional competency. The NCCA uses a peer review process to establish accreditation standards, evaluate compliance with the standards, certification. FMCSA used these standards for certification test development so medical examiners, the drivers they examine, the motor carriers that employ the drivers and the public would have confidence in the qualifications of FMCSA certified medical examiners.

Test Content

Test Specifications

The final test specifications shown in Table 1 reflect the number of items and cognitive level of questions for each content area on the certification test. These specifications were developed combining medical examiner survey results and consensus of WIPT members. This blend of survey results and consensus among medical examiners is superior to using either element alone.

Table 1: Core Content Areas

<table>
<thead>
<tr>
<th>FMCSA Medical Examiner Certification Test</th>
<th>ITEMS</th>
<th>COGNITIVE LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Area</td>
<td>Recall</td>
<td>Application</td>
</tr>
<tr>
<td>I. DRIVER’S MEDICAL INFORMATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Identification and History</td>
<td>23</td>
<td>33</td>
</tr>
<tr>
<td>B. Physical Examination and Evaluation</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>C. Diagnostic Tests and/or Referrals</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>D. Documentation of Ancillary Information</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>II. DETERMINATION OF DRIVER’S QUALIFICATIONS AND DISPOSITION</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>A. Health Education Counseling</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B. Risk Assessment</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>C. Certification Outcomes and Intervals</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Totals</td>
<td>30</td>
<td>45</td>
</tr>
</tbody>
</table>

SAMPLE Test Questions – See Answers After Test Questions
Using cardiovascular medical guidance, for each driver, is the driver medically qualified or medically disqualified?

1. Driver with percutaneous coronary intervention (PCI) nine months ago; he or she has not followed up with cardiologist and has not had exercise tolerance test (ETT) since procedure.

2. Coronary artery bypass graft (CABG) surgery four months ago; echo at three months showed LVEF 55%; driver was cleared by cardiologist and has no chest pain.

3. Driver with CHF having dyspnea at rest.

4. Driver has recently had increasing angina which lasted 20 minutes after tarping a load; he or she is unresponsive to nitroglycerin.

5. What are the differences between the medical standards and the medical guidelines?

6. A driver presents for examination with a history (last month) of a pneumothorax. The records provided by the driver indicate that the pneumothorax reduced the driver’s forced vital capacity (FVC) to 58% of predicted forced vital capacity. Can this driver be certified? If not, when can the driver be certified?

Which of the following conditions would require the driver to complete qualifying procedures under 49 CFR 391.49?

7. Missing fourth and fifth fingers of right hand; has strong hand grasp.

8. Missing right foot since age two; uses prosthesis and runs marathons.

9. Status post-crush injury to left arm; has atrophy and weakness in ulnar distribution.

10. Suffering from carpal tunnel syndrome; has weak hand grasp.

11. When evaluating a driver with a psychological disorder that might interfere with safe operation of a CMV, what behaviors should an examiner look for?

12. What is the purpose of the Interstate CMV driver physical examination?

13. What is the mission of FMCSA?

14. Who and what does FMCSA regulate?

15. Give some examples of CMV driver stress factors.

16. What are possible outcomes of the CMV driver physical exam?

What is ME certificate expiration date for following drivers?


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21. Who can perform the vision portion of the interstate CMV driver physical examination?

22. To pass the interstate CMV driver vision exam, a visual acuity of __________ corrected or uncorrected is required.

23. What eye conditions must the medical examiner ask the driver about and if indicated request specialist evaluation?

24. Does this driver meet hearing standards for interstate CMV driver certification? Whisper test results | Rt. Ear: 4 Feet | Lt. Ear: 4 Feet |

25. Does this driver meet hearing standards for interstate CMV driver certification? Audiometric test results [Hearing loss in decibels (dB) 500 Hz, 1,000 Hz, 2,000 Hz] Rt. Ear: 30, 45, 40 | Lt. Ear: 45, 45, 35 |

26. Can an interstate CMV driver who has had an acute myocardial infarction (AMI) be qualified to drive?

27. The driver provides the medical examiner with a copy of records, including a cardiologist’s report indicating a diagnosis of congestive heart failure and that the driver’s ejection fraction is 38%. Can the driver be certified?

