Utah
Driver License
Division

FUNCTIONAL ABILITY IN DRIVING

GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

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STATE OF UTAH
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UTAH DRIVER LICENSE DIVISION

FUNCTIONAL ABILITY IN DRIVING:

GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

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STATE OF UTAH
DRIVER LICENSE DIVISION
DEPARTMENT OF PUBLIC SAFETY

FUNCTIONAL ABILITY IN DRIVING: GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

FOREWORD

This revision of the *Functional Ability in Driving: Guidelines and Standards for Health Care Professionals* was developed by the Utah Driver License Medical Advisory Board and is based on experience accumulated over the past 30 years. In addition, safety assessment levels for *Commercial Intrastate Driver Licensing* have been incorporated into the Guidelines and Standards as outlined in detail beginning on page 6. Computer analysis of the assessment data as it relates to driver performance will give us a sound basis for further simplification of the assessment patterns and hopefully allow less restrictive assessment levels for drivers without sacrificing highway safety.

We appreciate the great support we have had from the medical profession.

CHRISTOPHER CARAS, DIRECTOR
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UTAH DRIVER LICENSE DIVISION
MEDICAL ADVISORY BOARD

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THESE GUIDELINES AND STANDARDS WILL ASSIST HEALTH CARE PROFESSIONALS TO:

- Advise their patients about their functional ability to safely operate motor vehicles; and
- Simplify the reporting of medical information necessary for licensing Utah drivers.

DRIVERS' RESPONSIBILITIES:

- Drivers who possess a Utah Driver License are personally responsible to refrain from driving if they become aware of health conditions which may adversely affect their ability to safely operate a motor vehicle.
- In addition, drivers must also report any health disorder which may affect their ability to safely operate a motor vehicle directly to the Driver License Division.
- In case of uncertainty, drivers must seek a health care professional's counsel regarding their functional ability to safely operate a motor vehicle.

UTAH'S CLASSIFIED LICENSE SYSTEM

CLASS A — Min. Age

Over 26,000 lbs. Combined Vehicle
& over 10,000 lbs.
Towed Unit 21
Intrastate Only Restriction 18-21

CLASS B — Min. Age

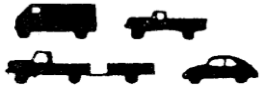
Over 26,000 lbs Single or
Combined Vehicle 21
Under 10,001 lbs.
Towed Unit 21
Intrastate Only Restriction 18-21

CLASS C — Min. Age

Under 26,001 lbs if used to
transport:
1. 16+ occupants 21
2. Placarded Amounts
Hazardous Materials 21

Under 10,001 lbs Towed Unit "S"
Endorsement Available 21

CDL required only if these vehicles are used to haul hazardous materials or when carrying 16 or more occupants.



CLASS D — Min. Age

All Vehicles **NOT** Defined as:
Class A, B, C, or Motorcycle.. 16
Motorcycle Only License 16

License Restrictions

A = No Restrictions
B = Corrective Lenses
C = Mechanical Aid
D = Prosthetic Aid
E = No manual transmission equipped CMV
F = Outside Rearview Mirrors
G = Daylight Driving Only
J = Other
K = Intrastate only while driving commercially
L = No air brake equipped CMV
M = No Class A passenger vehicle
N = No Class A and B passenger vehicle
O = No tractor trailer CMV
P = No passenger in a CMV bus on a Learner Permit
U = Three-Wheel Motorcycle
V = Accompanied with medical variance letter while driving a CMV
X = Empty tank CMV on Learner Permit
Z = No full air brake equipped CMV
1 = Interlock Device
2 = 249 cc or less motorcycle
3 = 649 cc or less motorcycle
4 = Street Legal ATV
5 = 90 cc or less motorcycle
6 = Posted 40 mph or less
7 = Automatic transmission

License Endorsements — Min. Age

H = Hazardous Materials 21
M = Motorcycle 16
N = Tank Vehicles..... 18
P = Passengers..... 21
S = School Bus – Includes "P" 21
T = Double/Triple Trailers..... 18
X = Tank and Hazardous Materials 21
Z = Taxi Cab 21

STATE OF UTAH
FUNCTIONAL ABILITY IN DRIVING:
GUIDELINES AND STANDARDS FOR HEALTH CARE PROFESSIONALS

Utah residents are individually responsible for their health when driving. All applicants for licenses will complete a health questionnaire to show their functional ability to drive. If there is a significant health problem, they will take their medical and/or vision form to a health care professional who will assess the category for the condition indicated. The health care professional will be expected to discuss the applicant's health as it relates to driving and to make special recommendations in unusual circumstances. Based upon a completed Functional Ability Evaluation form/Certificate of Vision, the Driver License Division may issue a license with or without limitations as outlined in these Guidelines and Standards approved by the Utah Driver License Medical Advisory Board. Health care professionals have the opportunity to increase highway safety by carefully applying these guidelines and standards and counseling with their patients about driving.

Drivers' Responsibilities

The Utah State Legislature reaffirmed these responsibilities* related to physical, mental or emotional impairments of drivers:

1. Drivers are responsible to refrain from driving if "they have, or develop, or suspect that they have developed a physical, mental, or emotional impairment which may affect driving safety."
2. Drivers in such a situation are expected to seek competent medical evaluation and advice about the significance of the impairment as it relates to driving safety.
3. Drivers are responsible for reporting to the Driver License Division if "they have or develop, or suspect a physical, mental, or emotional impairment which may affect driving safety."

Health Care Professionals' Responsibilities

The same legislation applies to Utah health care professionals in these ways*:

1. Health care professionals may be requested by their patients to make reports to the Driver License Division about impairments which may affect driving safety, but the final responsibility for issuing a driver license lies with the Driver License Division.
2. In addition to making accurate reports when authorized by their patients, health care professionals are expected to counsel their patients about how their condition affects safe driving. For example, if patients are put on medications which may cause changes in alertness or coordination, their health care professional should advise them not to drive at least until a dosage is established which will not affect safe driving; or, if visual acuity drops, they should similarly be advised, at least until corrective action has been taken to improve their vision. The following quotation recognizes this important function:

   "Health care professionals who care for patients with physical, mental, or emotional impairments that may affect their driving safety, whether defined by published guidelines and standards or not, are responsible for making available to their patients without reservation their recommendations and appropriate information related to driving safety and responsibilities."

   The guidelines and standards which follow will be a useful reference in such counseling.

***Utah Code Annotated 53-3-303**

Immunity in Reporting Potential Risks

The legislature eliminated a major obstacle for health care professionals with its provision that "A health care professional or other person who becomes aware of a physical, mental, or emotional impairment that appears to present an imminent threat to driving safety and reports this information to the Division in good faith has immunity from any damages claimed as a result of making the report."*****

***Utah Code Annotated 53-3-303**

Utah Driver License Medical Advisory Board

A Driver License Medical Advisory Board was created to advise the Director of the Driver License Division and to recommend written guidelines and standards for determining the physical, mental and emotional capabilities appropriate to various types of driving. Members of the board have been appointed by the Commissioner of the Department of Public Safety to represent a variety of special areas.

If patients are uncertain about interpretations of these guidelines and standards or have special circumstances, they may request a review by a panel of board members. All of the actions of the Director and Board are subject to judicial review. The Board operates under bylaws approved by the Commissioner of the Department of Public Safety.

The Board has developed the following functional ability safety assessment guidelines and standards in an effort to minimize the conflict between the individual's desire to drive and the community's desire for safety. Through education, medical assistance, and cooperative efforts, an ideal balance may be reached. Principles followed by the Board in developing the guidelines and standards are shown on page 9.

Functional Ability/Safety Assessment Level Categories

Functional ability to operate a vehicle safely may be affected by a wide range of physical, mental, or emotional impairments. To simplify reporting and to make possible a comparison of relative risks and limitations, the Medical Advisory Board has adopted physical, emotional, and behavioral functional ability safety assessment levels including 12 categories, with multiple levels under each category listed below. Vehicle operation history should be included as a significant part of a complete medical history.

CATEGORY A	**Diabetes & Other Metabolic Conditions**
CATEGORY B	**Cardiovascular Conditions**
CATEGORY C	**Pulmonary Conditions**
CATEGORY D	**Neurologic Conditions**
CATEGORY E	**Seizures and Other Episodic Conditions**
CATEGORY F	**Learning, Memory, and Communication Disorders**
CATEGORY G	**Psychiatric or Emotional Conditions**
CATEGORY H	**Alcohol and Other Drugs**
CATEGORY I	**Visual Disorders**
CATEGORY J	**Musculoskeletal Abnormality or Chronic Debility**
CATEGORY K	**Alertness or Sleep Disorders**
CATEGORY L	**Hearing and Balance Disorders**

Use of the Functional Ability/Safety Assessment Level

When requested by the staff of the Driver License Division, applicants must report information regarding their physical, mental, and emotional health. This may be in the form of a short screening questionnaire or a more extensive assessment outline. On completion of this and other requirements, a license may be issued immediately or the applicant may be requested to take a Functional Ability Evaluation/Certificate of Vision form to their own health care professional for confirmation of the safety assessment or change of the assessment as the health care professional believes is indicated.

These guidelines and standards contain twelve sections, one for each functional ability category. Each begins with a short narrative summary of basic concepts, definitions, and working ground rules. Each summary is followed by a chart showing: (1) eight to ten safety assessment levels based upon history, laboratory findings or other information; (2) safety assessment levels which must be confirmed (or modified) by a health care professional; (3) intervals between health care professional confirmation of the safety assessment level; (4) license class and restrictions will generally be used by personnel of the Driver License Division to issue licenses consistent with the functional ability safety assessment level.

In almost all cases, a health care professional caring for a patient will have adequate information to complete the requested medical form(s). However, if there is a significant problem affecting driving which is outside their area of capability, ordinary medical practices should apply. For example, a condition requiring a specialized diagnosis or opinion would suggest a referral to an appropriate specialist before completing the assessment. On the other hand, a specialist who has seen a patient only for a limited or technical service may: (1) decline to complete the full assessment (especially if there are multiple medical conditions); (2) suggest patients see their personal health care professional; and (3) provide pertinent information to help in completion of the assessment. In some circumstances where the limited condition is the only one affecting driving, a health care professional may complete the form based upon history, without extensive examinations or tests, if they are satisfied with the patient's reliability.

Where a driver applicant indicates no significant impairment other than visual, they may complete the Certificate of Visual Examination form. The Certificate of Visual Examination form may be completed by licensed optometrists as well.

Reports should be based upon reasonably current information. In case of doubt, medical common sense should prevail. Since no special tests are required by the guidelines and standards beyond those needed by a health care professional for adequate diagnosis or treatment, no additional expense should result except in unusual circumstances or in cases where individuals may wish to submit additional information, such as a review by a recognized specialist in specific medical conditions, in preparation for review by a medical panel.

Reports of safety assessment levels must be signed by a health care professional licensed to practice, although they may rely upon portions of examinations done under their supervision.

The Medical Advisory Board conducted a six-month pilot program on medical information submitted by nurse practitioners and physician assistants. On March 28, 2002, the Medical Board made the decision that nurse practitioners and physician assistants could continue to evaluate, complete, and sign the Functional Ability Medical Evaluation Report at all levels provided:

1. The nurse practitioner or physician assistant is adequately trained and qualified in the category they are evaluating; and,
2. If the nurse practitioner or physician assistant lacks information or training in a specific area, they will defer assessing the driver.

Functional Ability Evaluation Report

The Functional Ability Guidelines and Standards have been designed for use by all health care providers, but based on an Administrative Rule, the more serious conditions may require evaluation by a licensed MD or osteopathic physician.

Relation of Functional Ability Assessments to Driving Risk/Responsibilities

Operators of commercial intrastate vehicles fall under different licensing requirements. As far as possible, these have been incorporated into appropriate safety assessments. In 1997, the Division began the Utah Intrastate Program for commercial drivers.

Setting limitations on driving for persons with impairments of functional ability works to increase public safety while at the same time permitting individuals a maximum degree of freedom of movement in two ways: First, in cases of decreased vision or motor control, avoiding high speeds will reduce the number, as well as the seriousness, of accidents. Second, in situations of some increase in the chance of an accident, cutting down on the extent of exposure on the highway by limiting driving areas or times of day will reduce the total number of accidents and yet allow a person perhaps enough mobility to maintain a job with a single round trip each work day. These factors are difficult to define and measure but an effort has been made to accumulate and develop accurate data in order to refine limitations in the interest of safety.

In some cases, functional ability safety assessments indicating driving impairment in more than one medical category may be the basis for a more limited license than if there is only one impairment, but generally any limitation will relate to the single assessment showing the most impairment. As these functional ability safety assessment levels are used in determining the issuance of driver licenses, data will be gathered as to the driving safety record of various groups as a basis for revision of the levels. Data secured from other sources will also be used. Denial of driving privileges based upon medical reasons does not constitute a “disability” as defined by the Americans with Disabilities Act.

Changes in Functional Ability

After a driver is licensed, they need not report short term illnesses or abnormalities lasting less than three months to the Driver License Division, provided they refrain from all driving until recovery to the previous level of function for which they were licensed. When a condition persists beyond three months or it becomes apparent that it will persist, it should be reported to the Driver License Division. The license may be revalidated as soon as the condition has become stable at a safety assessment level appropriate for driving.

Suggestions and Questions

Health care professionals who use these guidelines and standards are invited to direct questions or suggestions to the Driver License Division or to any of the current members of the Medical Advisory Board.

Aspects of Licensing and Medical Certification of Commercial Intrastate Drivers

These guidelines and standards will only apply to licensing of commercial ***intrastate*** drivers.

