

Records Retention Change Comparison		Agency: C980000	Schedule: 7 Vs. 8	Page #:1 of 3
Department:	COUNTY WELFARE DEPARTMENTS & BOARD OF SOCIAL SERVICES	Agency Representative:	007 - J. SEGAL-MURPHY 008 - Jeanette Page-Hawkins	
Division:		Title:	007 - 008 - Director, Division Of Family Development	
Bureau:		Phone #:	007 - 008 -	
Status		New #	Modified #	Retired #
007 - Published 008 - Accepted by Agency		1	6	0
				31

New Record Series

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
0625-0000	Verification Documents --- Documents used to determine clients' eligibility. Includes but not limited to: Drivers License, Birth Certificate, Tax Return, Pay Stub, etc.	X					6 Years		Destroy	

Modified Record Series

Record Series #	Record Title and Description	Changes Made
0150-0000	Case File --- Files kept referring to clients of the County Welfare Department and Board of Social Services. File may include but is not limited to: applications, eligibility documentation, benefit computation work papers, and supporting documentation.	Title Changed Description Changed Retention 007 - 3 Years After final payment 008 - 6 Years
0600-0004	Case File—Emergency Assistance (Title Changed Description Changed

Records Retention Change Comparison		Agency: C980000	Schedule: 7 Vs. 8	Page #:2 of 3
		Retention 007 - 6 Years After termination of contract, final payment, action or recovery of final assistance or receipt 008 - 6 Years		
0600-0006	Case File – Temporary Assistance To Needy Families (TANF)/Child Welfare/Social Services	Title Changed Description Changed Retention 007 - 6 Years After termination of contract, final payment, action or recovery of final assistance or receipt 008 - 6 Years		
0600-0007	Case File – Medical Case Record- Application And Supporting Documentation - All Programs Administered By Medical Assistance & Health Services --- Includes: Application, supporting documentation for eligibility, and background information for eligibility.	Title Changed Description Changed Retention 007 - 6 Years After case closed 008 - 6 Years		
0605-0000	Food Stamp Employability Training Program File --- Consists of documentation relating to Food Stamp Employability Training Program.	Title Changed Description Changed Retention 007 - 6 Years After final action 008 - 6 Years		

STATE OF NEW JERSEY



COUNTY WELFARE DEPARTMENTS & BOARD OF SOCIAL SERVICES

C980000-008

Department:	COUNTY WELFARE DEPARTMENTS & BOARD OF SO	Agency Representative:	Jeanette Page-Hawkins
Division:		Title:	Director, Division Of Family Development
Bureau:		Phone #:	609-588-2400

SCHEDULE APPROVAL: Unless in litigation, the records covered by this schedule, upon expiration of their retention periods, will be deemed to have no continuing value to the State of New Jersey and will be disposed of as indicated in accordance with the law and regulations of the State Records Committee. This schedule will become effective on the date approved by the State Records Committee.

Agency Representative Signature:	Date:	Secretary, State Records Committee Signature:	Date:
<i>Jeanette Page-Hawkins</i>	5/13/13	<i>Michael J. ...</i>	7/18/13

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
Food Stamp Program										
0150-0000	Case File — Files kept referring to clients of the County Welfare Department and Board of Social Services. File may include but is not limited to: applications, eligibility documentation, benefit computation work papers, and supporting documentation.	X				P	3 Years		Destroy	
0152-0000	Subsidiary Control Of Food Stamp Identification Cards (FSP-957) — Consists of a listing of a food stamp identification cards issued, date, case-number, and name. Cards are issued monthly	X				P	3 Years After closing unless in litigation		Destroy	
Fraud Investigation Unit										
0200-0000	Fraud Investigation File	X				P	6 Years After all findings are resolved		Destroy	
0205-0000	Income And Eligibility Verification System (IEVS) Management Reports Destruction Log — Consists of a log that indicates date of destruction, type of data/report, time period covered, and method of destruction. Used for IRS 1099 and SSA Wage Reports/data	X				P	Permanent		Retain at Agency	

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
Income Maintenance - Property And Resources										
0251-0000	Funeral File	X				P	6 Years After final payment		Destroy	
0252-0000	Foreclosure And Bankruptcy File	X				P	7 Years After final action		Destroy	
0253-0000	Recoupment Cards	X				P	6 Years After final action or After final payment		Destroy	
0254-0000	Supplemental Security Incomes - Billings	X				P	6 Years		Destroy	
0255-0000	Inquiry Form --- An Inquiry Form is created whenever a potential client inquiries about program eligibility. It is used to obtain basic information which benefit the interviewer at the time of application.	X				P	3 Years		Destroy	
Records										
0405-0000	Input Document --- Includes but not limited to: copies of DIMS related faxes	X				P	3 Years		Destroy	
0600-0000	Case File --- Files kept referring to clients of the County Welfare Department and Board of Social Services. File may include but is not limited to: applications, eligibility documentation, benefit computation workpapers, and supporting documentation.									

