Beyond Wellness

Chiropractic Center

SPE certificate: initial application packet

For your DOT visit at Beyond Wellness

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Charlotte, NC 28269
Office: 704-461-1836
Return fax: 704-246-5156

Federal application instructions remain in effect

Follow the attached FMCSA submission instructions. This clinic cover sheet does not change the federal recipient or submit an application. If copies are requested for your DOT examination, contact Beyond Wellness to arrange their return.

January 2026 packet for a driver applying for an initial Skill Performance Evaluation certificate. Follow its driver, medical and other supporting-document instructions.

Complete only the sections assigned to you. Clinical findings, signatures, dates and qualification decisions have not been completed by the clinic in this packet.

U.S. Department of Transportation

Federal Motor Carrier Safety Administration

Skill Performance Evaluation Certificate 49 CFR 391.49

Sample Initial Letter of Application

All requests for an initial skill performance evaluation (SPE) certificate must adhere to the regulatory requirements detailed in this section.

To enable processing of your application, the Federal Motor Carrier Safety Administration (FMCSA) requires all the information listed in this section. A suggested format is included in this packet that will help facilitate the processing of your SPE certificate request. Please do not staple or fold your application or provide double-sided pages. FMCSA will not process incomplete applications.

Driver applicants are not eligible for an SPE certificate unless they operate in interstate commerce or intend to operate in interstate commerce. Operating in interstate commerce means that either the driver or their freight or passengers cross State lines or international borders. FMCSA will deny the application if the driver applicant operates or intends to operate solely in intrastate commerce. Operating in intrastate commerce means that the driver and the freight or passengers begin and end their trip completely within one State's borders.

Application type:

Joint application

49 CFR 391.49(b): A letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant. This is a ***joint*** application.

Unilateral application

49 CFR 391.49(b)(3) Exception: A letter of application for an SPE certificate may be submitted by the driver applicant. This is a ***unilateral*** application.

Application address: The application must be addressed to the applicable FMCSA Service Center for the State in which the driver applicant is licensed or, for a joint application, where the co-applicant motor carrier's principal place of business is located.

An initial application must include the following:

(1) Identification of the applicant(s):

- Name and complete address of the motor carrier co-applicant;
- Name and complete address of the driver applicant;
- The U.S. DOT Motor Carrier Identification Number, if known; and
- A description of the driver applicant's limb impairment for which an SPE certificate is requested.

(2) Description of the type of operation the driver will be employed to perform:

- State(s) in which the driver will operate for the motor carrier co-applicant (if more than 10 States, designate general geographic area only);
- Average period of time the driver will be driving and/or on duty, per day;
- Type of commodities or cargo to be transported;
- Type of driver operation (i.e., sleeper team, relay, owner operator, etc.); and
- The driver applicant's number of years of experience operating the type of commercial motor vehicle(s) requested in the letter of application and total years of experience operating all types of commercial motor vehicles.

(3) Description of the commercial motor vehicle(s) the driver applicant intends to drive:

- Truck, truck tractor, or bus make, model, and year (if known);
- Drive train:
  - Transmission type (automatic or manual—if manual, designate number of forward speeds);
  - Auxiliary transmission (if any) and number of forward speeds; and
  - Rear axle (designate single speed, 2 speed, or 3 speed);
- Type of brake system;
- Steering, manual or power assisted;
- Description of type of trailer(s) (i.e., van, flatbed, cargo tank, drop frame, lowboy, or pole);
- Number of semitrailers or full trailers to be towed at one time;
- For commercial motor vehicles designed to transport passengers, indicate the seating capacity of commercial motor vehicle; and
- Description of any modification(s) made to the commercial motor vehicle for the driver applicant; attach photograph(s) where applicable.

(4) Otherwise qualified:

- The **co-applicant motor carrier** must certify that the driver applicant is otherwise qualified under the regulations; or
- In the case of a **unilateral application**, the driver applicant must certify that they are otherwise qualified under the regulations of this part.

(5) Signature of applicant(s):

- Driver applicant's signature and date signed;
- Motor carrier official's signature (if application has a co-applicant), title, and date signed. Depending upon the motor carrier's organizational structure (corporation, partnership, or proprietorship), the signer of the application must be an officer, partner, or the proprietor.