The Utah State Driver License Medical Advisory Board has reviewed the Federal Department of Transportation requirements for commercial drivers and worked out an appropriate safety assessment level for each category. The examining health care professional need only mark the safety assessment level in the usual fashion. In general, a safety assessment level of 2, 3, and 4, depending on the category, may qualify the applicant for a commercial intrastate license.

Because of the greater responsibilities involved, this program will differ from the usual licensing procedures for private vehicle drivers in four ways:

1. A copy of the Functional Ability Evaluation form should be retained by the examining health care professional. The original should be given to the driver to submit to the Driver License Division. Drivers may make a copy and retain it for their use.

2. For a commercial license:

   a. A check on hearing is required (though not for a private vehicle). Thus, Safety Assessment Category L has had a 'Hearing' checkbox added for commercial drivers only and a 'Balance' checkbox for all other license types. For a commercial license, an ability to perceive a forced whisper at five feet in the better ear, with or without use of a hearing aid, is satisfactory. A driver should be able to meet the Federal DOT requirements. Loss of between 40 - 65 decibels in the better ear may qualify for an commercial license. Loss of more than an average of 65 decibels in the better ear is disqualifying. (ASA Standards Z 24.5-1951)
   b. If Balance checkbox is marked and Safety Assessment Level is 5 or 7, they may be approved for an intrastate license. MAB approval is required.

3. Recognition of red, green, and amber used in traffic lights may be tested with simple color cards rather than more complex test devices.

4. For commercial intrastate licensing, the driver/applicant will be expected to complete the Application for Intrastate only (K) Medical Waiver Program and the Medical Questionnaire. If the driver answers "yes" to a medical condition not currently being followed, a request for a Functional Ability Evaluation Medical Report form will be sent to the driver. In appropriate cases, a report from an ophthalmologist, optometrist, other health care professional, or an audiogram may be attached.

   In order for a driver to be considered for a K restriction, they must make a request for the waiver and provide a copy of the denied DOT long form, indicating the reason for the denial (i.e. on insulin, seizures, blind in one eye). Once this denied form is received, the Intrastate Waiver paperwork will be sent to the driver to be completed.

In the past some experienced drivers have been "grandfathered" under the FMCSA §391.64 with slightly less rigid standards, but future drivers may not be. Some safety assessment levels recommend "intrastate" commercial driving restrictions. Whether such restricted driving privileges may actually be issued is subject to federal and state approval.

In these guidelines and standards, notes have been placed at the end of the narrative for each safety assessment category to assist in understanding the basis for reporting for commercial **intrastate** drivers. As before, the administrative responsibility for granting licenses rests with the Utah Driver License Division based upon medical information provided. This relieves the health care professional from vulnerability in having to certify the driver as "qualified to drive" under a complex set of regulations.

It is believed that these relatively minor modifications of our previous Functional Ability in Driving: Guidelines and Standards for Health Care Professionals which have been in use for over thirty years will be simpler than establishing a whole new system to handle licensing of commercial **intrastate** vehicle drivers.

Application of Commercial Intrastate Medical Standards

The 2014 Functional Ability in Driving: Guidelines and Standards for Health Care Professionals has outlined the medical standards as applying to **ALL** commercial intrastate drivers, irrespective of the type of vehicle or cargo involved, i.e., Class A, B, C, and D of Utah's Classified License System.

1. Use of safety assessment levels will provide the only meaningful method of gathering data on health aspects of safety of commercial intrastate drivers.
2. Commercial intrastate drivers must be assessed in the appropriate category(ies) in order to be considered for an intrastate license.
3. Also, pursuant to Utah Code Annotated 53-3-303.5 an intrastate driver is no longer able, or required to carry a Federal DOT card. The intrastate only (K) restriction is sufficient to indicate the driver has met the State of Utah medical guidelines for the commercial license he/she will hold.
4. Effective December 4, 2001, the Driver License Division was authorized to issue intrastate-restricted (K) medical cards. This card needs to be carried with the driver at all times. This card is valid for the State of Utah only.

PRINCIPLES USED IN DEVELOPING GUIDELINES AND STANDARDS FOR DEFINING DRIVING CAPABILITY

In cooperation with the Director of the Utah Driver License Division, the Medical Advisory Board has followed these ten principles in developing these guidelines and standards:

1. Guidelines and standards should be the least restrictive possible, consistent with public safety.

2. Functional ability to operate a vehicle safely, rather than impairments, should receive emphasis.

3. Some impairments will permit driving safely under appropriate restrictions as to speed, area, time of day, and use of compensating devices, etc.

4. Fairness should prevail in these ways: (a) medically impaired drivers should not be required to meet guidelines and standards of expected safety in excess of those expected of unimpaired drivers; and (b) drivers with different kinds of impairments, but with similar estimated increases in driving risk, should have as nearly the same restrictions as possible.

5. A system for assessing all aspects of a person's health which may adversely affect driving, either intermittently or continuously, will be used by applicants for a driver license.

6. Health care professionals should not be expected to function as policemen, prosecutors, or judges in the process of driver evaluation, but as individuals skilled in diagnosis and accurate reporting of functional ability, as well as teachers and advisers to their patients.

7. Since the ultimate responsibility for safety lies with all drivers, they should be involved in self-evaluation, with medical evaluations being used to confirm or change its accuracy.

8. Every opportunity should be used to educate all drivers and applicants about the effects of physical and emotional health problems, use of drugs, etc. on their ability to drive safely.

9. If anything related to licensing can be simplified safely, this should be done.

10. Health care professionals are invited to help put into effect these principles of safety and fairness and of increasing driver awareness of health in relation to driving safety.

UTAH CRIMINAL AND TRAFFIC CODE
OPERATORS' LICENSE ACT
LICENSE - IMPAIRED PERSONS

53-3-303 Driver License Medical Advisory Board membership - Guidelines for licensing impaired persons - Recommendations to Division.

(1) There is created within the Division the Driver License Medical Advisory Board.

(2) (a) The board is comprised of three regular members appointed by the Commissioner of Public Safety to four-year terms.

(b) The board shall be assisted by expert panel members nominated by the board as necessary and as approved by the Commissioner of Public Safety.

(c) Notwithstanding the requirements of Subsection (2)(a), the executive director shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of board members are staggered so that approximately half of the board is appointed every two years.

(d) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.

(e) The expert panel members shall recommend medical standards in the areas of the panel members' special competence for determining the physical, mental, and emotional capabilities of applicants for licenses and licensees.

(3) In reviewing individual cases, a panel, acting with the authority of the board, consists of at least two members, of which at least one is a regular board member.

(4) The director of the Division or his designee serves as secretary to the board and its panels.

(5) Members of the board and expert panel members nominated by them shall be health care professionals.

(6) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

(7) The board shall meet from time to time when called by the director of the division.

(8) (a) The board shall recommend written guidelines and standards for determining the physical, mental, and emotional capabilities of applicants for licenses and for licensees.

(b) The guidelines and standards are applicable to all Utah licensees and for all individuals who hold learner permits and are participating in driving activities in all forms of driver education.

(c) The guidelines and standards shall be published by the division.

(9) If the division has reason to believe that an applicant or licensee is an impaired person, it may:

(a) act upon the matter based upon the published guidelines and standards; or

(b) convene a panel to consider the matter and submit findings and a recommendation; the division shall consider the recommendation along with other evidence in determining whether a license should be suspended, revoked, denied, disqualified, canceled, or restricted.

(10) (a) If the division has acted under Subsection (9) to suspend, revoke, deny, disqualify, cancel, or restrict the driving privilege without the convening of a panel, the affected applicant or licensee may within 10 days

of receiving notice of the action request in a manner prescribed by the division a review of the division's action by a panel.

(b) The panel shall review the matters and make written findings and conclusions.

(c) The division shall affirm or modify its previous action.

(11) (a) Actions of the division are subject to judicial review as provided in this part.

(b) The guidelines, standards, findings, conclusions, and recommendations of the board or of a panel are admissible as evidence in any judicial review.

(12) Members of the board and its panels incur no liability for recommendations, findings, conclusions, or for other acts performed in good faith and incidental to membership on the board or a panel.

(13) The division shall provide forms for the use of health care professionals in depicting the medical history of any physical, mental, or emotional impairment affecting the applicant's or licensee's ability to drive a motor vehicle.

(14) (a) (i) Individuals who apply for or hold a license and have, or develop, impairment that may affect driving safety are responsible for reporting this to the division or its agent.

(ii) If there is uncertainty, the individual is expected to seek competent medical evaluation and advice as to the significance of the impairment as it relates to driving safety, and to refrain from driving until a clarification is made.

(b) Health care professionals who care for patients with physical, mental, or emotional impairments that may affect their driving safety, whether defined by published guidelines and standards or not, are responsible for making available to their patients without reservation their recommendations and appropriate information related to driving safety and responsibilities.

(c) A health care professional or other person who becomes aware of a physical, mental, or emotional impairment that appears to present an imminent threat to driving safety and reports this information to the division in good faith has immunity from any damages claimed as a result of making the report.

53-3.303.5. Driver License Medical Advisory Board – Medical Waivers

(1) The Driver License Medical Advisory Board shall:

(a) advise the director of the division; and

(b) establish and recommend in a manner specified by the board functional ability profile guidelines and standards for determining the physical, mental, and emotional capabilities of applicants for specific types of licenses, appropriate to various driving abilities.

(2) (a) The Driver License Medical Advisory Board shall establish fitness standards, including provisions for a waiver of specified federal driver's physical qualifications under 49 CFR 391.41, for intrastate commercial driving privileges.

(b) The standards under this Subsection (2) may only be implemented if the United States Department of Transportation (USDOT) will not impose any sanctions, including funding sanctions, against the state.

(3) In case of uncertainty of interpretation of these guidelines and standards, or in special circumstances, applicants may request a review of any division decision by a panel of board members. All of the actions of the director and board are subject to judicial review.

(4) (a) If a person applies for a waiver established under Subsection (2), the applicant shall bear any costs directly associated with the cost of administration of the waiver program, with respect to the applicant's application, in addition to any fees required under Section 53-3-105.

(b) The division shall establish any additional fee necessary to administer the license under this Subsection (4) in accordance with Section 63J-1-504.

53-3-304. Licensing of impaired persons - Medical review - Restricted license - Procedures.

(1) (a) If the division has reason to believe that an applicant for a license is an impaired person, the division may require one or both of the following:

(i) a physical examination of the applicant by a health care professional and the submittal by the health care professional of a signed medical report indicating the results of the physical examination;

(ii) a follow-up medical review of the applicant by a health care professional and completion of a medical report at intervals established by the division under standards recommended by the board.

(b) The format of the medical report required under Subsection (1)(a) shall be devised by the division with the advice of the board and shall elicit the necessary medical information to determine whether it would be a public safety hazard to permit the applicant to drive a motor vehicle on the highways.

(2) (a) The division may grant a restricted license to an impaired person who is otherwise qualified to obtain a license.

(b) The license continues in effect until its expiration date so long as the licensee complies with the requirements set forth by the division.

(c) The license renewal is subject to the conditions of this section.

(d) Any physical, mental, or emotional impairment of the applicant that in the opinion of the division does not affect the applicant's ability to exercise reasonable and ordinary control at all times in driving a motor vehicle upon the highway, does not prevent granting a license to the applicant.

(3) (a) If an examination is required under this section, the division is not bound by the recommendation of the examining health care professional but shall give fair consideration to the recommendation in acting upon the application. The criterion is whether upon all the evidence it is safe to permit the applicant to drive a motor vehicle.

(b) In deciding whether to grant or deny a license, the division may be guided by the opinion of experts in the fields of diagnosing and treating mental, physical, or emotional disabilities and may take into consideration any other factors that bear on the issue of public safety.

(4) Information provided under this section relating to physical, mental, or emotional impairment is classified under Title 63G, Chapter 2, Government Records Access and Management Act.

