



# Supplemental Information about Commercial Drivers' License Medical Examinations for Business Partners

Thank you so much for allowing Pacific Sage Primary Care to help you with your occupational medicine needs.

This information is intended to help employers and potential employers follow-up with their employees and potential employees when they undergo a Commercial Drivers' License (CDL) Medical Examination. Please note that the CDL medical exam is also commonly referred to as a Department of Transportation (DOT) Medical Examination or a Commercial Motor Vehicle (CMV) Medical Examination.

**Consents:** Please see our additional CDL medical examination consent forms that can be used when the employer will pay Pacific Sage directly for the exam. Please be advised that these additional consent forms are optional, and the employee or potential employee can revoke their consent to share information at any time. Thus, it is the ultimate responsibility of the employer to follow-up with employees when they undergo CDL medical examinations to determine if they are qualified for their tasks of employment.

**About:** CDL medical exams are regulated by the Federal Motor Carrier Safety Administration (FMCSA). You can find more information at their website <https://www.fmcsa.dot.gov/regulations/medical>. When someone undergoes a CDL medical exam, one of the following four scenarios will result:

1. Pass and receive a medical certificate with an expiration date. **Our process at Pacific Sage Primary Care is that we issue a physical certificate to the employee and also email them a copy (if they use email) before they leave the office.**
2. Fail and no medical certificate
3. not complete the exam and no medical certificate
4. get a determination pending and might get a certificate later if additional follow-up is resolved within 45 days of the original medical examination. **Our process at Pacific Sage Primary Care is to issue the certificate by the next business day after we get the additional information that is needed to pass.** The exception would be if we are on vacation and then it could be 2-3 business days before we can issue the certificate.

Sometimes the medical examiner might use their judgement and give the employee a short-term certificate (45 days or less) with plans to give them a longer-term certificate if specific follow-up information is received within 45 days of the original examination. If the medical certificate is not signed within 45 days of the original examination, a new examination must be done in its entirety before a new medical certificate can be issued.

**Medical Certificate:** Below is a smaller version of the medical certificate for your reference. A full-sized copy can also be found on the FMCSA website.

The image shows a sample of a Medical Examiner's Certificate form. It includes fields for the driver's name, date of birth, sex, height, weight, and blood pressure. There are checkboxes for various medical conditions such as diabetes, heart disease, and vision problems. The form also has sections for the examiner's signature, license number, and the date of the examination. At the bottom, there is a small disclaimer and a reference number (M-1033).

Please note that in Oregon, there are not any applicable State variances so only the first circle is usually filled in (and not the second circle). Make sure that you check the certificate expiration date and whether or not an additional box is checked such as “wearing corrective lenses”, “wearing hearing aid”, “accompanied by a \_\_\_\_\_ waiver/exemption”, “accompanied by a Skill Performance Evaluation”, etc.

I certify that I have examined Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses     Accompanied by a \_\_\_\_\_ waiver/exemption     Driving within an exempt intracity zone ([49 CFR 391.62](#)) (Federal)

Wearing hearing aid     Accompanied by a Skill Performance Evaluation (SPE) Certificate     Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**

If one of those additional boxes is checked, the medical certificate is only valid if the additional condition indicated in the checked box is met. The most common boxes to be checked are the “wearing corrective lenses” box which indicates the driver needs glasses or contacts when driving or the “wearing hearing aid” box which indicates the driver needs to wear a hearing aid when driving. If you have any additional questions about the medical certificate, you can always send us an email or give us a call. You can also contact the FMCSA for more information.

### **Medical Certificate Expiration:**

1. The longest period of certification is 2 years
2. There are many drivers that have medical conditions that result in them needing get new certificates yearly --examples of medical conditions that might result in needing yearly medical examinations and monitoring include high blood pressure or other cardiovascular problems, diabetes, sleep apnea, high risk for sleep apnea or heart problems, and some mental health conditions.
3. Some drivers have medical conditions that might result in them needing medical examinations and certificates more often than yearly such as every 3-6 months (this is not very common). Examples of medical conditions that might result in more frequent monitoring include Parkinsons Disease as the disease course is progressive and somewhat unpredictable, and progressive eye conditions like glaucoma as vision is very important for safe driving.
4. At Pacific Sage Primary Care, when a driver is given a short-term certificate while they obtain follow-up information from their Primary Care Provider (PCP) or other medical specialists, additional payment is not required to write for a new certificate when the new medical certificate can be signed within 45 days of the original examination. If for whatever reason the medical certificate is not signed within 45 days of the original examination, a new examination must be done in its entirety and so there will be another examination fee.





## Authorization for Commercial Drivers' License Medical Examination

My employer or potential employer has referred me to Pacific Sage Primary Care for the purpose of providing a Commercial Drivers' License (CDL) Medical Examination.

I request and authorize Pacific Sage Primary Care to provide this examination to me. I understand that Pacific Sage Primary Care will make a record of this examination and will place any findings and test results in my electronic medical record if I already have one, or will create an electronic medical record for me if I don't have one.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Authorization to Disclose Billing Information

For billing and reimbursement purposes, I request and authorize Pacific Sage Primary Care to disclose to my employer or potential employer \_\_\_\_\_ that a CDL medical examination was performed and the date that the examination was performed. I understand that I am not required to authorize Pacific Sage Primary Care to disclose this information, but if I don't, I might be responsible for any outstanding balance owed Pacific Sage Primary Care for providing the examination. **I can revoke this authorization in writing at any time**, but revocation will have no effect if the information has already been shared and revoking this authorization will likely result in me being responsible for any outstanding balance owed Pacific Sage Primary Care for providing the examination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## Authorization to Disclose Health Information

I request and authorize Pacific Sage Primary Care to disclose the following results of the medical examination to my employer or potential employer \_\_\_\_\_ (Initial All That Apply):

- I meet standards for CDL medical certificate and date of expiration (please note that sometimes the medical examiner will use their judgement to issue a medical certificate for up to 45 days from the date of the examination while waiting for additional information which could be used to reissue a second medical certificate for a longer period. The second certificate must be issued and signed within 45 days of the original examination or another examination must be performed in its entirety.
- I do not meet standards for CDL medical certificate
- Determination Pending: more information is needed within 45 days of the exam to determine if I meet standards for CDL medical certificate
- Any details of my medical exam that could affect my eligibility for a CDL medical certificate (It is recommended you initial here if you would prefer to have Pacific Sage Primary Care discuss details of the medical examination with your employer or potential employer).
- Other details (please specify): \_\_\_\_\_  
\_\_\_\_\_.

I understand that I am not required to authorize Pacific Sage Primary Care to disclose this information, but if I don't, my employer or potential employer may not hire me or allow me to work.

This authorization expires two years from the date written below. **I understand that I can revoke this authorization in writing at any time, but revocation will have no effect if the information has already been disclosed.** I understand that once my information is disclosed to my employer or potential employer, that information may no longer be protected by HIPAA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name