(6) The letter of application for an SPE certificate must be accompanied by the following:

- Medical Examination Report Form, MCSA-5875.
- Medical Examiner's Certificate, Form MCSA-5876.
- A medical evaluation summary completed by either a board qualified or board certified physiatrist (doctor of physical medicine) or orthopedic surgeon. The co-applicant motor carrier or the driver applicant must provide the physiatrist or orthopedic surgeon with a description of the job-related tasks the driver applicant will be required to perform.
    - The medical evaluation summary for a driver applicant disqualified due to loss of a limb must include:
        - An assessment of the functional capabilities of the driver as they relate to the ability of the driver to perform normal tasks associated with operating a commercial motor vehicle; and
        - A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., grasping and manipulating knobs and switches using the fingers/thumb) and power grasp prehension (e.g., grasping, holding, and maneuvering the steering wheel using a hand) with each hand separately. Prior to applying for an SPE certificate, an applicant with loss of a hand or arm must be fitted and proficient with a proper prosthesis that enables the applicant to demonstrate precision prehension and power grasp prehension with each hand separately.
    - The medical evaluation summary for a driver applicant disqualified due to an impairment of a limb must include:
        - An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;
        - An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and
        - A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., grasping and manipulating knobs and switches using the fingers/thumb) and power grasp prehension (e.g., grasping, holding, and maneuvering the steering wheel using a hand) with each hand separately. Prior to applying for an SPE certificate, an applicant with upper limb impairment must be fitted and proficient with a proper prosthesis or orthotic device, if the applicant is not capable of demonstrating precision prehension and power grasp prehension with each hand separately without a prosthesis or orthotic device.
- A description of the driver applicant's prosthetic or orthotic device worn, if any.
- Road test when applicable:
    - A copy of the driver applicant's road test administered by the motor carrier and the certificate issued; or
    - A unilateral applicant is responsible for having a road test administered by a motor carrier or a person who is competent to administer the test and evaluate its results.

- Application for employment:
    - A copy of the driver applicant's application for employment completed pursuant to section 391.21; or
    - A unilateral applicant must submit a copy of the last commercial driving position's employment application they held. Please state if you have not had previous employment as a commercial driver.
- A copy of the driver applicant's SPE certificate of certain physical defects issued by the individual State(s), if applicable.
- A copy of the driver applicant's State motor vehicle driving record for the past 3 years from each State in which a motor vehicle driver's license or permit has been obtained.

The driver must supply each employing motor carrier with a copy of the SPE certificate.

Upon granting an SPE certificate, FMCSA will notify the driver applicant and co-applicant motor carrier (if applicable) by letter. The terms, conditions, and limitations of the SPE certificate will be set forth. The SPE certificate will identify the power unit (bus, truck, truck tractor) for which the SPE certificate has been granted.

FMCSA may deny the application for an SPE certificate or may grant it totally or in part and issue the SPE certificate subject to such terms, conditions, and limitations as deemed consistent with the public interest. The SPE certificate is valid for a period not to exceed 2 years from date of issue and may be renewed 30 days prior to the expiration date.

Falsifying information in the letter of application or falsifying other information required by section 391.49 by either the driver applicant or motor carrier co-applicant is prohibited.

Sample SPE Certificate Initial Letter of Application

Sample forms that comply with the regulatory requirements to apply for an SPE certificate are included in this packet. You are responsible for ensuring that your application is complete and includes all required information.

Before leaving the medical examiner's office, you should be sure that the box for "Accompanied by a Skill Performance Evaluation (SPE) Certificate" is checked on both your Medical Examination Report Form, MCSA-5875, and Medical Examiner's Certificate, Form MCSA-5875.

A board certified or board qualified physiatrist or orthopedic surgeon must complete the medical evaluation summary. There is no exception to this requirement and an evaluation completed by a different type of physician will not be accepted. FMCSA does not maintain a list of board certified or board qualified physiatrists or orthopedic surgeons who are eligible to complete the medical evaluation summary.

If applying for a unilateral SPE certificate (independent of your employer), you must obtain a copy of your State motor vehicle driving record, a road test, and a road test certificate. The road test must be administered by a motor carrier or someone competent to administer the test and evaluate the results.

If you are submitting a joint application (with your employer), please contact the SPE Medical Program Specialist at the Service Center associated with the location of your employer's principal place of business for further instructions.

To be eligible for an SPE certificate, you must operate in interstate commerce or intend to operate in interstate commerce. You are not eligible if you intend to operate in intrastate commerce only.

If you have any questions, please contact the SPE Medical Program Specialist at the Service Center for the State where you are licensed.

