



CDL UPDATE

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Disclosures

- I serve as Medical Director for the following companies:
 - Procter & Gamble
 - DHL
 - Staff Management
 - Meshoppen Transport
 - Work Well
 - Holcombe Transportation
 - Eastern Freight
 - Mountain Energy
 - Rain For Rent



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There is a national shortage of drivers.



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This is what FMCSA
WANTS TO PREVENT!

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THE FAMILY PHYSICIAN
IS BECOMING
INCREASINGLY
IMPORTANT TO FMCSA
AND PUBLIC SAFETY


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THE INSULIN EXEMPTION FOR COMMERCIAL DRIVERS IS OVER!

CDL DRIVERS ARE NO LONGER REQUIRED GET AN FEDERAL EXEMPTION.



INSULIN

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INSULIN-TREATED DIABETES MELLITUS ASSESSMENT FORM

Name: _____

DOB: _____ Driver's License Number (if applicable): _____ State: _____

- This individual is being evaluated either to determine whether he/she meets the physical qualification standards of the Federal Motor Carrier Safety Administration (FMCSA) to operate a commercial motor vehicle or because the individual has recently experienced a severe hypoglycemic episode.
- A treating clinician should complete this form to the best of his/her ability based on his/her knowledge of the individual's medical history.



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INSULIN-TREATED DIABETES MELLITUS ASSESSMENT FORM

- Completion of this form **does not imply** that a treating clinician is making a medical certification decision to qualify the individual to drive a commercial motor vehicle.
- Any determination as to whether the individual is **physically qualified to drive a commercial motor vehicle will be made by a certified medical examiner** on FMCSA's National Registry of Certified Medical Examiners.
- FMCSA defines a treating clinician as a healthcare professional who manages, and prescribes insulin for, treatment of the individual's diabetes mellitus as authorized by the healthcare professional's applicable State licensing authority.



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Instructions to the Individual Driver

- When you are being evaluated prior to a medical certification examination, the certified medical examiner must receive this form and begin the examination **no later than 45 calendar days** after a treating clinician signs this form.
- When you are being evaluated after a severe hypoglycemic episode, you must retain this form and give it to the certified medical examiner at your next medical certification examination.



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Dispositivos de administración de insulina

Insulin-Treated Diabetes Mellitus Diagnosis




1. DATE INSULIN USE BEGAN: Jeringa de insulina Lápiz de insulina Inyector Jet Bomba de insulina

Insulin device	Technical aspects/requirements
Humulin® I (1988)	<ul style="list-style-type: none"> • Specific insulin injection device with operation similar to heparin pen • Contains insulin cartridge and spring to push insulin out • Utilizes disposable insulin cartridges loaded and removed from the pen by the patient
Humalog® 2 (1990)	<ul style="list-style-type: none"> • Dose increments of 0.5 U • Maximum dose of 30 U • Admin required insulin dose to be "filled" and pen prior to injection • Displays previously administered dose • Maximum dose of 30-70 U
Humalog® 3 (1992)	<ul style="list-style-type: none"> • Displays previously administered dose • Maximum dose of 30-70 U • Contains both dial and push buttons • Allows reprogramming of required dose without insulin waste • Single 3.0 mL cartridge, mixing the pen plunger
Humalog® 3 Clear (1995)	<ul style="list-style-type: none"> • Dose increments of 0.5 U
Humalog® 3 Junior® (2002)	<ul style="list-style-type: none"> • Designed for pediatric population • Visible colors • Dose increments of 0.5 U • Dose increments of 1 U • Maximum dose of 40 U • More discreet design • Reduced injection force • Larger dosing scale • Audible confirmation dosing click • Safety feature, preventing withdrawal of dose that is greater than amount of insulin left in cartridge
Humalog® 4 (2005)	<ul style="list-style-type: none"> • Designed for pediatric population • Dose increments of 0.5 U • Maximum dose of 40 U • Memory function
Humalog® Solo® (2010)	<ul style="list-style-type: none"> • Available in two colors (blue or clear) to allow a dose double • Maximum dose of 40 U (100 U/100 U, 10 U, 0.1) • Memory function
Humalog® 5 (2010)	<ul style="list-style-type: none"> • Memory function


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Blood Glucose Self-Monitoring Records



2. Has the individual maintained at least the preceding 3 months of ongoing blood glucose self-monitoring records while being treated with insulin that are measured with an electronic glucometer that stores all readings, records the date and time of readings, and from which data can be electronically downloaded? ____ Yes ____ No

3. Has the individual provided at least the preceding 3 months of electronic self-monitoring records while being treated with insulin from his/her glucometer to the treating clinician for review? ____ Yes ____ No

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Blood Glucose Self-Monitoring Records

- If no, provide details: _____
- Note: The individual is not physically qualified to operate a commercial motor vehicle for up to the maximum 12-month period until he/she provides a treating clinician with at least the preceding 3 months of electronic blood glucose self monitoring records while being treated with insulin.
- At the certified medical examiner's discretion, the individual who does not possess at least the preceding 3 months of electronic blood glucose self-monitoring records while being treated with insulin may qualify to operate a commercial motor vehicle for up to but not more than 3 months.

