



Safety Letter for Medication

Name: _____ DOB _____

The above patient/driver is being evaluated to determine whether he/she meets the medical standards of the FMCSA to operate a commercial motor vehicle (CMV). During the medical evaluation, it was determined this individual is taking medications that may impair his/her ability to safely operate a CMV under the Federal Regulations 49 CFR 391.41 *Physical Qualifications for Drivers*. As the certified medical examiner, I am requesting that you review the regulations as noted below and complete the attached 396.41 Medication Questionnaire.

49 CFR 391.41 Physical Qualifications for Drivers

391.41(b)(12) (i) Does not use any drug(s) or substance(s) identified in 21 CFR 1308.11 Schedule I, an amphetamine and a narcotic or other habit-forming drug(s). (ii) Does not use any non-Schedule I drug(s) or substance(s) that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in §382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's performance.

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 driver 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 alternation of 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 the 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; 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 skill to make quick decisions, when necessary, and the manipulative skills to control an oversized steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

CDME Signature _____

Date _____

Eastern Medical Support

5010 State Hwy 30 Ste 101

Amsterdam, NY 12010

Phone (518) 843-6860

Fax (518) 684-0156



396.41 Medication Questionnaire

Name _____ DOB ____/____/____

1. List Medications and doses

2. What medical conditions are being treated with the medications?

3. Do the above medications or conditions have side effects that would impair the above individual's ability to safely operate a Commercial Motor Vehicle (CMV)?

_____ **YES** _____ **NO** (check response)

4. Considering the mental and physical requirements of operating a CMV, and after reviewing the included Federal Regulations, 49 CFR 391.41, I believe my patient can safely operate a CMV while taking the above medication(s).

_____ **YES** _____ **NO** (check response)

Name and address of prescribing provider:

Provider Signature

Date