28. A driver has an abdominal aortic aneurysm. The medical examiner obtains a copy of an abdominal sonogram indicating that the aneurysm is 5.3 cm in diameter. According to current CVD recommendations, should the medical examiner certify this individual?

29. Before the examination begins, the driver gives the examiner a letter from his cardiovascular surgeon, indicating that he had surgical repair of a 9 cm abdominal aortic aneurysm four months previously, and the driver is now cleared to resume all activities. According to current CVD recommendations, can the examiner certify this driver?

30. Using current FMCSA guidelines, what is the proper determination for an interstate CMV driver, with a diagnosis of hypertension, who presents with a confirmed blood pressure of 182/112?

31. Using current FMCSA guidelines, what is the maximum period of certification for a driver disqualified for Stage 3 hypertension, but who has, at the certification examination, a blood pressure less than 140/90?

32. A CMV driver with a diagnosis of hypertension presents with a BLOOD PRESSURE of 182/112. This is Stage ____.

33. What is the BLOOD PRESSURE range for Stage 1 hypertension?
34. What conditions must a driver with acute or chronic cor pulmonale meet to be certified to operate an interstate CMV?

35. A driver states that she has exercise-induced asthma well controlled by using an albuterol (Proventil, Ventolin) inhaler before she does any aerobic activity. Her pulmonary function (forced expiratory volume in the first second of expiration (FEV1)) must be greater than _____ % of predicted FEV1 to qualify.

36. A driver takes diphenhydramine (Benadryl), 25 mg, two or three times per day, to treat nasal congestion. Discuss what, if any, concerns this causes, and what a medical examiner might do in this example.

37. The examiner notices that the driver has marked that he has asthma and lists an albuterol [Proventil, Ventolin] inhaler among his medications. On questioning, the driver admits to using it several times a day, especially during the spring and fall; he admits that he has not seen his primary care physician in several years but is still getting frequent refills on his inhaler. The driver also admits that he has been hospitalized twice in the last six months for his asthma, ending up on a ventilator on the last visit. Should the medical examiner certify the driver, if so, for how long?

38. A driver presents for examination with a history (last month) of a pneumothorax. The records provided by the driver indicate that the pneumothorax reduced the driver’s forced vital capacity (FVC) to 58% of predicted forced vital capacity. Can this driver be certified? If not, when can the driver be certified?

39. A driver presents for examination with a history (three months ago) of a pneumothorax. The records provided by the driver indicate that this is the second spontaneous pneumothorax on the same side. The driver’s forced vital capacity (FVC) to 68% of predicted forced vital capacity is with no surgical intervention. Can this driver be certified? If not, when can the driver be certified?

40. According to regulation, for what neurological condition is medically disqualifying for the interstate CMV driver certification?

41. According to medical guidance, for which of the following diagnosed neurological conditions is the driver considered medically unqualified for driving? A. Febrile seizure. B. Dementia (severe) C. Dementia (metabolic) D. Transient ischemic attacks (within one year) E. Transient ischemic attacks (greater than one year ago)

42. A driver is taking levodopa/carbidopa (Sinemet). Levodopa/carbidopa may cause the driver to be disqualified because it is used for the treatment of what?

43. Ms. Miller’s left arm has mild symptoms and is weaker than the right. At what level of left arm strength would the medical examiner certify Ms. Miller, using the provisions of alternate standard 49 CFR 391.49, which would require Ms. Miller to obtain a Skill Performance Evaluation (SPE) certificate?

44. According to 49 CFR 391.41, is a commercial motor vehicle (CMV) driver with the loss of a leg, foot, hand, or arm qualified to operate a CMV?

45. According to regulation, only ________ can grant drivers a SPE certificate.

46. According to regulation, what is the certification maximum certification period when medical certification must be accompanied by a SPE certificate?

47. A driver presents for clearance to return to driving a CMV six weeks after arthroscopic carpal tunnel repair on his right hand. Can he be recertified, and, if so, for how long?

48. A medical examiner performed the initial examination of a driver with diabetes mellitus who uses insulin. The driver was otherwise medically qualified and given a medical examiner’s certificate indicating that the driver must also have a federal diabetes exemption. The driver is:
49. What is the recommended certification interval for a driver with diabetes mellitus who does not use insulin?

50. Which diabetes mellitus risk poses the greatest threat to public safety?

51. What would the medical examiner do next if a significant abnormal finding for urinalysis specific gravity, protein, and blood is found?