CATEGORY A
DIABETES MELLITUS AND OTHER METABOLIC CONDITIONS

1. Disturbances in function of the endocrine glands cause many symptoms from generalized asthenia, muscle weakness, and spasm or tetany to sudden episodes of dizziness or unconsciousness. Individuals so afflicted should not drive a motor vehicle until these symptoms have been controlled by appropriate therapy.
2. Problems associated with metabolic diseases such as muscular weakness, muscular pain, visual disturbances, dizziness, intractable headaches, and/or fatigue propensity should also be shown under other appropriate profile categories.
3. Since persons with metabolic disorders may be affected in very different ways, the health care professional should counsel with the patient about any special precautions, limitations or recommendations appropriate to their case. These should be reported by the health care professional.
4. **DIABETES MELLITUS**: In the past, people with diabetes have been involved in almost twice as many motor vehicle accidents as the non-diabetic driving population. Careful evaluation and medical management can increase their safety. Even people with diabetes whose disease is well controlled with insulin or oral hypoglycemic drugs may occasionally suffer a hypoglycemic episode. It is important that the health care professional ascertain the cause of these occasional episodes and change management of the patient. Before deciding the patient's condition is again stable enough for them to drive a motor vehicle, the health care professional should observe the patient under the new program to be sure that it is effective.
5. Certain insulin requiring individuals with diabetes are much more likely than average to have altered consciousness from hypoglycemic episodes. These individuals have "hypoglycemic unawareness". . . that is, a lack of the adrenergic warning signs of nervousness and sweating which should alert the person to eat sugar and reverse the insulin reaction. The best predictor of which diabetic patient is likely to experience severe hypoglycemia is a history of a recent episode of severe hypoglycemia (under any circumstances) since recurrence of hypoglycemia and therefore reduced appreciation of the hypoglycemic condition is much more likely.
6. A typical assessment of such individuals includes a history of previous episodes of hypoglycemia induced unconsciousness, long duration diabetes and possibly autonomic neuropathy or beta blocker therapy. The health care professional should take these factors into account when determining a safety assessment level. Also, many episodes of altered consciousness (requiring the assistance of another person to reverse) are treated outside of health care facilities and may not come to the health care professional's attention. Inquiry into such events should be made.
7. It is strongly recommended that health care professionals counsel all insulin or oral antidiabetic medication-requiring individuals to store in their vehicles, at all times, a source of rapidly absorbed carbohydrate. Further, blood glucose monitoring just prior to driving should be urged for any diabetic driver with a history of limited awareness of hypoglycemia.
8. Visual acuity changes, with marked fluctuation in blood glucose concentrations, may affect driving safety. The patient with impaired vision should not drive until the blood glucose level is brought under control. Diabetic retinopathy may affect visual acuity and should be checked by the primary health care professional, ophthalmologist or optometrist and be reported under appropriate assessment categories.
9. Oral antidiabetic medications which are highly <u>unlikely</u> to lead to hypoglycemia (unless used in combination with insulin or sulfonylurea) include Metformin, Alpha Glucosidase inhibitors and insulin sensitizers (thiazolidinediones), GLP-1 agonists and DPP-4 inhibitors.
10. **PARATHYROID DISORDERS**: Hyperparathyroidism with muscular weakness and hypotonia is a contraindication to driving any motor vehicle, unless symptoms are mild or well controlled by therapy. Individuals suffering from acute hypoparathyroidism with increased neuromuscular excitability, cramps, spasm, and generalized tetany should not drive unless symptoms are mild.

11. **THYROID DISORDERS**: Persons with marked hyperthyroidism may experience extreme restlessness, tremor, psychotic disturbance, agitation, insomnia and at times, impulsive behavior, which may preclude driving. Hypothyroidism often leads to somnolence and decreased alertness which may affect driving safety.
12. **HYPOGLYCEMIA**: Individuals suffering from recurring spontaneous attacks of hypoglycemia causing faintness or unconsciousness should be carefully evaluated and treated to eliminate such attacks before being allowed to resume driving.
13. **COMMERCIAL INTRASTATE DRIVERS**: Health care professionals should refer to "Special Qualifications for persons with Diabetes Mellitus" in this manual for information regarding special qualifications for Commercial Intrastate Driver Licensing.

SPECIAL QUALIFICATIONS FOR PERSONS WITH DIABETES MELLITUS FOR COMMERCIAL INTRASTATE DRIVER LICENSES

Some insulin taking diabetic individuals are clearly at minimal risk of severe hypoglycemia. These individuals are characterized by the following:

1. Easy recognition of hypoglycemic spells;
2. Willingness and ability to self monitor blood glucose on a frequent basis;
3. Trained in the management of their diabetes with an understanding of the balance of insulin, food, exercise and stress.

Individuals applying for a commercial intrastate license must meet the following qualifications:

1. Has within the last five years:
   - **a.** An absence of a hypoglycemic reaction that resulted in loss of consciousness or seizure;
   - **b.** An absence of seizure or coma without antecedent prodromal symptoms of hypoglycemia;
   - **c.** An absence of recurrent diabetic ketoacidosis or hyperosmolar nonketotic coma.

2. Provides the following information (as a minimum) to the endocrinologist or internist who examines them:
   - **a.** A complete medical history including all hospitalization, consultation notes, diagnostic examinations, special studies and follow-up reports;
   - **b.** A complete driver's record as reported by the state licensing agency which issued the person a driver license (as may be available);
   - **c.** Complete information regarding any motor vehicle or other accidents resulting in personal injury or property damage;
   - **d.** Written, signed authorization to permit the examining endocrinologist or internist to obtain information from employers, work associates, health care professionals, or other health care workers, relevant to the person's medical condition.

3. Undergoes a complete medical evaluation by an endocrinologist or internist who will assess the results of the following procedures prior to determining whether the person is qualified to operate a commercial motor vehicle:
   - **a.** At least two results of glycolysated hemoglobin tests during the last 6 months, a lipid profile, urinalysis and CBC.
   - **b.** Ophthalmologic confirmation of absence of visually significant retinal disease.
   - **c.** Examination and tests to detect peripheral neuropathy and/or circulatory deficiencies of the extremities.
   - **d.** A detailed evaluation of insulin dosages and types, diet utilized for control and any significant lifestyle factors, such as smoking, alcohol use and other medications or drugs taken.

The endocrinologist or internist shall:

1. Certify that drivers have been educated in diabetes and its control and thoroughly informed of, and have demonstrated the understanding of, the procedures which must be followed to monitor and manage their diabetes and what actions should be followed if complications arise;
2. Ascertain that drivers have the ability, willingness, and equipment to properly monitor and manage their diabetes. A blood glucose monitor with electronic "memory" is required;
3. Determine that having diabetes will not adversely affect their ability to safely operate a commercial motor vehicle. The methods of making that determination shall be established by the examining health care professional.

The following monitoring and re-evaluation procedures shall be performed, as a minimum, by an insulin-using diabetic who drives a commercial motor vehicle. These procedures may be supplemented with additional procedures and/or operational conditions by the examining health care professional:

1. One hour prior to driving and approximately every two hours while driving, drivers shall test their blood glucose concentration and record those concentrations electronically;
2. Upon request, make records of self blood glucose concentrations available to Federal or State enforcement personnel;
3. Annually, or more often as indicated by the endocrinologist or internist, submit a complete medical re-evaluation including readings of glycosylated hemoglobin to the examining endocrinologist. This requires the driver to submit any new data on the driver's medical condition, driving record or accident involvement and the glucose records. Use of a new examining health care professional will require the insulin-using driver to follow the procedures set forth for a new applicant;
4. At each visit the endocrinologist or internist will verify that the insulin-using diabetic can demonstrate the accuracy of self blood glucose measurement within 20% of actual concentration;
5. Annually have ophthalmologic confirmation of the absence of visually significant retinal disease;
6. While driving, should circumstances preclude a particular blood glucose test, intake of an appropriate snack or other source of glucose is an acceptable alternative; however, no two consecutive tests may be replaced by the ingestion of glucose or food;
7. The driver must carry necessary supplies on board the vehicle including as a minimum, blood sampling lancets, personal blood glucose monitor and strips, a plentiful source of rapidly absorbable glucose. All dated materials must be within their expiration dates;
8. It is suggested that for long distance trips a co-driver or a companion shall be made aware of the signs and symptoms of hypoglycemia and the appropriate treatment thereof

CATEGORY A: DIABETES MELLITUS AND OTHER METABOLIC CONDITIONS

PRIVATE

Safety Assessment Level	Diabetes Mellitus	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of diabetes mellitus or elevated blood sugar, or history of elevated blood sugar, but no positive diagnosis of diabetes	No	N/A	Private vehicles
2	Any diabetes stable with diet and/or non-insulin stimulating medication or has normal blood sugars because of a pancreas transplant	Yes	1 year [a]	Private vehicles
3	Diabetes stable on insulin stimulating medication and/or diet (no minimum time required)	Yes	1 year [a]	Private vehicles
4	Stabilized diabetes with insulin with no episodes of ketosis or altered consciousness for one (1) year	Yes	1 year [a]	Private vehicles
5	Stabilized diabetes with no episodes of ketosis or altered consciousness for six (6) months or less than one (1) year	Yes	1 year [a]	Private vehicles
6	Stabilized diabetes with no episodes of ketosis or altered consciousness for three (3) months or less than six (6) months	Yes	6 months [a]	Private vehicles, with health care professional recommendation
7	Special circumstances not listed above or under evaluation	Yes	6 months [a]	Private vehicles; special restrictions as recommended by health care professional
8	Severe unstable insulin-dependent diabetes or persisting ketosis	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY A: DIABETES MELLITUS AND OTHER METABOLIC CONDITIONS

COMMERCIAL

Safety Assessment Level	Diabetes Mellitus	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of diabetes mellitus or elevated blood sugar, or a history of elevated blood sugar, but no positive diagnosis of diabetes	No	N/A	Commercial Unlimited
2	Any diabetes stable with diet and/or non-insulin stimulating medication or has normal blood sugars because of a pancreas transplant	Yes	1 year [a]	Commercial Unlimited
3	Diabetes stable on insulin stimulating medication and/or diet (no minimum time required)	Yes	1 year [a]	Commercial Unlimited
4	Stabilized diabetes **with insulin**, with no episodes of ketosis or altered consciousness, for one (1) year. Requirement for review and approval of **downloaded glucose monitor data** per Appendix III	Yes	1 year [a]	Commercial Intrastate
5	Stabilized diabetes with no episodes of ketosis or altered consciousness for six (6) months or less than one (1) year. Requirement for review or approval and **downloaded glucose monitor data** per Appendix III only if on insulin.	Yes	1 year [a]	Commercial Intrastate
6	Stabilized diabetes with no episodes of ketosis or altered consciousness for three (3) months or less than six (6) months. Requirement for review and approval of **downloaded glucose monitor data** per Appendix III only if on insulin.	Yes	6 months [a]	Commercial Intrastate
7	Special circumstances not listed above, or under evaluation	Yes	6 months [a]	Special restrictions as recommended by health care professional
8	Severe unstable insulin-dependent diabetes or persisting ketosis	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY B
CARDIOVASCULAR CONDITIONS

1. Cardiovascular disease may affect a driver's ability in a variety of ways. For this reason, safety assessment level guidelines and standards are shown for four of the more common circumstances. Although an individual may have more than one abnormality, the one which causes the most limitation is the one under which they should be assessed for this category. It is essential that all aspects of their condition be evaluated in an appropriate safety assessment level.

2. **GENERAL HEART DISEASE**: This safety assessment level is made for any patient having had any diagnosis of heart disease. The levels are based on the functional classification of the American Heart Association.

- **Class I.** Patients with heart disease but with no limitations of physical activity: Ordinary physical activity causes no undue dyspnea, anginal pain, fatigue or palpitation.
- **Class II**. Patients with slight limitations of physical activity: They are comfortable at rest and with mild exertion. They experience symptoms only with the more strenuous grades of ordinary activity.
- **Class III**. Patients with marked limitation of physical activity: They are comfortable at rest, but experience symptoms even with the milder forms of ordinary activity.
- **Class IV**. Patients with inability to carry on any physical activity without discomfort: Symptoms of cardiac insufficiency or of the anginal syndrome may be present, even at rest, and are intensified by activity.

3. **RHYTHM**: Patients with rhythm disturbances should not be given safety assessment levels 2 or 3, except when the arrhythmia has been so remote and well controlled, or of such a minor nature, that the patient is expected to drive without presenting a risk to the public.

4. **AFTER MYOCARDIAL INFARCTION OR CARDIAC SURGERY**: No patient in these categories should drive until six weeks after the event or until the condition is stable, as determined by a health care professional. Because of the risk of infarction, recurrence or other cardiovascular events such as arrhythmia, after infarction or surgery, if the health care professional believes a patient has an unusually mild condition, a Safety Assessment Level 3 may be given on his recommendation. A treadmill stress test should be repeated after six months.

5. **HYPERTENSION**: Apart from its complications, hypertension is largely an asymptomatic condition and in itself does not impair fitness to drive. Medications which may have a sedative side effect or cause unexpected orthostatic hypotension must be assessed by the health care professional as to their effect on the safety assessment. Visual, neurological or cardiovascular complications should also be assessed under other categories. Usually, mild and stable hypertension may qualify for a Safety Assessment Level 3 even if on medication, upon recommendation of the examining health care professional.

6. Other less common cardiovascular conditions such as fistula, coarctation, cardiogenic syncope, severe peripheral arterial or venous vascular disease etc., should be assessed in a fashion comparable to those listed, based upon anticipated functional ability while driving.

7. **COMMERCIAL INTRASTATE DRIVERS:** Commercial drivers who have had an implanted cardioverter or cardiac defibrillator (ICD) may, under certain circumstances, be qualified for an intrastate commercial driving privilege. Commercial drivers who have had LVAD are disqualified from driving any commercial vehicle. New applicants for K restriction are not accepted. Drivers currently on K restriction program are subject to periodic reviews and MAB approval.

ICD – Disqualifying for FMCSA Medical Card. If a driver wishes to apply for a renewal of the Intrastate Waiver (K restriction), they must submit the following to be reviewed by the Medical Advisory Board:

Relevant factors which the committee will need to consider for qualification of a driver of commercial vehicles with an implanted cardioverter and/or cardiac defibrillator (ICD) are as follows and must be addressed in the letter from the treating cardiologist:

a. Cardiac diagnosis and NYHA classification.

b. Reason for implantation: primary prevention or treatment of recurrent arrhythmia
- If treatment: what is the arrhythmia being treated and what is the efficacy of treatment?
- Was there ever loss of consciousness, syncope or near-syncope?
- Date and results of last electro-physiologic testing.
- Type of device inserted.

c. When was device inserted, when was the last time the device activated to treat arrhythmia and were there associated symptoms; i.e.; syncope, distraction, etc.?

d. What is the Left Ventricular Ejection Fraction and date last estimated?

e. Is coronary artery disease/CABG present? Has there been recent assessment of patency?

f. Is the patient on beta blocker therapy?

g. Statement that the cardiologist understands the duties of commercial drivers and believes this driver is safe to drive a commercial vehicle.

