Human Performance Attachment 2 - 2011 Peterbilt Driver's Medical Examination for Commercial Driver Fitness Determination Forms

Cranbury, New Jersey

HWY14MH012

(10 pages)

May Exam

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION Driver completes this section

Emp #

Driver's Name (Last, First, Middle)	Social Security No.		Age	Sex	New Certification / Recertification / Follow-up	Date of Exam
ROPER KEVIN JAMEAL			34	☑ M ☐ F	New Certification ☐ Recertification ☑ Follow-up ☐	5-20-13

		Work Tel: ( ) Home Tel:	Driver License No.	License Class	State of Issue
				☑ A ☐ B ☐ C ☐ D ☐ Other	FLORIDA

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No	
☐	☑	Any illness or injury in the last 5 years?
☐	☑	Head/Brain injuries, disorders or illnesses
☐	☑	Seizures, epilepsy ☐ medication
☐	☑	Eye disorders or impaired vision (except corrective lenses)
☐	☑	Ear disorders, loss of hearing or balance
☐	☑	Heart disease or heart attack; other cardiovascular condition ☐ medication
☐	☑	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)
☐	☑	High blood pressure ☐ medication
☐	☑	Muscular disease
☐	☑	Shortness of breath
☐	☑	Lung disease, emphysema, asthma, chronic bronchitis
☐	☑	Kidney disease, dialysis
☐	☑	Liver disease
☐	☑	Digestive problems
☐	☑	Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin
☐	☑	Nervous or psychiatric disorders, e.g., severe depression
☐	☑	medication
☐	☑	Loss of, or altered consciousness
☐	☑	Fainting, dizziness
☐	☑	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐	☑	Stroke or paralysis
☐	☑	Missing or impaired hand, arm, foot, leg, finger, toe
☐	☑	Spinal injury or disease
☐	☑	Chronic low back pain
☐	☑	Regular, frequent alcohol use
☐	☑	Narcotic or habit forming drug use

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature ______________ Date 5-20-13

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

HX OF SX IN 2007 FOR TENDONITIS (REPAIR) IN LEFT WRIST. ROM INTACT. NO REMAINING ISSUES REPORTED. NO MEDS.

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, ROPER First, KEVIN Middle, JAMEAL

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. ***Monocular drivers are not qualified.***

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 20	20/	Right Eye 85 °
Left Eye	20/ 20	20/	Left Eye 85 °
Both Eyes	20/ 20	20/	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☑ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:
☐ Corrective Lenses

Monocular Vision: ☐ Yes ☑ No

Complete next line only if vision testing is done by an opthalmologist or optometrist

Date of Examination | Name of Ophthalmologist or Optometrist (print) | Tel. No. | License No./ State of Issue | Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB
☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right ear	Left Ear
	5 Feet	5 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)	Right Ear			Left Ear		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
	Average:			Average:		

5. BLOOD PRESSURE/ PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	139	89

Driver qualified if ≤140/90.

Pulse Rate: ☑ Regular ☐ Irregular

Record Pulse Rate: 70

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤140/90
≥180/110	Stage 3	6 months from date of exam if ≤140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
	1.030	(–)	(–)	(–)

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.
Other Testing (Describe and record)

7. PHYSICAL EXAMINATION Height: 71 (in.) Weight: 216 (lbs.) Name: Last, ROPER First, KEVIN Middle, JAMEAH

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		✓
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		✓
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		✓
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.		✓
7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
8. Vascular System	Abnormal pulse and amplitude, cartoid or arterial bruits, varicose veins.		✓
9. Genito-urinary System	Hernias.		✓
10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficicent grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		✓
12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinki's reflexes, ataxia.		✓

*COMMENTS: ______

Note certification status here. See Instructions to the Medical Examiner for guidance.

- ☑ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☐ Meets standards, but periodic monitoring required due to ______
  Driver qualified only for: ☐3 months ☐6 months ☐1 year ☐ Other

Temporarily disqualified due to (condition or medication): ______

Return to medical examiner's office for follow up on ______

- ☐ Wearing corrective lense
- ☐ Wearing hearing aid
- ☐ Accompanied by a ______ waiver/ exemption. Driver must preser exemption at time of certification.
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's signature ______
Medical Examiner's name Regina L. Bayla, DC
Address 4985 Hoffner Ave. Suite 2 Orlando, FL 32812
Telephone Number 407.859.1880

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

ALL WRITTEN OR PRINTED INFORMATION MUST BE LEGIBLE

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651-FS-L2

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined KEVIN ROPER in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a ________ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	DATE 5/20/13
MEDICAL EXAMINER'S NAME (PRINT) REGINA L. BAYLA	☐ MD ☐ DO ☑ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE	
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO. / STATE FL
MEDICAL CERTIFICATE EXPIRATION DATE 5/20/15	

N: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

December Exam

Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION Driver completes this section.