52. According to medical guidelines, what are three areas of risk when a driver has a mental disorder?

53. When evaluating a driver with a psychological disorder that might interfere with safe operation of a CMV, what behaviors should an examiner look for?

54. According to medical guidance, can a driver be certified if he/she is taking amitriptyline for depression?

55. Is testing for controlled substances part of the requirement of the CMV driver physical examination?

56. What is the Advisory Criteria for the “Drug Use” definition of “habit forming”?

57. According to medical guidance, can a driver be certified while taking methadone for chronic pain management?

58. The medical examiner may require a driver to be evaluated by an SAP and successfully complete a rehabilitation course if the driver ______.

59. What is the mission of the FMCSA?

60. According to FMCSA regulations, which of the following must the medical examiner evaluate when examining a driver’s eyes? A. Pupil reactivity B. Iris symmetry C. Conjunctival injection D. Corneal thickness

61. According to FMCSA regulations, medical qualification for two years can be given to a driver who has: A. An SPE certificate for a left below the knee amputation (BKA) B. Hypertension C. A recent diagnosis of Lewy body dementia D. Documented medical marijuana use for pain control

62. During his visit to the ME, a driver complains of severe pain in his finger for the last two weeks after it was punctured. The exam reveals an infected, swollen finger. After the ME inquires, the driver states that the pain is made worse when he grips the steering wheel. Which of the following should the ME do next? A. Obtain a hand X-ray B. Assess capillary refill in the hand C. Obtain a culture and sensitivity D. Assess the driver’s grip strength

63. A new driver who had a MI six months ago is certified after completing an acceptable exercise tolerance test and is cleared by a cardiologist. According to FMCSA guidelines, which of the following is recommended regarding recertification and exercise tolerance test monitoring intervals? Recertification Exercise tolerance A. Every year Every year B. Every two years Every year C. Every year Every two years D. Every two years Every two years

64. A 46-year-old male driver presents for recertification. He has a history of chronic gastro esophageal reflux disease (GERD). He takes esomeprazole (Nexium) and over-the-counter cimetidine (Tagamet). He states that he feels fine, but has trouble finding foods that do not trigger his GERD when he is on the road. Which of the following should the medical examiner do first?
   a. A. Disqualify the driver until he has a nutritional consultation.
   b. B. Certify the driver and advise him to carry non-triggering foods in a cooler.
   c. C. Contact the driver's physician and request an upper GI study.
   d. D. Correlate the GI history findings with the abdominal examination.
65. A 25-year-old female driver denies a history of any medical problems. She is a nonsmoker who exercises regularly without symptoms. The medical examiner auscultates bilateral wheezes during the examination. The driver's SpO2 is 90 percent in the medical examiner's office. The rest of the examination is normal.

The driver should be:

A. Temporarily disqualified pending results of a cardiac workup.
B. Qualified since she has no cardiac symptoms.
C. Temporarily disqualified until further evaluation.
D. Qualified because her O2 saturation exceeds the minimum.
**Answers**

Using cardiovascular medical guidance, for each driver, is the driver medically qualified or medically disqualified?

1. Driver with percutaneous coronary intervention (PCI) nine months ago; he or she has not followed up with cardiologist and has not had exercise tolerance test (ETT) since procedure.

   Answer: Medically disqualified. According to current CVD recommendations, the driver who had PCI should have cardiology follow-up to include ETT three to six months post-PCI.

2. Coronary artery bypass graft (CABG) surgery four months ago; echo at three months showed LVEF 55%; driver was cleared by cardiologist and has no chest pain.

   Answer: Medically qualified: According to current CVD recommendations, the driver who had had CABG surgery may be qualified at 3 months post-procedure if asymptomatic, LVEF greater than 40%, and meets all other recommendations (qualify with annual recertification).

3. Driver with CHF having dyspnea at rest.

   Answer: Medically disqualified. According to current CVD recommendations, a driver with CHF with symptoms is not medically fit for duty.

4. Driver has recently had increasing angina which lasted 20 minutes after tarping a load; he or she is unresponsive to nitroglycerin.

   Answer; Medically disqualified. According to current CVD recommendations, a driver with unstable angina is not medically fit for duty.