ADDITIONAL INFORMATION FOR CATEGORY B: HYPERTENSION/CARDIOVASCULAR ASSESSMENT

1. HYPERTENSION/CARDIOVASCULAR ASSESSMENT LEVEL

Most antihypertensive agents have potential side effects which may affect driving capability. The examining health care professional should be alert to the following potential problems which may be more prominent or likely with certain antihypertensives as listed. Each hypertensive applicant who is receiving antihypertensive medication should be specifically questioned for these side effects:

a. ORTHOSTATIC HYPOTENSION

Virtually any antihypertensive, especially when used in combinations including diuretics, ACE inhibitors, calcium channel blockers, alpha blockers, clonidine, especially Guanethidine and Guanadrel.

b. SYNCOPE

Alpha Blockers

c. DROWSINESS/SEDATION

Methyldopa, Guanabenz, Guanadrel, Resperine, Clonidine

d. DIZZINESS

Most beta blockers, alpha blockers, calcium channel blockers. Also, Apresoline may aggravate angina symptoms in individuals with pre-existing clinically significant coronary artery disease.

e. OTHER AGENTS AFFECTING DRIVING SAFETY

Because of their greater tendency to produce side effects, the following agents are even more likely to affect driving safety: Guanethidine, Methyldopa, Reserpine, Guanabenz and Guanadrel

Category B – Cardiovascular Conditions

Private and Commercial Tables on pages 24 and 25

CATEGORY B: CARDIOVASCULAR CONDITIONS

PRIVATE

Safety Assessment Level	General Heart Disease	Rhythm	After myocardial infarct or surgery	Hypertension	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history. Past heart disease, fully recovered	No history or transient arrhythmia in childhood	No history	No hypertension. Past hypertension, now normal without medication	No	N/A	Private vehicles
2	Heart disease AHA Class I, no limits, no symptoms on ordinary activity	Transient isolated arrhythmia without recurrence in past five (5) years	Unusually mild condition [b]	Hypertension controlled on medication [c]	Yes	N/A	Private vehicles
3	AHA Class I, no undue symptoms on ordinary activity	Past arrhythmia, normal rhythm; stable with pacemaker for six (6) months	One (1) year minimum; symptoms only with strenuous activity [a]	Hypertension mild, stable, controlled on medication	Yes	1 year [a]	Private vehicles
4	AHA Class II, slight limit on activity; comfortable on mild exertion [d]	Arrhythmias controlled or stable for three (3) months	Three (3) months minimum; no symptoms at rest [a]	Hypertension partially controlled by medication. Diastolic less than 110mm Hg [c]	Yes	1 year	Private vehicles
5	Class III, limited activity with symptoms on activity; anticipated aggravation by unlimited driving [d]	N/A	N/A	N/A	Yes	1 year	Private vehicles
6	Class III, limited activity with fluctuation in symptoms on exertion	Unstable rhythm profile; supraventricular tachycardia which is hemodynamically unstable; recurring ventricular arrhythmias proven by Holter monitor; driving limitations & health care professional's recommendation should be based upon anticipated degree of instability of rhythm [c d e]	Recovery time frame & restrictions to be determined by health care professional & appropriate safety assessment level determined; see narrative paragraph 4 [b]	Hypertension with diastolic persistently above 110mm Hg and/or systolic over 180mm Hg; functional safety assessment level to be based upon anticipated effects on driving with appropriate limitations on speed, area, daylight only, etc. [c]	Yes	6 months	Private vehicles; recommended speed, area, and daylight only restrictions
7	Special circumstances not covered above or patient under evaluation				Yes	6 Months [a b]	Private vehicles; special restrictions as recommended by health care professional
8	Heart disease. AHA Class IV, limitations with any activity, symptoms at rest	Arrhythmias with history of loss of consciousness in past	Recovery not sufficient to drive	Diastolic over 120mm Hg with limiting complication/side effect of medications	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] See narrative for consideration of unusually mild or stable cases
[c] If medication does not interfere with alertness or coordination
[d] Or Profile level 5, with long term stability
[e] Level 6, Type II second degree heart block or trivascular block

CATEGORY B: CARDIOVASCULAR CONDITIONS

COMMERCIAL

Safety Assessment Level	General Heart Disease	Rhythm	After myocardial infarct or surgery	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history. Past heart disease, fully recovered	No history or transient arrhythmia in childhood	No history	N/A	N/A	Commercial Unlimited
2	Heart disease AHA Class I, no limits, no symptoms on ordinary activity	Transient isolated arrhythmia without recurrence in past five (5) years	Unusually mild condition [b]	N/A	N/A	Commercial Unlimited
3	AHA Class I, no undue symptoms on ordinary activity	Past arrhythmia, normal rhythm; stable with pacemaker for six (6) months	One (1) year minimum; symptoms only with strenuous activity [a]	N/A	N/A	Commercial Unlimited
4	AHA Class II, slight limit on activity; comfortable on mild exertion [d]	Arrhythmias controlled or stable for three (3) months	Three (3) months minimum; no symptoms at rest [a]	N/A	N/A	Commercial Unlimited
5	Class III, limited activity with symptoms on activity; anticipated aggravation by unlimited driving [d]	Unstable rhythm profile; supraventricular tachycardia which is hemodynamically unstable; recurring ventricular arrhythmias proven by Holter monitor. Driving limitations & health care professional's recommendation should be based upon anticipated degree of instability of rhythm [c]	Recovery time frame & restrictions to be determined by health care professional & appropriate safety assessment level determined; see narrative paragraph 4 [b]	N/A	N/A	No commercial driving
6	Class III, limited activity with fluctuation in symptoms on exertion			N/A	N/A	No commercial driving
7	Special circumstances not covered above or patient under evaluation			N/A	6 months [a]	Possible commercial driving, with health care professional recommendation
8	Heart disease. AHA Class IV, limitations with any activity, symptoms at rest	Arrhythmias with history of loss of consciousness in past	Recovery not sufficient to drive	N/A	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] See narrative for consideration of unusually mild or stable cases
[c] If medication does not interfere with alertness or coordination

CATEGORY C
PULMONARY CONDITIONS

1. Although impaired pulmonary function is seldom the cause of sudden death, it may seriously affect operators of vehicles in the following ways:

a. Sudden severe coughing while driving may result in an accident

b. Cough syncope may occur while driving

c. Impaired cerebral oxygenation caused by impaired pulmonary function may result in mental confusion and/or impaired judgment.

2. For these and similar reasons, it is important to obtain an accurate picture of the pulmonary status of all applicants for driver licenses who have a history of problems or are observed to have respiratory difficulties at the time of examination.

3. In assessing the severity of pulmonary impairment, effort is made to limit the tests to those found in most medical offices, although occasionally more sophisticated studies may be needed (e.g. arterial blood gases, maximal voluntary ventilation, etc.).

4. The objective of classification according to pulmonary capacity, as in other functional categories, is to allow as much latitude as is consistent with the safe operation of a motor vehicle.

5. The basic function tests (FVC and FEV) are the principal guidelines and standards currently recommended. These are subjective/objective tests. When they are required, three graphs should be made and every effort should be made to elicit the full cooperation of the examinee. A bronchodilator may be used if the examiner feels it is safe and justifiable. The best reading, with or without bronchodilators, should be used.

6. In more severe cases of pulmonary impairment, measurement of arterial blood gases may be needed. If there is any question about the need for arterial gas measurements, the applicant usually would not qualify for Safety Assessment Levels 1 through 4, but the blood gas determinations may support a higher functional level than might otherwise appear indicated. They may also help in defining safety assessment levels appropriate to limited private driving.

7. **COMMERCIAL INTRASTATE DRIVERS:** A commercial intrastate driver meeting the requirements of Safety Assessment Level 3 and 4 will qualify for a license to drive commercial vehicles within the state boundaries. Assessment Levels 3 and 4 require re-evaluation each year. If oxygen is required, even intermittently during driving, the driver will be limited to a Class D license with no K restriction allowed.

NOTE: Regular and/or commercial intrastate drivers using supplemental oxygen for treatment of sleep disorders are considered separately. **See Category K.**

CATEGORY C: PULMONARY CONDITIONS

PRIVATE

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No current pulmonary disease or if past history, fully recovered; no current medication use	No	N/A	Private vehicles
2	Minimal pulmonary symptoms; sporadic use of medication (no steroids), FVC & FEV > 70% of predicted normal; PO_2 within normal range	Yes	1 year	Private vehicles
3	Pulmonary symptoms only with greater than ordinary activity; may be on steroids intermittently; FVC & FEV > 50% - 70% of predicted normal	Yes	1 year	Private vehicles
4	Stable pulmonary disease on or off treatment, including intermittent supplemental oxygen or steroids, with dyspnea only on exertion; no cough syncope for six (6) months	Yes	1 year	Private vehicles
5	Moderate dyspnea or other symptoms with ordinary activity; no cough syncope within three (3) months [b]	Yes	6 months [a]	Private vehicles
6	Unpredictable more severe temporary dyspnea or other symptoms; cough syncope within three (3) months [b]	Yes	6 months [a]	Private vehicles; recommend speed, area, and daylight only restrictions
7	Special circumstances not listed above or under evaluation [b]	Yes	As recommended	Private vehicles; special restrictions as recommended by health care professional
8	Severe dyspnea with any activity and/or cyanosis and/or PCO_2 > 50 or PO_2 < 50; cough syncope within the past three (3) months	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] If supplemental oxygen is required to maintain PO_2 over 50, constant use of oxygen is required while driving

CATEGORY C: PULMONARY CONDITIONS

COMMERCIAL

Safety Assessment Level	Circumstances	Medical Report Required	Interval for Review	License Class and Restrictions
1	No current pulmonary disease or if past history, fully recovered; no current medication use	N/A	N/A	Commercial Unlimited
2	Minimal pulmonary symptoms; sporadic use of medication (no steroids), FVC & FEV > 70% of predicted normal; PO_2 within normal range	N/A	N/A	Commercial Unlimited
3	Pulmonary symptoms only, with greater than ordinary activity; may be on steroids intermittently; FVC & FEV > 65% - 70% of predicted normal	Yes	1 year	Must meet federal guidelines
4	Stable pulmonary disease on or off treatment, including intermittent supplemental oxygen (not while driving) or steroids, with dyspnea only on exertion; no cough syncope for six (6) months	Yes	1 year [a]	Commercial Intrastate
5	Moderate dyspnea or other symptoms with ordinary activity; no cough syncope within three (3) months; supplemental oxygen required while driving	Yes	N/A	No commercial driving
6	Unpredictable, more severe temporary dyspnea or other symptoms; cough syncope within three (3) months	Yes	N/A	No commercial driving
7	Special circumstances not listed above or under evaluation	Yes	6 months [a]	Special restrictions as recommended by health care professional
8	Severe dyspnea with any activity and/or cyanosis and/or PCO_2 > 50 or PO_2 < 50; cough syncope within the past three (3) months	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY D
NEUROLOGIC CONDITIONS

1. A wide variety of neurological conditions may affect driving safety. A partial list includes:

- Strokes;
- Head injuries;
- Cerebral Palsy;
- Multiple Sclerosis;
- Parkinson's disease;
- Progressive conditions such as muscular atrophies and dystrophies, myasthenia gravis and various spinal cord and brain diseases;
- Seizures and other episodic conditions are considered as a separate category. See Category E (Seizures and other Episodic Conditions).

2. The common element in all of these is the disturbance of sensory, motor or coordinating functions sufficient to affect driving. Some of them will be considered as stable conditions for which a driving test showing adequate performance in the type of vehicle to be driven will be sufficient. However, other conditions that have not yet stabilized or have a probability of progression or need for medication may require a medical report initially or at intervals. The usual interval for reconfirmation is as shown or may be increased up to the time interval since the last significant change in status.

3. Persons with neurological disorders may also have orthopedic or other problems and should also be given a safety assessment level as appropriate under Category J, (Musculoskeletal) in relation to driving. The health care professional should indicate by checking the appropriate box on the Functional Ability Evaluation Medical Report form if a driving skills test should be given.

4. In some neurological disorders, there may be other problems which impair driving. For example, a head injury may not only result in paralysis, but in visual field loss and impairment of learning and memory. These should be shown as safety assessment levels in the other appropriate categories as well. In evaluating late effects of head injuries, careful inquiry into the duration of coma or amnesia will be found helpful in evaluating the likelihood of persisting effects which may impair reaction time and thus be important in considering limitations on driving speeds. Similar considerations may apply in the use of a variety of medications which affect neuro-motor and cognitive functions.

5. **COMMERCIAL INTRASTATE DRIVERS**: Drivers given a Safety Assessment Level of 3, 4, or 5 may or may not be successful in passing a road test, but should have an opportunity to do so if their conditions are stable. The health care professional should check the driving skills test box at the bottom of the form.