Address/Phone	Preferred Submission Method	State/Region
Eastern Service Center 31 Hopkins Plaza, Suite 800 Baltimore, MD 21201 Phone: (443) 891-2702 (Primary) Phone: (603) 223-0662 (Alt)	*Primary:* Email: escspecertificate@dot.gov *Alternate:* Fax: (833) 601-2030	CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT, WV
Midwestern Service Center 600 Town Center Road, Suite 240 Matteson, IL 60443 Phone: (708) 283-3523	*Primary:* Email: MSCSPE@dot.gov *Alternate:* Fax: (833) 994-2121	IA, IL, IN, KS, MI, MO, MN, NE, OH, WI
SPE Certificate Program **Southern Service Center** **Federal Motor Carrier Safety Administration** 61 Forsyth Street SW, Suite 3M40, Atlanta, GA 30303 Phone: (404) 327-7371	*Primary:* Email: specertificate@dot.gov *Alternate:* Fax: (877) 561-2850	AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN
Department of Transportation **Federal Motor Carrier Safety Administration** **Western Service Center** 12300 W Dakota Ave, Suite 131 Lakewood, CO 80215 Phone: (303) 407-2365	*Primary:* Email: wscspeapplications@dot.gov *Alternate:* Fax: (833) 601-2032	AK, AZ, CA, CO, HI, ID, MT, ND, NM, NV, OR, SD, TX, UT, WA, WY

Please do not include pages 1-5 in your submission as they are just instructions.

The following information/documents must be submitted with your skill performance evaluation (SPE) certificate initial application

Application type:

49 CFR 391.49(b): A letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant. This is a ***joint*** application.

49 CFR 391.49(b)(3) Exception: A letter of application for an SPE certificate may be submitted by the driver applicant. This is a ***unilateral*** application.

You must submit:

1. A unilateral (driver applicant) SPE certificate application, ***or***

2. A joint application from the driver applicant and the application from the motor carrier that will employ the driver, if an SPE Certificate is issued. P*lease note: if the employer changes, a new application with the new employer is required.* Contact the FMCSA SPE Medical Program Specialist to obtain appropriate guidance.

3. The motor carrier application.

4. A copy of your Medical Examination Report Form, MCSA-5875, **with the box for "Accompanied by a Skill Performance Evaluation (SPE) Certificate" checked**.

5. A copy of your signed Medical Examiner's Certificate, Form MCSA-5876, **with the box for "Accompanied by a Skill Performance Evaluation (SPE) Certificate" checked**.

6. A medical evaluation summary, **only** a medical evaluation summary completed by a board qualified or board certified physiatrist (doctor of physical medicine) or orthopedic surgeon will be accepted. FMCSA does not maintain a list of board certified or board qualified orthopedic surgeons or physiatrists who are eligible to complete the medical evaluation summary.

7. A copy of your most recent road test and road test certificate or a copy of both sides of your commercial driver's license (CDL) ***ONLY*** if you are a current commercial motor vehicle driver; ***or***

   If you will be attending a commercial driver's training program, check this ☐ and you do not need to include a road test or certificate with your application. Please provide an estimated start date of training. _____

8. A copy of your State motor vehicle driving record (MVR) for the past 3 years from each State in which you held a driver's license or permit during that time period.

9. If applicable, a copy of your State SPE certificate or waiver of certain physical defects.

Please review the above requirements before mailing your application to ensure that all required information is included in your packet. **Also, please do not staple or fold your application or provide double-sided pages.** If you have questions, contact the SPE Medical Program Specialist in the Service Center for the State where you are licensed.

_____ _____

Driver Applicant's Signature Date

PLEASE PRINT CLEARLY **check application type: Unilateral ☐ Joint ☐**

LAST NAME:_____FIRST NAME:_____MI:_____ _____
MAIDEN NAME IF APPLICABLE

DATE OF BIRTH: _____SEX: _____EMAIL: _____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

TELEPHONE#:_____ DRIVER'S LICENSE#:_____

STATE OF ISSUANCE OF DRIVER'S LICENSE:_____

DESCRIBE YOUR LIMB LOSS OR IMPAIRMENT (including the cause (e.g., disease, trauma, amputation, a congenital condition), when it occurred, specific location (e.g., amputation 3 inches below left elbow, impairment of right thumb and first finger), extent and location of sensory or range of motion impairment, resulting functional limitations, etc.):