5. What are the differences between the medical standards and the medical guidelines?

   Answer: The regulations are law and are mandatory. The medical examiner must use the standards found in 49 CFR 391.41 to determine interstate CMV driver medical fitness for duty. Unlike regulations which are codified and have a statutory base, the recommendations in advisory 49 CFR 391.41(b) are simply guidance established to help the medical examiner determine a driver's medical qualifications pursuant to Section 391.41 of the Federal Motor Carrier Safety Regulations (FMCSRs). For more information on medical advisory criteria, see [http://www.fmcsa.dot.gov/rules-regulations/administration/medical.htm](http://www.fmcsa.dot.gov/rules-regulations/administration/medical.htm)

6. A driver presents for examination with a history (last month) of a pneumothorax. The records provided by the driver indicate that the pneumothorax reduced the driver’s forced vital capacity (FVC) to 58% of predicted forced vital capacity. Can this driver be certified? If not, when can the driver be certified?

   Answer: Do not certify. According to recommendations, this driver should not be certified until the medical examiner has verified that the recovery is complete, with x-rays, and the driver has a FVC greater than 65%.

7. Which of the following conditions would require the driver to complete qualifying procedures under 49 CFR 391.49? Missing fourth and fifth fingers of right hand; has strong hand grasp.

   Answer: Does not require 49 CFR 391.4 for certification. The medical examiner can assess for adequate grip strength; however, if any question of ability exists, medical examiner may request a treating or specialist evaluation.

8. Missing right foot since age two; uses prosthesis and runs marathons.
9. Status post-crush injury to left arm; has atrophy and weakness in ulnar distribution. 

Answer: Requires 49 CFR 391.4 for certification. The driver must demonstrate adequate skill in operating a CMV with his/her fixed deficit, even if it is impairment and not loss of the extremity.

10. Suffering from carpal tunnel syndrome; has weak hand grasp. 

Answer: Does not require 49 CFR 391.4 for certification. Only fixed deficits can be qualified using the alternate standard. Carpal tunnel syndrome can be treated or, left untreated, can worsen causing increased impairment. Certification occurs only if the weakness in grasp is a fixed deficit, after maximal treatment, preventing any future deterioration from carpal tunnel syndrome.

11. When evaluating a driver with a psychological disorder that might interfere with safe operation of a CMV, what behaviors should an examiner look for? 

Answer: According to medical guidelines, a medical examiner should look for: Any suspicious, evasive, threatening, or hostile behaviors. Signs of being easily distracted. Signs of flat affect or lack or emotional response. Displays of unusual or bizarre ideas, auditory or visual hallucinations, dishonesty, or a tendency to omit important information.

12. What is the purpose of the Interstate CMV driver physical examination? 

Answer: The purpose of the CMV exam is to detect the presence of physical, mental, or organic conditions of such character & extent as to affect driver ability to operate a CMV safely. This examination is for public safety determination & considered by FMCSA to be a “medical fitness for duty" exam.

13. What is the mission of FMCSA? 

Answer: The FMCSA is focused on reducing crashes, injuries & fatalities involving large trucks & buses.

14. Who and what does FMCSA regulate? 

Answer: The FMCSA regulates interstate commercial operation, including driver, vehicle, motor carrier, & transport of hazardous materials.

15. Give some examples of CMV driver stress factors. 

Answer: Stress factors may include: Interruption of normal sleep, exercise, & eating patterns Limited access to social support networks resulting in fatigue, obesity, and/or alienation of affection. Environment that may have excessive vibration, noise, & extremes temperature, and/or adverse road or traffic conditions can interfere with CMV driver ability to recognize a driving hazard, cause temporary or permanent physical damage to sensory perception or affect driver behavior. Increased potential for injury & fatalities should there be a crash when driver is responsible for passenger safety or hazardous cargo.

16. What are possible outcomes of the CMV driver physical exam? 

Answer: Certification (with or without Qualifications) or Disqualification

17. What is ME certificate expiration date for following drivers? 


Answer: Expiration date 2/1/2012 (1 year from date of PE)

20. Sandy came in for exam on 2/1/2011 – Disqualified due to not having results of post-CABG stress test for review. 2/15/2011 – Return to ME’s office with test results (attached) – driver qualified 1 yr.

Answer: Expiration date 2/1/2012 (1 year from date of initial PE, not follow-up date when driver returned with test results needed to complete PE.)