Driver's Name (Last, First, Middle)	Social Security No.	Birthdate	Age	Sex		Date of Exam
ROPER KEVIN JAMEAL	[redacted]	[redacted]	34 35	☒ M ☐ F	☒ New Certification ☐ Recertification ☐ Follow Up	12/6/13
[redacted]	Work Tel: ( ) Home Tel: [redacted]		Driver License No. [redacted]		License Class ☒ A ☐ B ☐ C ☐ D ☐ Other	State of Issue FL

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No		Yes	No		Yes	No	
☐	☑	Any illness or injury in the last 5 years?	☐	☑	Lung disease, emphysema, asthma, chronic bronchitis	☐	☑	Fainting, dizziness
☐	☑	Head/Brain injuries, disorders or illnesses	☐	☑	Kidney disease, dialysis	☐	☑	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐	☑	Seizures, epilepsy ☐ medication ___	☐	☑	Liver disease	☐	☑	Stroke or paralysis
☐	☑	Eye disorders or impaired vision (except corrective lenses)	☐	☑	Digestive problems	☐	☑	Missing or impaired hand, arm, foot, leg, finger, toe
☐	☑	Ear disorders, loss of hearing or balance	☐	☑	Diabetes or elevated blood sugar controlled by: ☐ diet ☐ pills ☐ insulin	☐	☑	Spinal injury or disease
☐	☑	Heart disease or heart attack; other cardiovascular condition ☐ medication ___	☐	☑	Nervous or psychiatric disorders, e.g., severe depression ☐ medication ___	☐	☑	Chronic low back pain
☐	☑	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)	☐	☑	Loss of, or altered consciousness	☐	☑	Regular, frequent alcohol use
☐	☑	High blood pressure ☐ medication ___				☐	☑	Narcotic or habit forming drug use
☐	☑	Muscular disease						
☐	☑	Shortness of breath						

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature [redacted] Date 12-6-13

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

D/W 8[illegible]

Meds ∅

∅ smoke

2007: (L) wrist tendon release (radial) — ∅ [illegible]

Denies any other PMH / PSH or major injury

CONFIDENTIAL PERSONAL INFORMATION

Wal-Mart Stores, Inc.

Occp Health 3027364332

WM2014-014859C002111

4/6 12-06-2013 15:19:37 Occp Health 3027364332

Wal-Mart Stores, Inc.

WM2014-014859C002112

CONFIDENTIAL PERSONAL INFORMATION

TESTING (Medical Examiner completes Section 3 through 7)

Name: Last, First, Middle,

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: *When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious.* **Monocular drivers are not qualified.**

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION	
Right Eye	20/ 15	20/	Right Eye	130 °
Left Eye	20/ 13	20/	Left Eye	130 °
Both Eyes	20/ 13	20/		

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? 14 OUT OF 14 ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing: ☐ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination | Name of Ophthalmologist or Optometrist (print) | Tel. No. | License No./State of Issue | Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: *To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.*

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear \Feet	Left Ear \Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)	Right Ear 500 Hz	Right Ear 1000 Hz	Right Ear 2000 Hz	Left Ear 500 Hz	Left Ear 1000 Hz	Left Ear 2000 Hz
	5	5	0	5	5	5
	Average: 3.3			Average: 5		

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded. Medical examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	138	81

Driver qualified if ≤ 140/90.

Pulse Rate: ☐ Regular ☐ Irregular

Record Pulse Rate: 62

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤ 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤ 140/90
≥ 180/110	Stage 3	6 months from date of exam if ≤ 140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST

Urinalysis is required. Protein, blood or sugar rule out any underlying medical problem. Other Testing *(Describe and record)*

Patient: Kevin Roper Date 12/6/13 Test By: DL **URINALYSIS** Chart No. MICROSCOPIC

VOID ☒	Turbid ☐	Color	Leuk	Nitrite	Urobili	Prot	pH	Blood	Sp. Gr.	Ketone	Bili	Gluc
CC ☐	Clear ☒	yellow	NEG	NEG	0.2 (0.2-1.0)	NEG	6.0 (4.5-8.0)	NEG	1.025 (1.005-1.035)	NEG	NEG	NEG
CATH ☐	Hazy ☐											

BMI 31

7. PHYSICAL EXAMINATION

Height: 69 (in.) Weight: 209 (lbs.) Name: Last, ______ First, ______ Middle, ______

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See Instructions to the Medical Examiner for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		✓
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		✓
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		✓
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		✓
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		✓
6. Lungs and chest, not including breast examination.	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		✓
7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		✓
8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		✓
9. Genito-urinary System	Hernias.		✓
10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		✓
11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		✓
12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		✓

*COMMENTS: Normal exam — St. ... —

Note certification status here. See Instructions to the Medical Examiner for guidance.

- ☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☐ Meets standards, but periodic monitoring required due to ______
  Driver qualified only for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other
- ☐ Temporarily disqualified due to (condition or medication): ______
  Return to medical examiner's office for follow up on ______

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a ______ waiver/exemption. Driver must present exemption at time of certification.
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature [redacted]

Medical Examiner's Name SAJJAD SAVUL MD

Address ______ Bayhealth Occupational Health
1275 S. State Street
Dover, DE 19901

Telephone Number ______ (302) 678-1303

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver mu... ...le.)

CONFIDENTIAL PERSONAL INFORMATION

Wal-Mart Stores, Inc.

WM2014-014859C002113

5/6 12-06-2013 15:19:56 Occp Health 3027364332