_____

_____

DESCRIBE THE PROSTHESIS OR ORTHOTIC DEVICE WORN (including attachment system, how/if powered, etc.):

_____

_____

DESCRIPTION OF OPERATION

STATES OF OPERATION:_____TYPE OF CARGO:_____AVERAGE PERIOD OF DRIVING TIME:_____

TYPE OF OPERATION (Sleeper Team, Relay, etc.):_____

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION:_____

NUMBER OF YEARS DRIVING ALL TYPES OF COMMERCIAL MOTOR VEHICLES:_____

DESCRIPTION OF VEHICLE(S) DRIVER INTENDS TO OPERATE

VEHICLE TYPE (truck, truck tractor, bus, etc.):_____IF BUS, SEATING CAPACITY:_____

TOTAL WEIGHT RATING:_____MAKE:_____MODEL#:_____YEAR:_____

TRANSMISSION TYPE (automatic or manual):_____# OF FORWARD SPEEDS:_____

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS:_____REAR AXLE SPEED (designate single speed, 2 speed, 3 speed):_____

TYPE OF BRAKE SYSTEM:_____

STEERING (manual or power assisted):_____

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME:_____

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.):_____

DESCRIPTION OF VEHICLE MODIFICATIONS:_____

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER 49 CFR PART 391 (QUALIFICATION OF DRIVERS) AND **OPERATE OR INTEND TO OPERATE IN INTERSTATE COMMERCE.**

_____ _____
DRIVER APPLICANT'S SIGNATURE DATE

APPLICATION FOR EMPLOYMENT

NAME: _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: _____ HOW LONG?
(Street) (City) (State & Zip code)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS FOR THE PAST 3 YEARS

_____ HOW LONG? _____
(Street) (City) (State & Zip code)

_____ HOW LONG? _____
(Street) (City) (State & Zip code)

(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER'S				
LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX.NO.OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.}	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
B. Has your license, permit or privilege ever been suspended or revoked? Yes ____ No ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

(Attach sheet if additional space is needed)

NOTE: Include the employment history for at least a 3-year period preceding this application that includes the current employer

Must list the complete mailing address: street number and name, city, state, and zip code

CURRENT OR LAST EMPLOYER: NAME_____

ADDRESS_____

TELEPHONE NUMBER_____

POSITION HELD_____

FROM_____ TO _____

REASONS FOR LEAVING_____

SECOND LAST EMPLOYER: NAME_____

ADDRESS_____

TELEPHONE NUMBER_____

POSITION HELD_____

FROM_____ TO _____

REASONS FOR LEAVING_____

THIRD LAST EMPLOYER: NAME_____

ADDRESS_____

TELEPHONE NUMBER_____

POSITION HELD_____

FROM_____ TO _____

REASONS FOR LEAVING_____

****

I certify that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge. I understand that inaccurate, false, or missing information and that submission of fraudulent or intentionally false information or documents is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

_____ _____

Date **Driver Applicant's Signature**

If you plan to attend a commercial driver's training program, you do not need to submit this form with your application.

DRIVER'S ROAD TEST EXAMINATION

LAST NAME: _____ FIRST NAME: _____ MI: _____ (MAIDEN **NAME IF ANY**): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) _____ (CELL) _____

The road test is given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test is given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

_____ Pre-trip inspection (as required by 49 CFR 392.7)

_____ Coupling and uncoupling of combination units (required if the equipment the driver may drive includes combination units)

_____ Placing the equipment in operation

_____ Use of the vehicle's controls and emergency equipment

_____ Operating the vehicle in traffic and while passing other vehicles

_____ Turning the vehicle

_____ Braking and slowing the vehicle by means other than braking

_____ Backing and parking the vehicle

_____ Other, Explain

_____

_____

Type of equipment used in giving test: _____

_____

Date: _____ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) _____

EXAMINER'S NAME (SIGNATURE) _____

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: _____

If you plan to attend a commercial driver's training program, you do not need to submit this form with your application.

CERTIFICATE OF DRIVER'S ROAD TEST

Instructions: If the road test is successfully completed, the person who gave it must complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31the, (f), and (g))

CERTIFICATE OF ROAD TEST

DRIVER'S LAST NAME: _____ FIRST NAME: _____ MI: _____

Type of Power Unit: _____

Type of Trailer(s): _____

If Passenger carrier, type of Bus: _____

This is to certify that the above-named driver completed a road test under my supervision on_____(DD/MM/YYYY) consisting of approximately: _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): _____

Examiner's Name (Signature): _____

Title: _____

Organization and Address of Examiner: _____

YOU MUST CAREFULLY READ THE FOLLOWING INSTRUCTIONS BEFORE CONTINUING

The attached Medical Evaluation Summary must be completed for every skill performance evaluation (SPE) certificate applicant.