Answer: Expiration date 4/3/2013 (2 yrs from date of second visit to ME. Time and conditions of waiting periods should be completed before considering driver for certification.) ME explains to CMV Driver at initial visit that he needs be symptom-free for 2 months (waiting period). On 4/3/2011, ME performed a complete physical exam, including starting a new ME Report form, and determined CMV Driver could be certified for 2 years. Expiration date is 2 years from the date the exam was performed.

22. Who can perform the vision portion of the interstate CMV driver physical examination?

Answer: Medical Examiner, Medical assistant, Ophthalmologist/Optometrist

23. To pass the interstate CMV driver vision exam, a visual acuity of ________ corrected or uncorrected is required.

Answer: Less than or equal to 20/40 Snellen each eye and both together

24. What eye conditions must the medical examiner ask the driver about and if indicated request specialist evaluation?

Answer: Glaucoma, retinopathy, aphakia, macular degeneration, cataracts

25. Does this driver meet hearing standards for interstate CMV driver certification? Whisper test results | Rt. Ear: 4 Feet | Lt. Ear: 4 Feet |

Answer: No minimum distance in one ear must be 5 ft

26. Does this driver meet hearing standards for interstate CMV driver certification? Audiometric test results [Hearing loss in decibels (dB) 500 Hz, 1,000 Hz, 2,000 Hz] Rt. Ear: 30, 45, 40 | Lt. Ear: 45, 45, 35 |

Answer: yes, right ear is 38.33 (less than 40) but left ear is 41.67, pass right ear

27. Can an interstate CMV driver who has had an acute myocardial infarction (AMI) be qualified to drive?

Answer: yes, if AMI was at least 2 mos ago and driver meets all requirements

28. The driver provides the medical examiner with a copy of records, including a cardiologist’s report indicating a diagnosis of congestive heart failure and that the driver’s ejection fraction is 38%. Can the driver be certified?

Answer: No, the EF must be at least 40%
29. A driver has an abdominal aortic aneurysm. The medical examiner obtains a copy of an abdominal sonogram indicating that the aneurysm is 5.3 cm in diameter. According to current CVD recommendations, should the medical examiner certify this individual?

30. Answer: No, the aneurysm must be less than 5 cm

31. Before the examination begins, the driver gives the examiner a letter from his cardiovascular surgeon, indicating that he had surgical repair of a 9 cm abdominal aortic aneurysm four months previously, and the driver is now cleared to resume all activities. According to current CVD recommendations, can the examiner certify this driver?

32. Answer: Yes, may be certified up to one year if met all requirements and been 3 mo since surgery

33. Using current FMCSA guidelines, what is the proper determination for an interstate CMV driver, with a diagnosis of hypertension, who presents with a confirmed blood pressure of 182/112?

34. Answer: a driver with Stage 3 hypertension should be immediately disqualified until BP is less than 140/90

35. Using current FMCSA guidelines, what is the maximum period of certification for a driver disqualified for Stage 3 hypertension, but who has, at the certification examination, a blood pressure less than 140/90?

36. Answer: 6 months if no side effects from treatment

37. A CMV driver with a diagnosis of hypertension presents with a BLOOD PRESSURE of 182/112. This is Stage ____.

38. Answer: Stage 3

39. What is the BLOOD PRESSURE range for Stage 1 hypertension?

40. Answer: 140-159/90-99

41. What conditions must a driver with acute or chronic cor pulmonale meet to be certified to operate an interstate CMV?

42. Answer: PaO2 greater than 65 and no dyspnea at rest

43. A driver states that she has exercise- induced asthma well controlled by using an albuterol (Proventil, Ventolin) inhaler before she does any aerobic activity. Her pulmonary function (forced expiratory volume in the first second of expiration (FEV1)) must be greater than _____ % of predicted FEV1 to qualify.

44. Answer: Greater than 65% FEV1

45. A driver takes diphenhydramine (Benadryl), 25 mg, two or three times per day, to treat nasal congestion. Discuss what, if any, concerns this causes, and what a medical examiner might do in this example.