4. How many times per day is the individual testing his/her blood glucose?

5. Is the individual compliant with blood glucose self-monitoring based on his/her specific treatment plan? ____ Yes ____ No

• Comments (if necessary): _____

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Severe Hypoglycemic Episodes

6. Has the individual experienced any severe hypoglycemic episodes within the preceding 3 months?

- FMCSA defines a severe hypoglycemic episode as one that requires the assistance of others, or results in loss of consciousness, seizure, or coma. Yes No
- If yes, provide date(s) of occurrence, whether the cause has been addressed, and associated details (attach additional pages as needed):



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Hemoglobin A1C (HbA1C) Measurements

- 7. Has the individual had HbA1C measured intermittently over the last 12 months, with the most recent measure within the preceding 3 months? Yes No
 - If yes, attach the most recent result.



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Diabetes Complications

8. Does the individual have signs of diabetic complications or target organ damage? This information will be used by the certified medical examiner in determining whether the listed conditions would impair the individual's ability to safely operate a commercial motor vehicle.

- a. Renal disease/renal insufficiency (e.g., diabetic nephropathy, proteinuria, nephrotic syndrome)? Yes No
 - If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: _____
- b. Diabetic cardiovascular disease (e.g., coronary artery disease, hypertension, transient ischemic attack, stroke, peripheral vascular disease)? Yes No
 - If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: _____



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Diabetes Complications



- c. Neurological disease/autonomic neuropathy (e.g., cardiovascular, gastrointestinal, genitourinary)? Yes No
– If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: _____
- d. Peripheral neuropathy (e.g., sensory loss, decreased sensation, loss of vibratory sense, loss of position sense)? Yes No
– If yes, provide the date of diagnosis, location, type of involvement, current treatment, and whether the condition is stable: _____
- e. Lower limb (e.g., foot ulcers, amputated toes/foot, infection, gangrene)? Yes No
– If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: _____



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Diabetes Complications

- f. Other? (specify condition) _____
 Yes No
– If yes, provide the date of diagnosis, current treatment, and whether the condition is stable: _____
- Progressive Eye Diseases
 - 9. Date of last comprehensive eye examination: _____
 - 10. Has the individual been diagnosed with either severe non-proliferative diabetic retinopathy or proliferative diabetic retinopathy? Yes No
 - If yes, provide date of diagnosis: _____



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Diabetes Complications

11. Has the individual been diagnosed with any other progressive eye disease(s) (e.g., macular edema, cataracts, glaucoma)? Yes No
– If yes, specify the disease(s), provide the dates of diagnoses, current treatment, and whether the condition is stable: _____



12. Additional Comments (attach additional pages as needed)



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Signature/Certification

- I attest that I am a treating clinician (as defined above), that this individual maintains a stable insulin regimen and proper control of his/her insulin-treated diabetes mellitus, and that the information provided is true and correct to the best of my knowledge.
- Date
- Printed Name and Medical Credential Signature
- Professional License Number and State
- Phone Number
- Email
- Address



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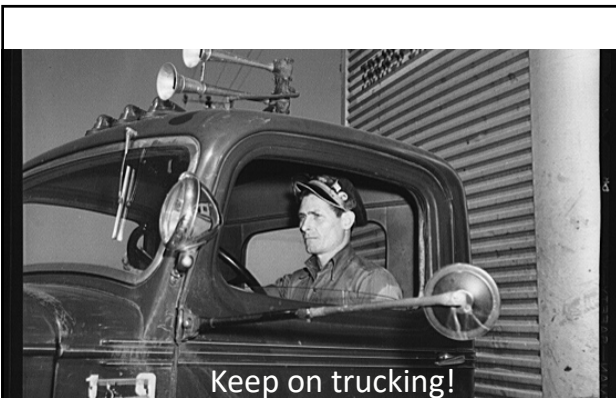
Controlled Substance Utilization

- If a driver is on chronic controlled substance(s), the Certified Medical Examiner (CME) may contact the treating clinician to discern the chronicity of the agent and its effect on the performance of safety sensitive functions while taking such agents.
- The CME may request such clarification in a written format.



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