There are several important questions in this Medical Evaluation Summary that **must be answered:**

1. As the applicant, you must review and consider every block in **Part II** and check every box that applies to the type of duties or the environment in which you will be driving/working.

2. Only a board qualified or board certified **physiatrist** (physician who specializes in physical medicine) OR **orthopedic surgeon** (specialist in conditions that affect the skeletal system) can complete and sign the summary.

3. The signature of a health practitioner who is not a board qualified or board certified **physiatrist** OR **orthopedic surgeon** will not be accepted.

4. If a board certified or board qualified physiatrist or orthopedic surgeon does not complete **Part III** of the Medical Evaluation Summary, further processing of your application will stop.

MEDICAL EVALUATION SUMMARY

PART I of III

Date_____

TO: _____
(Doctor's Name) **Must be a board certified or board qualified physiatrist or orthopedic surgeon**

DRIVER'S NAME:_____

The above driver is being referred to you for a medical evaluation summary as required by section 391.49 of the Federal Motor Carrier Safety Regulations (FMCSRs). The FMCSR states in 49 CFR 391.49 that the co-applicant motor carrier or driver applicant must furnish the examining physiatrist or orthopedic surgeon with a description of the job tasks, which are contained herein. The FMCSRs further state that the medical evaluation summary must be completed, dependent upon the driver's physical disability, in accordance with the following objectives:

1. IN CASES INVOLVING LIMB LOSS FROM ANY CAUSE (e.g., disease, trauma, amputation, a congenital condition) - The summary must include an assessment of the driver's physical capabilities as they relate to the driver's ability to perform the tasks as specified in the accompanying job task description.

2. IN CASES INVOLVING LIMB IMPAIRMENT - The summary must include an explanation as to how and why the impaired area interferes with the driver's ability to perform the tasks as specified in the accompanying job task description. The summary must also contain an assessment of whether the condition will likely remain medically stable over the driver applicant's lifetime.

3. IN CASES INVOLVING EITHER AN UPPER LIMB LOSS OR UPPER LIMB IMPAIRMENT -The summary must include a statement by the examiner that the driver is capable of demonstrating precision prehension (e.g., grasping and manipulating knobs and switches using the fingers/thumb) and power grasp prehension (e.g., grasping, holding, and maneuvering the steering wheel using a hand) with each hand separately.

Few people outside of the motor carrier industry fully appreciate the mental and physical demands placed on commercial drivers. The examining physiatrist or orthopedic surgeon should not apply automobile driving experience to evaluate fitness of commercial driver applicants.

The physical demands of commercial driving and related tasks vary considerably with the type of vehicles and duties involved. To effectively match job demands with a driver's abilities to meet these demands, the physiatrist or orthopedic surgeon must know the type of vehicle to be driven, the job demands, and environment involved. For their own, as well as the safety of others, drivers minimally must have adequate:

A. Strength - of the skeletal muscles to turn large diameter steering wheels (20-24 inches) rapidly and maintain a grip on them when confronted with tire failures and/or striking potholes or obstructions on the roadway.

B. Mobility - of the joints to reach various controls that must be pushed, pulled, or twisted; to climb, bend, crawl, lift, twist, and turn to position for visual inspection; and to perform various related other associated tasks such as coupling and uncoupling trailers and vehicle inspections.

C. Stability - of joints and of the torso to maintain alert driving postures to smoothly modulate foot and hand controls, and to climb into and out of the vehicle cab and cargo compartments.

D. Precision prehension and power grasp prehension - of hands and fingers to control the steering wheel, and to operate the transmission (gear shift lever), air brake controls, and various other equipment such as light switches, directional signals, and horns.

MEDICAL EVALUATION SUMMARY

PART II

PART II TO BE COMPLETED BY MOTOR CARRIER AND/OR DRIVER
Modification to the task statements may be made if necessary.