CATEGORY D: NEUROLOGIC CONDITIONS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class & Restrictions
1	No history of strength, sensory or coordination impairment or history of impairment with full functional recovery	No	N/A	Private Vehicles
2	Minimal neurologic impairment, but able to control equipment in conventional manner	Yes	5 years [a]	Private Vehicles
3	Moderate impairment of dexterity	Yes	1 year [a]	Private Vehicles; Pass driving test if recommended by health care professional
4	Moderate impairment of dexterity or decreased stamina	Yes	1 year [a]	Private Vehicles Pass driving test if recommended by health care professional
5	Moderate neurologic impairment, expected to be temporary	Yes	6 months [a]	Must pass driving skills test. Speed, area, and daylight only restrictions, or as recommended by health care professional.
6	N/A	N/A	N/A	N/A
7	Special circumstances not covered above, or patient under evaluation	Yes	6 months [a]	Private vehicles; special restrictions as recommended by health care professional
8	Strength, sensory, coordination, or cognitive impairment incompatible with any driving	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter according to stability

CATEGORY D: NEUROLOGIC CONDITIONS

COMMERCIAL

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class & Restrictions
1	No history of strength, sensory or coordination impairment or history of impairment with full functional recovery	N/A	N/A	Commercial Unlimited
2	Minimal neurologic impairment, but able to control equipment in conventional manner	Yes	5 Years	Commercial Unlimited
3	Moderate impairment of dexterity	Yes	1 year [a]	Must meet federal guidelines
4	Moderate impairment of dexterity or decreased stamina	Yes	1 year [a]	Commercial Intrastate, as recommended by health care professional. Pass driving skills test in a commercial vehicle on initial safety assessment level
5	Moderate neurologic impairment, expected to be temporary	Yes	6 months	Commercial Intrastate No commercial driving during impairment
6	N/A	N/A	N/A	N/A
7	Special circumstances not covered above, or patient under evaluation	Yes	6 months [a]	No commercial driving during impairment; special restrictions as recommended by health care professional. Pass driving skills test if recommended by health care professional
8	Strength, sensory, coordination, or cognitive impairment incompatible with any driving	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY E
SEIZURES AND OTHER EPISODIC CONDITIONS

1. Epilepsy includes any recurrent loss of consciousness or conscious control arising from intermittent change in brain function. Because of the similarity of consequences, other disorders affecting consciousness or control such as syncope, hypoglycemia, etc. which interfere with function may be included in this section, to be considered in a similar fashion. For sleep disorders and associated conditions, **see Category K.**

2. Since all forms of epilepsy (tonic-clonic or grand mal, partial complex or psychomotor, partial, with or without spread, and absence or petit mal) may interfere with safe driving, they will affect the level of driving recommended and will require initial and follow-up reports.

3. If a seizure has occurred, regardless of the cause, an Assessment Level 8 (no driving) should be indicated. An operator's license, with or without limitations, may be issued after a suitable interval of seizure freedom, at least for a period of three (3) months from the date of the most recent seizure, if in the judgment of the health care professional, continuing freedom from seizures is anticipated. (In other words, a mere hiatus in seizures extending over a three (3) month period is no guarantee of ongoing freedom from seizures, unless there has been initiation of treatment or appropriate alteration in treatment.)

Exceptions to the 3-month interval of prohibited driving after a first seizure (or after an unexpected recurrent seizure) may be possible under certain circumstances, <u>following a medical case review, if recommended by a panel of the Medical Advisory Board</u>, but a 3-month period of observation in order to document an apparent response to the initiation or augmentation of anti-seizure treatment is judged to be appropriate for the sake of public safety. If the physician believes that a patient's seizure is truly symptomatic (see paragraph four of this same section [3]), and wishes to permit continued driving, he/she must submit a letter to the Driver License Division Medical Advisory Board detailing the reasons for believing seizures to be symptomatic in that case. A mere assertion is not sufficient. There must be a cogent explanation for the belief, with supporting medical data as appropriate. Such cases will be reviewed by members of the Medical Advisory Board, and may involve additional correspondence.

This driving restriction applies specifically to persons with a first or single seizure or flurry of seizures, and to persons with recurrent seizures in the context of a known seizure disorder, when seizures are of a sort which produces an alteration in consciousness, an alteration in alertness, or a loss of bodily control.

Certain seizure types (and circumstances associated with seizures) which do not affect driving safety may rarely be exempted from the driving restrictions, but only if said seizures or circumstances are consistently and completely restricted, for a period of at least twelve (12) months, to:

a. Seizures occurring only during sleep, never during wake-time;
b. Seizures (simple partial) never producing an impairment in consciousness or alertness or any loss of ability to control equipment.*

Special consideration may also be given, <u>on appeal</u>, in the case of genuine symptomatic seizures; that is, single seizures or a flurry of seizures, which are clearly and definitely attributable to the effect of a known or identifiable cause not likely to recur, e.g., administration of a toxin or of a medication known to cause seizures. Alcohol-withdrawal seizures are a special case of symptomatic seizures, which are typically not amenable to treatment with antiepileptic medications. (Requires safety assessment for Category H.)

Seizures occurring in the context of mere sleep deprivation, fasting status, fever or stress are NOT considered to qualify as symptomatic seizures.

In uncertain cases, specialist (neurological) referral is recommended.

* The practitioner should make every necessary effort to document the phenomena of a patient's seizures, if it is asserted that

consciousness impairment does not occur; this may include obtaining reports from family members or other observers. Accepting a patient's self-reported lack of consciousness-impairment during seizures is not sufficient.

4. To qualify for an assessment level based upon freedom from seizures, a person should be free from side effects of medications which affect driving. Anyone taking medication is responsible to refrain from driving if it affects their alertness and coordination, until the health care professional approves resumption of driving and believes the patient can drive safely. Side effects such as skin or gum changes which do not affect driving may be disregarded. In individual cases where anticonvulsant medication effects cause a slowing of reaction time, consideration should be given to limitations on speed as suggested in Neurologic Category D.

5. Persons experiencing seizures may have associated problems which may affect driving safety and these should be reported under the appropriate assessment levels.

6. Persons with past seizures may qualify for a higher risk responsibility level by making sure they faithfully take their prescribed medication and use other means of control. Under these guidelines and standards, it is possible for a person to resume driving a private vehicle after a seizure-free interval of only three months. Each case should be considered carefully to balance possible risk against the person's need to get to and from work, etc.

7. Further detailed information regarding the handling of epilepsy is to be found on the following page.

8. **COMMERCIAL INTRASTATE DRIVERS:** A commercial intrastate license may be granted under Safety Assessment Levels 2, 3 and 4 depending upon the degree of seizure control and MAB review and approval. A commercial driver must be seizure free for a period of at least six (6) months in order for an application for an intrastate waiver to be considered.

ADDITIONAL INFORMATION PERTAINING TO SEIZURES AND OTHER EPISODIC CONDITIONS

1. Epilepsy is defined as recurrent seizures.

2. Seizure - an "electrical storm" in the brain, which disrupts normal electrical brain activity.

3. Partial seizures - seizures which begin in one spot in the brain and may or may not spread.

a. Simple partial seizures: seizures which begin in one spot in the brain and do not spread to involve other areas of the brain. There is no loss of consciousness, and little or no break in contact with the environment.

Examples:

- Simple partial seizure with motor symptoms - clonic jerking of a hand caused by focal seizure activity in the opposite side brain motor cortex.
- Simple partial seizure with intrapsychic symptoms - any seizure "aura", including deja vu, forced memory, inappropriate emotional tone such as unreasonable fear, etc.

b. Complex partial seizures: seizures which begin in one spot in the brain (usually a temporal or frontal lobe location) and spread to the opposite side in the same area but do not involve the whole brain. There is loss of self-awareness and loss of normal awareness of the environment but no convulsion. This type of seizure is typically followed by a period of drowsiness or confusion.

c. Secondarily-generalized seizures: seizures which start in one spot in the brain, then spread to involve the entire brain, producing a convulsion. (Convulsion = major motor seizure = "generalized tonic-clonic seizure" = "grand mal" seizure)

4. Primary-generalized seizures - seizures which begin with bilateral symmetry on both sides of the brain. These may be of several types. Most are inherited. They may be:

a. convulsive (major motor = generalized tonic-clonic = grand mal); or

b. absence ("petit mal").

True petit mal seizures usually begin in childhood. They are brief, lasting seconds only, but may occur up to hundreds of times in a day. There is no state of fatigue or confusion afterward, just a brief "lapse" of behavior-attention-awareness during the actual seizure.

5. Syncope – "fainting" or loss of consciousness produced by failure of adequate delivery of blood to the brain, usually caused by:

a. vascular abnormalities:

1. vasodilatation, as with sudden emotional shock, or with prolonged standing. This is a transient effect.
2. abnormal vascular capacitance, wherein blood vessels do not constrict as they should to keep blood up in the head. This may occur with diabetes, or with a number of less common conditions including autonomic peripheral neuropathies attributable to conditions other than diabetes, and conditions producing central autonomic failure, such as Multiple System Atrophies.

b. cardiac abnormalities:

1. rhythm disturbances, either too slow (less than 40 beats per minute or heart block with periods of asystole), or too fast (greater than 150 beats per minute) a rhythm.
2. structural abnormalities of the heart valves or chambers, which interfere with the effective pumping action of the heart.

Proper terminology/descriptors should be used wherever possible when providing information to the Driver License Division. Use of such terms as "blackouts", "falling out" or "spells" is vague and ambiguous.

Persons with:

- primary-generalized major motor seizures,
- secondarily-generalized major motor seizures,
- complex partial seizures, and
- absence seizures

are all potentially unsafe to operate motor vehicles, unless seizures are controlled by medication or some other recognized-effective treatment. Other recognized-effective treatments might include: "epilepsy surgery" and vagal nerve stimulation. Homeopathic medicine and other Alternative Medicine approaches, including psychosocial-behavioral medicine approaches, used alone and without recognized-effective treatments, are not acceptable.

Persons with ONLY simple partial seizures, who never have any interruption of alertness and who always remain in physical control of themselves, are safe to operate motor vehicles.
"Symptomatic" seizures are primary-generalized major motor seizures which are wholly and sufficiently explained by circumstances known to be capable of producing sudden and profound brain irritability. Examples would include sudden high fever to 106°F, insulin overdose, ingestion of stimulant drugs, or withdrawal of sedative drugs. Persons with this type of seizure do not have epilepsy, and are probably safe to drive, as long as the seizure-causing condition(s) is unlikely to recur. Emotional stress, sleep deprivation, minor infectious illnesses or the fasting state are NOT sufficient explanations for the occurrence of a seizure, though such may act as "triggers" for seizures in predisposed persons.

6. A healthcare professional should be aware of the following information in order to properly assess an individual case and in case of an appeal to the Driver License Medical Advisory Board, this information must be provided to the Driver License Division for review:

a. Original medical history and physical examination records pertinent to the seizure disorder, preferably from the specialist physician (usually a neurologist) or other primary treating physician. Records of neurologic consultation, if available, should be provided;

b. Report of cranial imaging studies (brain CT or MRI), if done;

c. Report of EEG, if done;

d. Name(s), dose(s), frequency of administration of medication taken to control seizures, and any side effects experienced by the patient;

e. Serum levels of medication taken for seizures (most recent);

f. Dates of last three (3) seizures;

g. Description of "what happens" during a typical seizure. Patients may have more than one type of seizure, and if so, should describe the features of each type. Descriptions may include their own perceptions and the observations of witnesses.

CATEGORY E: SEIZURES AND OTHER EPISODIC CONDITIONS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of epileptic seizures. History of seizures but none in past five (5) years, without medication	No	N/A	Private vehicle
2	Seizure free one (1) year or more, off medication; as recommended by health care professional	Yes	2 years	Private vehicle
3	Seizure free one (1) year or more, on medication, without side effects	Yes	1 year [a]	Private vehicle
4	Seizure or episode free six (6) months but less than one (1) year, on medication, without side effects	Yes	6 months [a]	Private vehicle
5	Seizure or episode free three (3) months but less than six (6) months, on medication, without side effects	Yes	6 months [a]	Private vehicle
6	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A
8	Date of most recent seizure is within the last three (3) months ***AND/OR*** Seizure or episodes not controlled, or medication effects interfering with alertness or coordination	Yes	N/A	No driving (unless approved following a medical case review before the Medical Advisory Board) [b]

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] See Guidelines Category E, number 3

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CATEGORY E: SEIZURES AND OTHER EPISODIC CONDITIONS

COMMERCIAL

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of epileptic seizures. Single seizure but none in past five (5) years without medication	N/A	N/A	Commercial Unlimited
2	Seizure free one (1) year or more, off medication; as recommended by health care professional	Yes	2 years	Commercial Intrastate, as recommended by health care professional. Initial safety assessment level requires Medical Advisory Board review
3	Seizure free one (1) year or more, on medication, without side effects	Yes	1 year [a]	Commercial Intrastate. Initial safety assessment level requires Medical Advisory Board review
4	Seizure or episode free six (6) months but less than one (1) year, on medication, without side effects	Yes	6 months [a]	Commercial Intrastate. Initial safety assessment level requires Medical Advisory Board review [b]
5	Seizure or episode free three (3) months but less than six (6) months, on medication, without side effects	Yes	6 months [a]	No commercial driving
6	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A
8	Date of most recent seizure is within the last three (3) months ***AND/OR*** Seizure or episodes not controlled, or medication effects interfering with alertness or coordination	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] Special circumstances - case by case basis. May require appeal to Medical Advisory Board

CATEGORY F
LEARNING, MEMORY AND COMMUNICATION DISORDERS

1. Driving a motor vehicle is a complex operation which requires the ability to learn from experience, to remember facts related to driving situations, to communicate intentions by appropriate signals and to receive communications by interpretation of signs and in other ways. Greater demands for verbal communication are imposed when passengers are carried.

2. These safety assessment levels are intended as guides for health care professionals in advising appropriate driving for their patients. In stable situations, such as intellectual disability, a single medical confirmation will be sufficient, but in other circumstances, reconfirmation of the assessment level should be based upon medical judgment as to the likelihood of future changes. For example, a person who is improving after a head injury may be reviewed after an appropriate interval and receive increased privileges. Similarly, a person with increasing difficulties should be reviewed and greater limitations advised as may be appropriate. A health care professional should use available information to make the best judgment possible in the interest of their patient's safety. This should include information from their families, driving incidents, habits and other medically pertinent data.