46. Answer: Be off antihistamines 12 hr before driving

47. The examiner notices that the driver has marked that he has asthma and lists an albuterol [Proventil, Ventolin] inhaler among his medications. On questioning, the driver admits to using it several times a day, especially during the spring and fall; he admits that he has not seen his primary care physician in several years but is still getting frequent refills on his inhaler. The driver also admits that he has been hospitalized twice in the last six months for his asthma, ending up on a ventilator on the last visit. Should the medical examiner certify the driver, if so, for how long?
48. Answer: Do not certify but refer to PCP or pulmonary specialist

49. A driver presents for examination with a history (last month) of a pneumothorax. The records provided by the driver indicate that the pneumothorax reduced the driver’s forced vital capacity (FVC) to 58% of predicted forced vital capacity. Can this driver be certified? If not, when can the driver be certified?

50. Answer: Do not certify until complete resolution of pneumothorax on chest x-ray and FVC greater or equal to 65%

51. A driver presents for examination with a history (three months ago) of a pneumothorax. The records provided by the driver indicate that this is the second spontaneous pneumothorax on the same side. The driver’s forced vital capacity (FVC) to 68% of predicted forced vital capacity is with no surgical intervention. Can this driver be certified? If not, when can the driver be certified?

52. Answer: Do not certify since second pneumothorax until surgery has been done to fix

53. According to regulation, for what neurological condition is medically disqualifying for the interstate CMV driver certification?

54. Answer: epilepsy

55. According to medical guidance, for which of the following diagnosed neurological conditions is the driver considered medically unqualified for driving? A. Febrile seizure. B. Dementia (severe) C. Dementia (metabolic) D. Transient ischemic attacks (within one year) J. Transient ischemic attacks (greater than one year ago)

56. Answer: A & D

57. A driver is taking levodopa/carbidopa (Sinemet) Levodopa/carbidopa may cause the driver to be disqualified because it is used for the treatment of what?

58. Answer: Parkinsonism

59. Ms. Miller’s left arm has mild symptoms and is weaker than the right. At what level of left arm strength would the medical examiner certify Ms. Miller, using the provisions of alternate standard 49 CFR 391.49, which would require Ms. Miller to obtain a Skill Performance Evaluation (SPE) certificate?

60. Answer: Do not use SPE as weakness is not a fixed deficit

61. According to 49 CFR 391.41, is a commercial motor vehicle (CMV) driver with the loss of a leg, foot, hand, or arm qualified to operate a CMV?

62. Answer: Yes, if driver meets all other requirements and has been given a SPE (Skilled Performance Exam) certificate

63. According to regulation, only ________ can grant drivers a SPE certificate.

64. Answer: FMCSA only at one of four FMCSA centers

65. According to regulation, what is the certification maximum certification period when medical certification must be accompanied by a SPE certificate?

66. Answer: Maximum time up to 2 years

67. A driver presents for clearance to return to driving a CMV six weeks after arthroscopic carpal tunnel repair on his right hand. Can he be recertified, and, if so, for how long?
68. Answer: If the driver meets all other requirements and passes the grip strength test, they may be certified up to 2 years.

69. A medical examiner performed the initial examination of a driver with diabetes mellitus who uses insulin. The driver was otherwise medically qualified and given a medical examiner’s certificate indicating that the driver must also have a federal diabetes exemption. The driver is:

70. Answer: Disqualified from driving until the driver has the Federal Diabetes Exemption

71. What is the recommended certification interval for a driver with diabetes mellitus who does not use insulin?

72. Answer: one year

73. Which diabetes mellitus risk poses the greatest threat to public safety?

74. Answer: hypoglycemia

75. What would the medical examiner do next if a significant abnormal finding for urinalysis specific gravity, protein, and blood is found?

76. Answer: Medical examiners use their clinical knowledge to decide if referral is needed for further evaluation

77. According to medical guidelines, what are three areas of risk when a driver has a mental disorder?

78. Answer: Symptoms of the disease itself, recurrence, and side effects from medications

79. When evaluating a driver with a psychological disorder that might interfere with safe operation of a CMV, what behaviors should an examiner look for?