The following is a universal job task description. **Your attention is directed to those boxes that have been checked as being pertinent to this particular driver.**

A. VEHICLE TYPE

☐ **Straight Truck**
May have up to 5 axles utilizing van, flatbed, tank or dump bodies
☐ A. Over 10,001 lbs.
☐ B. Combination Straight Trk with Trailer over 10,0011bs.
☐C. Less than 10,001 lbs. & Placarded Hazardous Materials

☐ **Motor Home**
Gross Vehicle Weight Rating of
10,001 or more

☐ **Tractor-Trailer**
Comprised of a power unit (tractor) and one or more trailers.

☐ **Passenger Vhl.**
List the Seating Capacity_____

Type:
☐ Motor Coach
☐ Bus
☐ Van

☐ i. Short-relay, drives 4-5 hours to a turnaround point, exchanges trucks and drives back to starting point.

☐ ii. Long-relay, drives 8-10 hours, sleeps for 8 hours, and returns to starting point.

☐ iii. Straight-through to destination, including coast to coast operations, and typically is away from home for ____nights at a time.

☐ iv. Sleeper-team, drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives and typically is away from home _____nights at a time.

☐ v. Local deliveries, often with frequent stops.

☐ vi. Driver may spend hours climbing in and out of truck to load and unload cargo.

B. ENVIRONMENTAL FACTORS

Drivers may be subject to:

☐ a. Abrupt duty hour changes

☐ b. Sleep deprivation

☐ c. Unbalanced work/rest cycles

☐ d. Temperature and weather extremes

☐ e. Long trips without regular meals

☐ f. Short notice to assignment of run

☐ g. Tight delivery schedules

☐ h. Delays en route

☐ i. Others

C. PHYSICAL DEMAND

Moderate physical activity levels are associated with commercial vehicle driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, apply brakes, shift the gears, etc. The demands imposed on a commercial driver's sensory organs and musculoskeletal systems are briefly discussed below.

☐ Shifting gears (movement of the gear shift lever(s)) requires moderate strength, timely coordination, and complex manipulation skills of the right upper and left lower limb. This driver's vehicle will have a ___speed manual transmission.

☐ Vehicle is equipped with semi-automatic transmission (manual shifting but no clutch).

☐ Vehicle is equipped with a fully automatic transmission.

☐ Controlling the steering wheel requires strength, mobility, and power grip of upper extremities while maintaining stability of trunk.

☐ Operating the brake and accelerator pedal requires moderate strength, mobility, and coordinated movement in lower extremities.

☐ Operating light switches, windshield wipers, directional signals, emergency lights, horn, etc. requires moderate strength, mobility, and manipulative skills of upper extremities.

☐ Backing and parking require good depth perception, strength, and coordinated manipulative skills.

☐ Inspecting the vehicle and evaluating the mechanical condition of the various vehicular systems such as tires, brakes, suspensions, engines, and cargo, requires climbing, bending, kneeling, crawling, reaching, stretching, turning, and twisting.

☐ Handling and inspecting cargo require climbing up and down perpendicular ladders and entering/leaving the cab or cargo body many times a day.

☐ Coupling and uncoupling (tractor-trailer drivers may hook up one or more trailers) requires strength and full range of motion to climb, balance turn, grip, and pull.

☐ Mounting snow chains on tires requires pulling/lifting motions in the range of 35 to 90 pounds.

☐ Changing tires requires a combination of pulling, pushing, and lifting motions in the range of 100 to 175 pounds.

☐ Vehicle modification(s) made for this driver are:

_____

_____

_____

_____

PART III (page 1 of 3)

PART III MUST BE COMPLETED BY A PHYSIATRIST OR ORTHOPEDIC SURGEON

Based on the job task description (as indicated in Part II. A, B, and C) and your examination of this driver, please answer all questions below.

It is not necessary for you to state whether this driver is likely to be a safety risk on the highway. The Federal Carrier Safety Administration (FMCSA) will administer a skill performance evaluation in the intended vehicle(s) to determine whether the driver has overcome their limb loss (including from disease, trauma, amputation, or a congenital condition) or impairment(s). FMCSA is relying on your medical measurements and judgment for information as requested below:

1. Does this driver have adequate MUSCLE STRENGTH to perform the tasks required?

☐ YES

☐ No **If no, please indicate the impaired limb.**

Upper Limb ☐ Right ☐ Left

Lower Limb ☐ Right ☐ Left

2. Does this driver have adequate MOBILITY of the limbs and trunk to perform the tasks required?

☐ Yes

☐ No **If no, please indicate the impaired limb.**

Upper Limb ☐ Right ☐ Left

Lower Limb ☐ Right ☐ Left

Trunk ☐

3. Does this driver have adequate JOINT and TRUNK STABILITY to perform the tasks required?

☐ Yes

☐ No **If no, please indicate the impaired limb.**

Upper Limb ☐ Right ☐ Left

Lower Limb ☐ Right ☐ Left

Trunk ☐

PART III (page 2 of 3)