3. Intellectual function usually relates to age in younger individuals, but may be estimated for all ages in a common sense fashion. A person's ability to function may be affected by emotional factors or experience.

4. A very important component of any impairment of learning, memory, communication, or other intellectual functions is the element of emotional stability and maturity in social relations. A person with intellectual impairment who is impulsive or aggressive may be a dangerous driver. Hence, these factors must be considered in setting an assessment level.

5. Most younger individuals with learning problems will have had testing done which may be used as a basis for recommendations. In other cases, estimates of abilities, including general intelligence, may be made using whatever resources are usually used by the health care professional. Since inappropriate driving may create risks for both the patient and the public, if there is uncertainty, psychometric testing or other referral should be considered. Individuals with an IQ below 70 are reported to have more accidents in emergency situations.

6. Ability may fluctuate in relation to effects of medications, alcohol, emotional stress or fatigue, etc. Hence, a person's age, habits, stability and related impairments as in head injuries, should be considered carefully. Recommendations should be conservative to take into account intervals when abilities may be less than usual.

7. Patients with head injury may have diffuse cognitive deficits, for example: impaired judgment, impulsiveness, distractibility, impaired attention, neglect, slowed reaction time or impaired cognitive endurance. If the patient has had a severe injury (defined as coma longer than 24 hours and/or post traumatic amnesia longer than 7 days) the patient should be required to be evaluated by a state driving test.

8. Alzheimer's dementia and other dementia results in progressively impaired cognitive function and may require frequent review of driving abilities.

9. In special problems such as aphasia or inadequate language skills, the health care professional may indicate a driving test should be given to make a careful final appraisal based upon special attention to learning and communication during the driving test. The health care professional should check the driving skills test box at the bottom of the form.

10. For new drivers and for drivers whose cognition may be changing, clinical evaluation may be appropriate. The health care professional should consider a referral to a specialist, such as a neuropsychologist, neurologist, occupational therapist, or speech language pathologist to help formulate the safety assessment level.

CATEGORY F: LEARNING, MEMORY, AND COMMUNICATION DISORDERS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of impairment of learning, memory, or communication; or past history of impairment of learning, memory, or communication, but fully recovered at least one year; normal intelligence	No	N/A	Private vehicle
2	Residual minimal difficulties with complex intellectual functions or communications; good social and personal adjustment	No	N/A	Private vehicle
3	Slight intellectual or communication impairment; good socialization and emotional control	Yes	5 years [a]	Private vehicle; driving skills test may be required on health care professional's recommendation
4	Moderate intellectual or communication impairment, with good socialization and emotional control	Yes	5 years [a b]	Private vehicle; driving skills test required on initial safety assessment level
5	N/A	N/A	N/A	N/A
6	Moderate intellectual or communication impairment with variable emotional or social control or alteration of competence from use of medications, alcohol, or other drugs	Yes	1 year [a]	Must pass driving skills test on initial safety assessment level. Speed, area, and daylight only restrictions or as recommended by health care professional. Subsequent driving skills test may be required on health care professional's recommendation
7	Special circumstances involving impairment of learning, memory, judgment, or communication, or patient under evaluation	Yes	6 months [a]	Private vehicles; special restrictions as recommended by health care professional
8	Severe impairment of intellectual functions or communication, or lesser impairment, but with poor socialization and/or emotional control	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

[b] Only initial medical confirmation needed for static conditions. Otherwise intervals from 3 months up to renewal interval according to health care professional's judgment regarding probability of change

CATEGORY F: LEARNING, MEMORY, AND COMMUNICATION DISORDERS

COMMERCIAL

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of impairment of learning, memory, or communication, or past history of impairment of learning, memory, or communication, but fully recovered at least one year; normal intelligence	No	N/A	Commercial Unlimited
2	Residual minimal difficulties with complex intellectual functions or communications; good social and personal adjustment.	No	N/A	Commercial Unlimited
3	Slight intellectual or communication impairment; good socialization and emotional control	Yes	5 years	Commercial Unlimited Driving skills test may be required on health care professional's recommendation
4	Moderate intellectual or communication impairment, with good socialization and emotional control	Yes	2 years [a] [b]	Commercial Intrastate Driving skills test required on initial safety assessment level
5	N/A	N/A	N/A	N/A
6	Moderate intellectual or communication impairment with variable emotional or social control or alteration of competence from use of medications, alcohol, or other drugs	Yes	1 year [a]	No commercial driving
7	Special circumstances involving impairment of learning, memory, judgment, or communication, or patient under evaluation	Yes	6 months [a]	Driving skills test on initial safety assessment level; special limitations as recommended by health care professional
8	Severe impairment of intellectual functions or communication, or lesser impairment, but with poor socialization and/or emotional control	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

[b] Only initial medical confirmation needed for static conditions. Otherwise, intervals from three months up to renewal interval according to the health care professional's judgment regarding probability of change.

CATEGORY G
PSYCHIATRIC OR EMOTIONAL CONDITIONS

1. There is no certain way of predicting which person with psychiatric illness will have accidents, but many high risk drivers are such because of psychiatric conditions. Consistent application of the point system reflecting accident involvement and reckless driving with imposition of appropriate driving restrictions will help to identify and control many of the psychiatric population at risk.

2. The involuntary hospitalization or commitment law presently in effect in the State of Utah requires that the individual to be committed must have a major mental illness, lack insight into their condition, be untreatable or inadequately treated in programs involving less restriction of personal freedom, be an imminent danger to themselves or others, or be incapable of self care. The coincidence of these four criteria adjudicated at a court hearing would be strong grounds for the withholding of the driving privilege during the duration of the commitment. Those committed for treatment without in-patient hospitalization should be evaluated individually as to risk. Termination of committed status does not mean that the patient is necessarily mentally well but merely improved. Such individuals should be medically screened before resuming driving privileges.

3. There is a large population of individuals with psychotic illness who are being maintained on anti-psychotic medications in an ambulatory status in the community. All of these drugs, as well as the tricyclic anti-depressants, have varying degrees of sedative side effects and potentiate other CNS depressants. The quality of the remission being maintained by medication varies widely. Some of the individuals continue to have significant mental disability. These persons should be screened in terms of severity of side effects incident to medication and the adequacy of the remission in terms of a reasonably stable, reality oriented, socially responsible and impulse controlled adjustive style.

4. Benzodiazepines have been implicated in automobile fatalities to a degree comparable with alcohol. Research shows the major period of risk is the first three weeks, after which tolerance generally develops to the sedation and dysfunctional effects on coordination.

5. There are a variety of behavioral conditions, extremes of mood and impairments in thinking associated with psychiatric disorders which may correlate with accident proneness or driver risk. These include:

- **a.** Inattentiveness which may accompany even minor mental disturbances;
- **b.** Impulsivity, explosive anger, and impaired social judgment characteristic of personality disorders, especially antisocial personality (difficult unless a track record is confirmed by history of arrests);
- **c.** Suicidality, perceptual distortions, psychomotor retardation or frank irrationality in addition to the previously described symptoms which are common features of major psychiatric illnesses such as schizophrenia, major depressive disorder, bipolar (manic depressive) disorder and organic brain syndromes.

6. **The applicant's prior accident and violation records are more valid "predictors" of driver risk than psychiatric status**. This record should be a major factor in placing restrictions upon driving. The combination of a bad driving record and mental disability could be a particularly lethal combination. If an applicant reports accidents or moving violations, the health care professional should be alert to possible psychiatric problems.

7. If a health care professional believes there may be a problem, but is not sufficiently familiar with the patient's psychiatric status to make a valid judgment, they should refrain from doing so until they gain access to current psychiatric information or records or makes an appropriate referral for evaluation.

CATEGORY G: PSYCHIATRIC OR EMOTIONAL CONDITIONS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of behavioral manifestations, no severe conditions requiring hospitalization; or asymptomatic for past two (2) years, without medication side effects	No	N/A	Private vehicles
2	Stable at least one (1) year with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least one (1) year	Yes	1 year [a]	Private vehicles
3	Stable at least six (6) months with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least six (6) months.	Yes	1 year [a]	Private vehicles [c]
4	Stable at least three (3) months with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least three (3) months.	Yes	6 months [b]	Private vehicles [c]
5	Stable at least one (1) month with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least one (1) month.	Yes	6 months [b]	Private vehicles; special restrictions as recommended by health care professional
6	Minimal dyskinesia or medication which minimally interfere with alertness or coordination	Yes	6 months [b]	Private vehicles; as recommended by health care professional
7	Special circumstances not covered above, or psychiatric or behavioral symptoms under evaluation	Yes	6 months [b]	Private vehicles; special restrictions not covered above, recommended by health care professional
8	Severe current condition, behavioral manifestations, hospitalization(s), or adverse medication side effects	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] Or interval up to one year if recommended by health care professional
[c] Drivers with impulsivity, explosive anger, and impaired social judgment characteristic of personality disorders, such as antisocial personality must have a recommendation from their health care professional. If an individual disagrees, he/she may appeal to the Medical Advisory Board.

CATEGORY G: PSYCHIATRIC OR EMOTIONAL CONDITIONS

COMMERCIAL

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review [a]	License Class and Restrictions
1	No history of behavioral manifestations; no severe conditions requiring hospitalization; or asymptomatic for past two (2) years, without medication side effects.	No	N/A	Commercial Unlimited
2	Stable at least one (1) year with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least one (1) year.	Yes	1 year	Commercial Unlimited
3	Stable at least six (6) months with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least six (6) months	Yes	1 year	Must meet federal guidelines
4	Stable at least three (3) months with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least three (3) months	Yes	6 months	Commercial Intrastate, with health care professional's recommendation
5	Stable at least one (1) month with respect to behavior, disease severity, and symptoms; no psychiatric hospitalization and no medication side effects which could interfere with driving safety (alertness, coordination) for at least one (1) month.	Yes	6 months	Commercial Intrastate, with health care professional's recommendation
6	Minimal dyskinesia or medications which minimally interfere with alertness or coordination.	Yes	6 months	Commercial Intrastate, with MAB review
7	Special circumstances not covered above or psychiatric or behavioral symptoms under evaluation	Yes	6 months	Commercial Intrastate, with MAB review
8	Severe current condition, behavioral manifestations, hospitalization(s), or adverse medication side effects	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY H
ALCOHOL AND OTHER DRUGS

1. It is generally known that one-half or more of the highway accidents, injuries and fatalities are related to the use of alcohol. Chronic users of alcohol cause more fatal accidents than the combination of all other drivers with medical problems. Hence, an awareness of problems caused by alcohol is essential to the proper granting of driving privileges.

2. Use of other problem causing drugs, whether obtained legally or illegally, can impair a person's driving ability. The nature of these substances is such that continued use creates problems which are recognizable and require special attention in licensing drivers.

3. Users of alcohol and other drugs are well known for their tendency not to report or under-report amounts used. There is a wide individual variation in the effects of such substances. Hence, about the only valid basis for evaluating an applicant's probable safety as a driver is careful appraisal of the person's history including, but not limited to, the past effect upon driving.

4. Adverse personal consequences of alcohol and drug use include:
- **a.** Physical dependence or withdrawal symptoms;
- **b.** Medical or neurological findings associated with effects of alcohol or drug use upon the nervous system or other organs;
- **c.** A history of alcohol or drug related behavioral change indicated by fighting, physical abuse or mood and personality instability;
- **d.** History of alcohol or drug related vehicular accidents or trauma; and
- **e.** Convictions involving alcohol.

5. The interaction of prescribed psychoactive medications (antidepressants, benzodiazepines, neuroleptics, sedatives, hypnotics) even when taken in appropriate doses with or without alcohol or illicit drugs may hamper driving ability.

6. Users of mood altering and hallucinogenic drugs are next to users of alcohol in traffic violations. In addition, untoward drug-related experiences, such as flashbacks, or substance withdrawal seizures may be hazardous to driving. Not only "street" drugs (e.g., marijuana, methamphetamine, cocaine, inhalants, etc.), but also prescription or over-the-counter drugs (benzodiazepines, barbiturates, antihistamines, antipsychotics, antidepressants, sedative hypnotics, muscle relaxants, opiates, etc.) may increase likelihood of accident, especially when used in combination with alcohol.

7. There is increasing evidence that marijuana may affect driving by causing changes in depth perception, unpredictable alteration of reaction time, illusions of distance, impairment of accuracy of sensory perception, impairment of judgment and periodic lapses of attention, acutely as well as after chronic use. Marijuana, or other drugs, may impair driving even several days after cessation of use.

8. Health care professionals should be alert to the fact that those with substance problems tend to visit them more often than the average, often with vague or non-specific complaints. Patterns that suggest substance abuse include: gastrointestinal symptoms, often atypical; injuries or burns of vague causation; neurologic symptoms; general medical or flu-like symptoms, hypertension or skin problems; psychiatric symptoms, including depression; social maladjustment and interpersonal and work difficulties; and family health problems. Inquiry may lead to a clearer picture of the problem and temporary limiting of driving for the benefit of the public as well as the patient.

9. Many young or inexperienced drivers are unaware of the high risks of driving associated with the use of alcohol, especially when mixed with other substances. Making factual information regarding drugs and alcohol and their effects on driving available to young drivers may help them to make safer choices. Health care professionals can effectively help in these educational efforts.

10. **COMMERCIAL INTRASTATE DRIVERS**: Commercial drivers who are using methadone may, under certain circumstances, be qualified for an intrastate commercial driving privilege. New applicants for a K restriction are not accepted. Drivers currently in the K restriction program are subject to periodic review.