80. Answer: Suspicious behavior, flat affect, hallucinations

81. According to medical guidance, can a driver be certified if he/she is taking amitriptyline for depression?

82. Answer: Should not be certified unless has permission from the doctor as to the safety of the medicine

83. Is testing for controlled substances part of the requirement of the CMV driver physical exam?

84. Answer: No, but the ME can ask for one if suspicious

85. What is the Advisory Criteria for the “Drug Use” definition of “habit forming”?

86. Answer: 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 CMV safely. (ref: page 3, Expert Panel Commentary and Recommendations: Licit Schedule II Drug Use and CMV Driver Safety) Accessible at: http://www.fmcsa.dot.gov/rules-regulations/TOPICS/mep/report/Final-Schedule-II-Commentary-3-05-07-508.pdf

87. According to medical guidance, can a driver be certified while taking methadone for chronic pain management?

88. Answer: No
89. The medical examiner may require a driver to be evaluated by an SAP and successfully complete a rehabilitation course if the driver _______.

90. Answer: admits to alcohol or drug abuse

91. What is the mission of the FMCSA?

92. Answer: to reduce crashes, injuries and fatalities

93. According to FMCSA regulations, which of the following must the medical examiner evaluate when examining a driver's eyes? A. Pupil reactivity B. Iris symmetry C. Conjunctival injection D. Corneal thickness

94. Answer: A Pupil reactivity (only option that is included on the Medical Exam Report Form for physical examination of the eyes). This is a cranial nerve test. A positive finding indicates a significant neurological problem that must be worked up or have an explanation that clarifies whether or not the driver has a condition that may interfere with the ability to safely operate a CMV.

95. According to FMCSA regulations, medical qualification for two years can be given to a driver who has:

96. A. An SPE certificate for a left below the knee amputation (BKA) B. Hypertension C. A recent diagnosis of Lewy body dementia D. Documented medical marijuana use for pain control

97. Answer: A In order to obtain the SPE certificate, the driver had to demonstrate the ability to perform all tasks for the CMV job description.

98. During his visit to the ME, a driver complains of severe pain in his finger for the last two weeks after it was punctured. The exam reveals an infected, swollen finger. After the ME inquires, the driver states that the pain is made worse when he grips the steering wheel. Which of the following should the ME do next? A. Obtain a hand X-ray B. Assess capillary refill in the hand C. Obtain a culture and sensitivity D. Assess the driver's grip strength

99. Answer: D The condition does not present a safety risk unless it interferes with the ability of the driver to hold and control the steering wheel.

100. A new driver who had a MI six months ago is certified after completing an acceptable exercise tolerance test and is cleared by a cardiologist. According to FMCSA guidelines, which of the following is recommended regarding recertification and exercise tolerance test monitoring intervals?

Recertification Exercise tolerance A. Every year Every year B. Every two years Every year C. Every year Every year Every two years D. Every two years Every two years

101. Answer: C According to FMCSA medical guidelines, when a MI is part of the medical history, there is a significant increased risk of another MI to occur within six months to a year; therefore, a maximum of one year certification is the guideline. MI guidelines also recommend exercise tolerance testing at least every two years to demonstrate continued ability to safely operate a CMV.

102. A 46-year-old male driver presents for recertification. He has a history of chronic gastro esophageal reflux disease (GERD). He takes esomeprazole (Nexium) and over-the-counter cimetidine (Tagamet). He states that he feels fine, but has trouble finding foods that do not trigger his GERD when he is on the road. Which of the following should the medical examiner do first? A. Disqualify the driver until he has a nutritional consultation. B. Certify the driver and advise him to carry non-triggering foods in a cooler. C. Contact the driver's physician and request an upper GI study. D. Correlate the GI history findings with the abdominal examination.
103. Answer: D Correlate the GI history findings with the abdominal examination. This is the correct response because given the information in the question; a medical examiner would need to examine the driver before having sufficient information about the health of the driver to consider any of the other options.

104. A 25-year-old female driver denies a history of any medical problems. She is a nonsmoker who exercises regularly without symptoms. The medical examiner auscultates bilateral wheezes during the examination. The driver’s SpO2 is 90 percent in the medical examiner’s office. The rest of the examination is normal.

The driver should be:

A. Temporarily disqualified pending results of a cardiac workup. B. Qualified since she has no cardiac symptoms. C. Temporarily disqualified until further evaluation. D. Qualified because her O2 saturation exceeds the minimum.

Answer: C  This is the correct response because the driver has a non-diagnosed respiratory or thoracic illness that might interfere with the ability to safely operate a CMV. The driver should not be certified until the etiology is confirmed and treatment has been shown to be effective, safe, and stable. Also, according to FMCSA medical guidelines, a SpO2 of less than 92 percent warrants obtaining an arterial blood gas analysis.