4. This driver has an **IMPAIRMENT** of: ☐ **Hand or** ☐ **Upper Limb**

   Has **LOSS** of: ☐ **Hand** (☐ Partial ☐ Full) **or** ☐ **Upper Limb**

   Does the driver have PRECISION PREHENSION of the **fingers/thumb** and POWER GRASP PREHENSION of the **hand and fingers/thumb**? **(A driver with loss of all fingers and the thumb or a hand cannot demonstrate precision prehension or power grasp prehension without the use of a prosthesis.)**

   Precision prehension and power grasp prehension further defined: the capability of holding, clutching, clasping, or seizing firmly the steering wheel and/or other vehicle equipment with the hand and fingers/thumb to effectively control the vehicle and perform normal and emergency vehicle operations such as steering to avoid potholes or when a tire failure (blowout) occurs, and to effectively operate gear shift levers, air brake controls, light switches, directional signals, and horns.

   If the driver has precision prehension and power grasp prehension, answer "yes," regardless of whether the driver demonstrates these abilities with a natural limb or with a prosthetic or orthotic device. As an example, for a driver who has no impairment of the right hand and has a prosthetic left hand that provides precision prehension and power grasp prehension, the answers for the right and left sides would be "yes."

   Precision prehension: **Right** ☐ Yes ☐ No **Left** ☐ Yes ☐ No

   Power grasp prehension: **Right** ☐ Yes ☐ No **Left** ☐ Yes ☐ No

   If no, do you recommend a surgical reconstruction to allow the driver to demonstrate precision prehension or power grasp prehension? ☐ Yes ☐ No

5. If this driver has an ☐ **Upper** ☐ **Lower Limb** **IMPAIRMENT** ☐ Right ☐ Left

   Has an ☐ **Upper** ☐ **Lower Limb** **LOSS** ☐ Right ☐ Left

   Does the driver have?

   a. The appropriate type of PROSTHESIS OR ORTHOTIC DEVICE?

      ☐ Yes ☐ No

   b. The appropriate type of TERMINAL DEVICE?

      ☐ Yes ☐ No

   c. If yes, does the prosthesis\orthotic device fit satisfactorily, and is it in good operating condition?

      ☐ Yes ☐ No

   d. Is the driver able to use the prosthetic/orthotic device proficiently?

      ☐ Yes ☐ No

   e. In the case of a hand or upper limb loss or impairment, does the prosthetic/orthotic device aid the driver in the ability to demonstrate precision prehension and power grasp prehension?

      ☐ Yes ☐ No

If no to any of the above, what is your recommendation?

_____

_____

_____

PART III (page 3 of 3)

6. Please describe the limb loss or impairment in detail including the cause (e.g., disease, trauma, amputation, a congenital condition), when it occurred, specific location (e.g., amputation 3 inches below left elbow, congenital absence of left pinky and left fourth finger to DIP joint, or total paralysis of right thumb and first finger), etc.

_____
_____
_____
_____

7. Please describe clinically the prosthetic or orthotic device including the attachment system, type, power source, etc.

_____
_____
_____
_____

8. Does this driver have any other medical conditions, other than the physical disability indicated in Part III that will interfere with their ability to adequately perform the required tasks?

☐ No

☐ Yes - Explain: _____
_____
_____
_____

9. Please (a) summarize your findings and evaluation including, as applicable, the extent and exact location of sensory impairment, degree of range of motion impairment, grip strength measurements, pinch testing, fine motor control, functional limitation(s), etc., and (b) include your assessment and medical opinion of whether the condition, at the time of this evaluation, will likely remain medically stable over the lifetime of the driver.

_____
_____
_____
_____
_____
_____
_____
_____

Physician's Name (print): _____
(FIRST NAME) (MI) (LAST NAME)

Address: _____
(Street) (City) (State & Zip code)

Telephone Number: _____ Alternate Number: _____

Please Check: ☐ Physiatrist ☐ Orthopedic Surgeon

Board Certified: ☐ Yes ☐ No
Board Qualified: ☐ Yes ☐ No

Physician's Signature: _____ Date: _____