CATEGORY H: ALCOHOL AND OTHER DRUGS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within past two (2) years [b c]	No	N/A	Private vehicles
2	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within the past year [a b]	Yes	1 year	Private vehicles
3	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within the past six (6) months [a b d]	Yes	6 months [a]	Private vehicles; with physician's statement, with demonstration of compliance, or with recognized medical tests
4	Alcohol or drug use with no adverse personal or social consequences within the past three (3) months [b c d]	Yes	3 months [a]	Private vehicles; with physician's statement, with demonstration of compliance, or with recognized medical tests
5	Alcohol or other drug use with no adverse personal or social consequences within the past one (1) month [b c d]	Yes	3 months [a]	Private vehicles; with demonstration of drug or alcohol abstinence by recognized medical tests
6	Use of alcohol or drugs, with intermittent impairment of function, but not during driving or working hours	Yes	3 months [a]	Private vehicles; recommended restrictions of speed, area, and daylight only. To be determined by examiner
7	Special situations not covered above or under evaluation	Yes	3 months [a]	Private vehicles; special restrictions as recommended by health care professional
8	Chronic use of alcohol or other drugs with impairment of motor and/or intellectual functions	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] See narrative for examples of adverse consequences
[c] Drug abuse means any use of illicit drugs or inappropriate use of prescription or non-prescription drugs
[d] Random blood alcohol, random urine or hair drug analysis are not mandatory, but could be considered to document compliance with requirements

CATEGORY H: ALCOHOL AND OTHER DRUGS

COMMERCIAL

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within past two (2) years [a b]	N/A	N/A	Commercial Unlimited
2	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within the past year [a b]	N/A	N/A	Commercial Unlimited
3	No history of alcoholic beverages or inappropriate use of drugs or adverse personal or social consequences, with related moving violations or at-fault accidents or convictions within the past six (6) months [a b d]	Yes	6 months	Commercial Intrastate with recommendation of health care professional or demonstration of drug or alcohol abstinence by recognized medical tests
4	Alcohol or drug use with no adverse or social consequences within the past three (3) months [b c]	Yes	3 months [a]	No commercial driving
5	Alcohol or other drug use with no adverse personal or social consequences within the past one (1) month. [b c]	Yes	3 months [a]	No commercial driving
6	Use of alcohol or drugs, with intermittent impairment of function, but not during driving or working hours	Yes	3 months [a]	No commercial driving
7	Special circumstances not covered above or under evaluation	Yes	3 months	Special restrictions recommended by health care professional and approved by Medical Advisory Board
8	Chronic use of alcohol or other drugs with impairment of motor and/or intellectual functions	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] Or interval up to one year if recommended by health care professional
[c] Drug abuse means any use of illicit drugs or inappropriate use of prescription or non-prescription drugs
[d] Random blood alcohol, random urine or hair drug analysis are not mandatory, but could be considered to document compliance with requirements

CATEGORY I: VISUAL DISORDERS

1. Visual acuity and peripheral vision guidelines for safety assessment profiles are as shown. Visual acuity is evaluated for each eye alone and both eyes together.

2. Correction of vision may be either with regular glasses or with contact lenses, provided they are used at all times when driving. Safety assessment levels based upon use of a visual correction should be identified by the suffix "C".

3. Some of the eye conditions requiring special consideration, but which have no set standards, are listed below. Persons with these conditions may drive if they meet the criteria for acuity and fields.

a. **COLOR VISION:** People who are completely color blind usually suffer from poor visual acuity and possible associated visual field loss. Red-green color discrimination is not important because of traffic light standardization, except in the case of commercial intrastate drivers, who by federal requirement must be able to recognize standard colors of red, green, and amber.

b. **DARK ADAPTATION:** Dark adaptation and glare tolerance are important for safe twilight and night driving, but methods of measurement and standards are not well established. However, individuals with cataracts, retinal abnormalities, chronic pupillary abnormalities, or other known causes of glare intolerance or poor dark adaptation should be carefully evaluated before being recommended for unrestricted licensure. Under certain conditions, a safety assessment level for daytime driving only may be recommended.

c. **HETEROPHORIA** can occasionally be a cause of driver fatigue. In more severe conditions, it may lead to blurred vision, diplopia or suppression of vision in one eye. A strabismic person, if diplopia (double vision) is not present, may be regarded as a one-eyed driver. A person with persisting diplopia may be licensed only on the basis of specific medical recommendations.

d. **STEREOPSIS** is only important in distances up to 75 feet and therefore relates more to parking, backing and following closely in city traffic. The best method for testing depth perception on the highway is the driver license examiner's road test.

e. **MONOCULAR VISION:** A person with vision with one eye or correctable vision in one eye to 20/40 may drive non-commercial vehicles. Side mirrors are not required because they are not considered adequate compensatory devices. In certain circumstances a driver with monocular vision may be approved by the Medical Advisory Board for a commercial intrastate license.

f. **REFRACTIVE STATES:** Myopia (near-sightedness), hyperopia (far-sightedness) and astigmatism (distorted, but constant for all viewing distances) can usually be corrected with glasses or contact lenses and need not be considered as problems. Likewise, presbyopia (inability to focus clearly at near) is natural to aging and is not of licensing concern if compensated.

g. **TELESCOPIC/BIOPTIC LENS:** When a person uses a telescopic lens, the visual field is decreased to an extent that the wearer is not qualified to drive. A telescope should not be used when testing the visual acuity for assessing the driver. These types of lenses are not allowed for driving in the state of Utah.

h. **CHRONIC AND RECURRENT DISEASE,** including nystagmus, glaucoma, cataracts, ptosis, corneal disorders, pupillary action, retinal changes and aphakia, are significant in that they usually produce changes in the visual acuity or visual fields.

i. **VISUAL FIELDS**: Recent research demonstrates that intact peripheral vision is important for safe driving. An adequate visual field for an unrestricted passenger license is defined as 90 degrees on the horizontal meridian, 45 degrees to both the right and left, and 20 degrees on the vertical meridian both above and below fixation. Individuals diagnosed with glaucoma, retinitis pigmentosa, post panretinal photocoagulation, stroke, brain tumor, or other conditions which restrict peripheral vision will be required to also submit formal visual field testing using a Goldmann III-4-e object or its equivalent for automated perimetry, such as the Esterman test on the Humphrey perimeter, in order to determine the extent of visual field impairment. A person with a homonymous hemianopsia or a bilateral quadrantanopsia is at increased risk for accidents and is required to be reviewed by the Medical Advisory Board.

CATEGORY I: VISUAL DISORDERS

PRIVATE

Safety Assessment Level	Central Visual Acuity	Peripheral Visual Fields	Vision Statement Required	Interval for Review	License Class and Restrictions
1	20/40 or better in each eye **AND→**	Monocular – 120° in each eye. Binocular – 70° to the right and to the left in the horizontal meridian	No	N/A	Private vehicles
2	20/40 or better in better eye Or both eyes together **AND→**	Monocular – 120° in each eye. Binocular – 60° to the right and left in the horizontal meridian	No	N/A	Private vehicles
3	20/40 or better in better eye Or both eyes together **AND→**	Binocular – 120° total, 60° to both the right and left. Sighted in only one eye	No	N/A	Private vehicles
4	20/40 or better in better eye Or both eyes together **AND→**	Binocular VF - at least 90° total with at least 45° to both the right and left	No	N/A	Private vehicles
5	20/50 to 20/70 in better eye Or both eyes together **AND→**	Binocular VF - at least 90° total, with at least 45° to both the right and left	Yes	2 years	Private vehicles; speed restriction
6	20/80 to 20/100 in better eye Or both eyes together **AND→**	Binocular VF - at least 60° total with at least 30° to the right and left	Yes	1 year	Private vehicles; must pass driving skills test; recommended restrictions of speed, area, and daylight only, to be determined by examiner
7	Special circumstances not covered by any of the above with minimum acuity of at least 20/100 **AND→**	Binocular VF - at least 60° total with at least 30° to the right and left	Yes	As recommended by Medical Advisory Board	As recommended by Medical Advisory Board [a]
8	20/40 or better in better eye Or both eyes together **AND→**	Binocular VF- at least 60° total, with at least 30° to the left. (Includes right homonymous hemianopsia)	Yes	As recommended by Medical Advisory Board	As recommended by Medical Advisory Board a
9	20/40 or better in better eye Or both eyes together **AND→**	Binocular VF- at least 60° total, with at least 30° to the right. (Includes left homonymous hemianopsia)	Yes	As recommended by Medical Advisory Board	As recommended by Medical Advisory Board [a]
10	Worse than 20/100 in the better eye **OR →**	Binocular VF- less than 60°	Yes	N/A	No driving

[a] Left and right side mirrors may be required

CATEGORY I: VISUAL DISORDERS

COMMERCIAL

Safety Assessment Level	Central Visual Acuity	Peripheral Visual Fields	Color Vision	Vision Statement Required	Interval for Review	License Class & Restrictions
1	20/40 or better in each eye **AND →**	Monocular – 120° in each eye. Binocular – 70° to the right and to the left in the horizontal meridian.	Normal	N/A	N/A	Commercial Unlimited
2	20/40 or better in better eye **AND →**	Monocular – 120° in each eye, Binocular – 60° to the right and left in the horizontal meridian	Normal	Yes	2 years	Commercial Intrastate
3	20/40 or better in better eye **AND →**	Binocular – 120° total, 60° to both the right and left. Sighted in only one eye	Normal	Yes	2 years	Commercial Intrastate. Requires prior commercial vehicle experience documentation and MAB approval.
4	20/40 or better in better eye **AND →**	Binocular VF - at least 90° total with at least 45° to both the right and left	Not required	Yes	N/A	No commercial driving
5	20/50 to 20/70 in better eye **AND →**	Binocular VF - at least 90° total, with at least 45° to both the right and left	Not required	Yes	N/A	No commercial driving
6	20/80 to 20/100 in better eye **AND →**	Binocular VF - at least 60° total with at least 30° to the right and left	Not required	Yes	N/A	No commercial driving
7	Special circumstances not covered by any of the above with minimum acuity of at least 20/100 **AND →**	Binocular VF - at least 60° total with at least 30° to the right and left	Not required	Yes	N/A	No commercial driving
8	20/40 or better in better eye **AND →**	Binocular VF- at least 60° total, with at least 30° to the left. (Includes right homonymous defects)	Not required	Yes	N/A	No commercial driving
9	20/40 or better in better eye **AND →**	Binocular VF- at least 60° total, with at least 30° to the right. (Includes left homonymous defects)	Not required	Yes	N/A	No commercial driving
10	Worse than 20/100 **OR →**	Binocular VF less than 60°	N/A	Yes	N/A	No driving

CATEGORY J
MUSCULOSKELETAL ABNORMALITY OR CHRONIC DEBILITY

1. Other categories have been developed to cover most of the more common conditions which may affect driving safety. This category J includes a variety of chronic conditions not readily included elsewhere, which have in common their potential effect upon driving safety. In some of them, medical judgment may be of primary importance in determining limitations on driving, such as osteoporosis or active infectious disease, as they affect the safety of the driver, passengers or other vehicles. In others, the basis for limitation of driving privileges will be the functional motor impairment for the specific acts of operating a vehicle, such as amputations or congenital abnormalities, using compensatory devices as needed.

2. In case of obvious paralysis or absence or abnormality of limbs, etc., an applicant may be required to pass a driving skills test with or without compensatory aids. A safety assessment level may be based on the health care professional's examination and recommendations. For stable conditions, the interval for re-evaluation may be extended to the usual re-licensing interval, but in unstable situations, the health care professional should recommend shorter intervals, depending upon the nature of the problem. No medical confirmation will be needed after the condition has been stable for three years if the health care professional so recommends.

3. Many persons with chronic illness require medications for pain and other symptoms which may interfere with alertness or coordination. Use of such medications should be taken into consideration in assigning a safety assessment level. The individual should be cautioned that they are responsible to refrain from driving when their condition or medications seem to affect driving ability.

4. **COMMERCIAL INTRASTATE DRIVERS**: The health care professional may indicate a safety assessment level for commercial intrastate driving and indicate the need for a driving skills test by checking the driving skills test box at the bottom of the Functional Ability Medical Report form

CATEGORY J: MUSCULOSKELETAL ABNORMALITY OR CHRONIC DEBILITY

PRIVATE

Safety Assessment Level	Musculoskeletal Abnormality	General Debility or Impairment	Medical Report Required	Interval for Review	License Class and Restrictions
1	No history, or full recovery for one (1) year or more	No history or full recovery for one (1) year or more	No	N/A	Private vehicles
2	Mild residual loss of function with or without compensatory device	Mild residual loss of function	Yes	5 years	Private vehicles
3	Moderate loss of function with or without compensating device **First-time assessment level**; condition has changed or become worse in the past five (5) years	Moderate persisting loss of function [a] **First-time assessment level**; condition has changed or become worse in the past five (5) years	Yes	2 years [c]	Private vehicles with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions to be determined by examiner
4	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc. [a b] **First-time assessment level**; condition has changed or become worse in the past five (5) years	Moderate residual loss of function [a] **First-time assessment level**; condition has changed or become worse in the past five (5) years	Yes	1 year [c]	Private vehicles with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions to be determined by examiner
5	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc., need for prosthetic or other device, such as variable weakness, episodes of pain, etc. [a b]	General debility or impairment from cancer, aging, chronic infections such as HIV, malnutrition, chemotherapy, drugs, or other treatment, chronic pain syndromes, etc. [a]	Yes	1 year [c]	Private vehicles; must pass driving skills test on initial safety assessment level; restrictions to be determined by examiner
6	N/A	N/A	N/A	N/A	N/A
7	Circumstances not covered by any of the above or patient under evaluation [a]		Yes	1 year [c]	Private vehicles; special restrictions not covered above, recommended by health care professional
8	Chronic conditions making driving unsafe. Not fully compensated for by restorative devices		Yes	N/A	No driving

[a] Safety Assessment level should be indicated by the health care professional according to their best information and should indicate on the form if a driving test is required
[b] If compensatory devices used or in case of chronic disease
[c] Or as recommended by health care professional according to stability

CATEGORY J: MUSCULOSKELETAL ABNORMALITY OR CHRONIC DEBILITY

COMMERCIAL

Safety Assessment Level	Musculoskeletal Abnormality	General Debility or Impairment	Medical Report Required	Interval for Review	License Class & Restrictions
1	No history or full recovery for one (1) year or more	No history or full recovery for one (1) year or more	No	N/A	Commercial Unlimited
2	Mild residual loss of function with or without compensatory device	Mild residual loss of function	Yes	2 years	Commercial Intrastate with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions to be determined by examiner
3	Moderate loss of function with or without compensating device	Moderate persisting loss of function	Yes	2 years	Commercial Intrastate with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions to be determined by examiner
4	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc. [a]	Moderate residual loss of function	Yes	1 year [b]	Commercial Intrastate with recommendation of health care professional; must pass driving skills test on initial safety assessment level; restrictions to be determined by examiner
5	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc., need for prosthetic or other device, or impairment making extended commercial driving unwise.	General debility or impairment from cancer, aging, chronic infections such as HIV, malnutrition, chemotherapy, drugs, or other treatment, chronic pain syndromes, etc., making extended commercial driving unwise	Yes	1 year [b]	No commercial driving
6	N/A	N/A	N/A	N/A	N/A
7	Circumstances not covered by any of the above or patient under evaluation [a]		Yes	1 year [b]	No commercial driving during evaluation. Special restrictions as recommended by health care professional
8	Chronic conditions making driving unsafe. Not fully compensated for by restorative devices		Yes	N/A	No driving

[a] Safety Assessment Level should be indicated by the health care professional according to their best information and should indicate on the form if a driving test is required

[b] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY K
ALERTNESS OR SLEEP DISORDERS

1. A variety of conditions cause fatigue or sleepiness and may adversely affect attentiveness, concentration and alertness. Consequently, some people with these conditions will have a significant increased risk of having a motor vehicle accident. Examples include primary sleep disorders such as obstructive sleep apnea syndrome and narcolepsy. Other causes include chronic insufficient sleep, shift work, medications, primary central nervous system disorders and psychiatric disturbances. A person may also be inattentive without having hypersomnia but most patients with significant excessive sleepiness are inattentive.

2. The assessment of a person's ability to remain fully attentive can be difficult and requires sensitivity and knowledge of the various conditions that may be present. Symptoms may be non-specific or obviously related to an already diagnosed condition. Some cases may require specialty evaluation by a sleep medicine specialist, neurologist, etc. A few simple questions can usually detect if a person has fatigue or hypersomnia. The Epworth Sleepiness Scale (ESS) has been validated as a reliable method to estimate the presence of excessive sleepiness. Values greater than 10 usually indicate the presence of abnormal sleep tendency but do not identify a specific cause.

3. The ultimate decision to recommend any specific limitations of driving privileges should be determined by the physician's best judgment based upon effectiveness of treatment and adherence to treatment. If the patient is unwilling or unable to use treatment, or if efficacy is in question, there are some tests available in certain facilities which can serve as a guide to a person's attentiveness which may predict an individual's driving risk. The ESS is used only as a guideline to approximate a person's degree of sleep tendency. If the ESS score is >10, further evaluation is probably warranted and the patient should be advised. Scores of >15 clearly indicate serious symptoms and driving should be discouraged until further medical assessment and therapy can be provided.

4. Instructions for use of the Epworth Sleepiness Scale (ESS) and the relative values for scoring are to be found on the following page, which may be copied for office use.

5. There are multiple guidelines published to help determine which drivers should be screened and qualified to drive commercial motor vehicles when they are at risk of, or diagnosed with obstructive sleep apnea. The presence of sleep apnea risk factors and related health consequences including: sleepiness while driving, motor vehicle accidents, treatment adherence and efficacy, all play important roles. A joint task force from Occupational Medicine and Sleep Medicine and the Federal Motor Carrier Safety Administration are the most prominent sources of information. These resources are in the public domain and can be accessed on the web. (Please see references.)

Johns, MW. 1991. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. Sleep 14:540-545.

Findley, LJ, et al. 1995. Vigilance and automobile accidents in patients with sleep apnea or narcolepsy. Chest 108:619-624.

Aldrich, M. 1989. Automobile accidents in patients with sleep disorders. Sleep 12:487-494.

American Thoracic Society. 1994. Sleep apnea, sleepiness and driving risk. AmJ Respir Crit Care Med 150:1463-1473.

Natalie Hartenbaum, Nancy Collop, Ilene M. Rosen, et.al. "Sleep Apnea and Commercial Motor Vehicle Operators: Statement from the Joint Task Force of the American College of Chest Physicians, the American College of Occupational and Environmental Medicine, and the National Sleep Foundation" *Chest* 2006; 130; 902-905.

FMCSA Medical Examiner Handbook.
http://nrcme.fmcsa.dot.gov/mehandbook/MEhandbook.aspx

EPWORTH SLEEPINESS SCALE (ESS)

INSTRUCTIONS: Rate the chance that you would doze off or fall asleep during different, routine, daytime situations. How likely are you to fall asleep in contrast to just feeling tired? Use the following scale to choose the most appropriate number for each situation. Then add the numbers for the total score.

ESS Scale:

0 = Would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

SITUATION	CHANCE OF DOZING (0-3)
Sitting and reading	
Watching television	
Sitting inactive in a public place, for example, a theater or meeting	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch	
In a car, while stopped in traffic	
TOTAL COUNT =	

Category K – Alertness or Sleep Disorders

Private and Commercial Tables on pages 64 and 65

CATEGORY K: ALERTNESS OR SLEEP DISORDERS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review [a]	License Class and Restrictions
1	No past history or problem with alertness, excessive daytime sleepiness in the past two (2) years. ESS score under 6	No	N/A	Private vehicles
2	Problems of alertness or excessive daytime sleepiness (ESS score from 7 to 9) with good response to self-management	Yes	2 years	Private vehicles
3	Mild-to-moderate problems of alertness or excessive daytime sleepiness (ESS score from 10 to 12) with good response to professional management	Yes	1 year	Private vehicles
4	Moderate problems of alertness or excessive daytime sleepiness (ESS score from 13 to 15) symptoms related to time of day	Yes	6 months	Private vehicles; recommended restriction of daylight only
5	Moderate problems of alertness or hypersomnia (ESS score from 13 to 15) with symptoms related to time and circumstances	Yes	6 months	Private vehicles; recommended restrictions of speed, area, and daylight only, to be determined by examiner
6	N/A	N/A	N/A	N/A
7	Severe inattentiveness, hypersomnia (ESS score greater than 15) or under evaluation.	Yes	6 months	Private vehicles; special restrictions as recommended by health care professional
8	Severe inattentiveness or hypersomnia (ESS score greater than 15). Therapy not tried or unsuccessful	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY K: ALERTNESS OR SLEEP DISORDERS

COMMERCIAL

Safety Assessment Level	CIRCUMSTANCES	Medical Report Required	Interval for Review	License Class and Restrictions
1	No past history or problem with alertness, excessive daytime sleepiness in the past two (2) years. ESS score under 6	N/A	N/A	Commercial unlimited
2	Problems of alertness or excessive daytime sleepiness (ESS score from 7 to 9) with good response to self-management	N/A	N/A	Commercial unlimited
3	Mild-to-moderate problems of alertness or excessive daytime sleepiness (ESS score less than 11) with good response to professional management	Yes	1 year [a]	Must meet federal guidelines for OSA
4	Moderate problems of alertness or excessive daytime sleepiness (ESS score from 13 to 15) symptoms partly related to time of day	N/A	N/A	No commercial driving
5	Moderate problems of alertness or hypersomnia (ESS score from 13 to 15)	N/A	N/A	No commercial driving
6	N/A	N/A	N/A	N/A
7	Under evaluation	Yes	6 months	As recommended by health care professional
8	Severe inattentive or hypersomnia (ESS score greater than 15). Therapy not tried or unsuccessful	Yes	N/A	No driving

[a] Or as recommended by health care professional, longer or shorter interval according to stability

CATEGORY L
HEARING AND BALANCE DISORDERS

Drivers of private vehicles: No hearing requirements have been established.

HEARING:

All commercial drivers are required to pass a hearing test. They may be tested either without or with a hearing aid if ordinarily used, and are acceptable if:

a. They perceive a forced whispered voice in the better ear at not less than five feet;
OR,

b. If tested by use of an audiometric device, they do not have an average hearing loss in the better ear greater than 65 decibels at 500 Hz, 1000 Hz and 2000 Hz. (American Standard Z 24.5 - 1951). It is suggested that, if a driver does not pass the whisper test and there is no correctable abnormality such as wax accumulation, arrangements should be made for an audiogram.

BALANCE:

a. For both commercial intrastate and private vehicle operation, certain conditions may have an impact on safe driving. These include chiefly those affecting balance, such as Meniere's disease or other disorders affecting the ear as in various otolaryngological (ENT) conditions. Although a careful history may be adequate to reach conclusions, in some cases special studies may be appropriate.

b. Sudden vertigo (the subjective feeling of movement, either of self or environment, where none is present; may feel like swaying or pushing, but usually feels like spinning) can occur unpredictably in certain disorders of the inner ear and its connections to the brain. This vertigo is often provoked or aggravated by head movements, but may also occur spontaneously.

c. Benign Paroxysmal Positional Vertigo (BPPV) is a common problem affecting balance. Meniere's disease is a rare cause. Infections of the inner ear ("Vestibular Neuronitis" or "Labyrinthitis") are another possible reason for vertigo. When present, the acute or active experience of vertigo usually persists only for minutes at a time, but may be severely incapacitating, with associated nausea, vomiting, poor coordination, difficulty with visual focusing and even syncope (fainting). Repeated experiences of vertigo may occur for periods of days to weeks at a time, during which time driving may not be safe, since movement of the head to look at external or internal rear view mirrors, or to look over a shoulder, may unpredictably trigger sudden vertigo. Special medical tests may be required to evaluate the cause of vertigo and to help decide how best to treat it.

CATEGORY L: HEARING AND BALANCE DISORDERS

PRIVATE

Safety Assessment Level	CIRCUMSTANCES: Hearing Medical Report not required*	CIRCUMSTANCES: Balance	Medical Report Required For Balance only	Interval for Review	License Class and Restrictions
1	N/A	No current or past balance problems	No	N/A	Private vehicles
2	N/A	Mild balance problems or rare episodes	Yes	5 years	Private vehicles
3	N/A	Balance problems or episodes, never incapacitating for driving	Yes	2 years [a]	Private vehicles
4	N/A	Recurring incapacitating episodes, but not in past three (3) months [b]	Yes	1 year [a]	Private vehicles
5	N/A	Recurring incapacitating episodes, but not in past one (1) month [b]	Yes	6 months [a]	Private vehicles
6	N/A	N/A	N/A	N/A	N/A
7	N/A	Special circumstances not listed above or under evaluation	Yes	6 months [a]	Private vehicles; special restriction as recommended by health care professional
8	N/A	Chronic incapacitating balance problems	Yes	N/A	No driving

* **No hearing requirements have been established for Regular Operator license**

[a] Or as recommended by health care professional, longer or shorter interval according to stability

[b] No driving if episodes occur suddenly and without warning

CATEGORY L: HEARING[b] AND BALANCE DISORDERS

COMMERCIAL

Safety Assessment Level	Circumstances: Hearing	Circumstances: Balance	Medical Report Required	Interval for Review	License Class & Restrictions
1	No current or past hearing problems	No current or past balance problems	N/A	N/A	Commercial Unlimited
2	Hearing loss, not requiring a hearing aid	Mild balance problems, such as Meniere's disease and vertigo, or rare episodes	N/A	N/A	Commercial Unlimited
3	Hearing loss requiring a hearing aid	Balance problems or episodes, never incapacitating for driving	N/A	N/A	Commercial Unlimited
4	Hearing loss less than 40 dB (or hears whisper at 5 feet)	Recurring incapacitating episodes, but not in past three (3) months	N/A	N/A	Commercial Unlimited
5	N/A [b]	Recurring incapacitating episodes, but not in past month	Yes	6 months	Commercial Intrastate with health care professional and MAB approval
6	N/A [b]	N/A	N/A	N/A	N/A
7	N/A [b]	Under evaluation or special circumstances not listed above	Yes	6 months [a]	Commercial Intrastate with health care professional and MAB approval
8	N/A [b]	Chronic unpredictable incapacitating balance problems	Yes	N/A	No driving

Hearing to be tested without hearing aids if not used for driving, or with hearing aids if used while driving. If hearing aids were used during testing, they are required while driving.

[a] Or as recommended by health care professional, longer or shorter interval according to stability
[b] Must meet FMCSA criteria for hearing

STATE OF UTAH
DRIVER LICENSE MEDICAL ADVISORY BOARD
2014 EDITION

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