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
0600-0002	Case File—Child Support	X				P	4 Years After final agency or court action, influenced the assistance or final payment, whichever is later		Destroy	
0600-0003	Case File—Job Training	X				P	6 Years After final agency or court action, influenced the assistance or final payment, whichever is later		Destroy	
0600-0004	Case File—Emergency Assistance (Approved)	X				P	6 Years		Destroy	
0600-0005	Case File—Emergency Assistance (Denied)	X				P	6 Years		Destroy	
0600-0006	Case File – Temporary Assistance To Needy Families (TANF)/Child Welfare/Social Services	X				P	6 Years		Destroy	
0600-0007	Case File – Medical Case Record-Application And Supporting Documentation - All Programs Administered By Medical Assistance & Health Services --- Includes: Application, supporting documentation for eligibility, and background information for eligibility.	X				P	6 Years		Destroy	

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
0601-0000	Inquiry Form --- Inquiry is complete whenever a potential client inquires about program eligibility. Used to obtain basic information which benefits the interviewer at the time of application.	X				P	3 Years		Destroy	
0602-0000	Opportunity To Register To Vote Form	X				P	2 Years		Destroy	
0603-0000	Monthly Assistance Rolls And Related Financial Records	X				P	6 Years		Destroy	
0605-0000	Food Stamp Employability Training Program File --- Consists of documentation relating to Food Stamp Employability Training Program.	X				P	6 Years		Destroy	
0606-0000	Service File --- Includes: Application, Data Summary Sheets and correspondence. If assistance is provided, file is transferred into the Emergency Assistance (Approved) file.	X				P	3 Years Provided No Emergency Assistance Provided		Destroy	
0607-0000	Social Services—Boarding Home Complaint File	X				P	6 Years After File Is Closed		Destroy	
0608-0000	Early Periodic Screening Diagnosis And Treatment (EPSDT) Report	X				P	3 Years		Destroy	
0609-0000	Information And Referral Log Sheet	X				P	3 Years After last entry		Destroy	
0613-0000	Training Reports And Requests --- Report of training activities given each month to the Department of Human Services, Division of Family Development for cost allocation purposes.	X				P	3 Years		Destroy	
0614-0000	Transmittal Letter For Check Replacement	X				P	6 Years		Destroy	

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
0615-0000	Credit And Redeposit Notice --- Includes: New Hire Report.	X				P	6 Years		Destroy	
0618-0000	Electronic Benefits Transfer (EBT) Card Log Book – Issued EBT Cards --- Consists of: Daily log of cards issued, cancelled, damaged, etc. As cards are issued each card is logged and the recipient of the card signs the log to acknowledge receipt of the card. Damaged, cancelled or otherwise unusable cards are noted as such.	X				P	3 Years After final entry		Destroy	
0619-0000	Electronic Benefits Transfer (EBT) Card Log Book – Returned EBT Cards --- Consists of: Daily log of EBT cards returned in the mail showing the date received from the mail room, card status, and verifying that card was deactivated if received in active status.	X				P	1 Years After final entry		Destroy	
0620-0000	General Assistance Program	X								
0620-0001	General Assistance Program - General Assistance Case File --- Includes: Application and Affidavit for Public Assistance (WFNJ-1J) and other related forms, documents and correspondence regarding determination, redetermination, denial or change in General Assistance benefits. In addition to forms and documentation relative to the cash assistance program includes the Emergency Assistance program and other programs that support GA clients to end welfare dependency.	X				P	6 Years		Destroy	
0620-0002	General Assistance Program - Fiscal Reports --- Includes: Financial Reports submitted to the Department of Human Services, Division of Family Development, including: Monthly Report of GA Commitments (WFNJ/GA-6), Statement of Refunds (WFNJ/GA-12) and Quarterly and Annual Financial Report (WFNJ/GA-535Q and WFNJ/GA-535A)	X				P	6 Years		Destroy	

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
0620-0003	General Assistance Program - Interim Assistance Program --- Authorization for Reimbursement of General Assistance from Initial SSI Payment WFNJ/GA-30, Agreement to Repay Assistance for Initial SSI Payment WFNJ/GA-30A, Net amount Due Client from SSI Payment WFNJ/GA-31.	X				P	6 Years		Destroy	
0621-0000	Management Reports And System Reports (Copy) --- Original reports are maintained by Department of Human Services, Division of Family Development on I Acquire System for 7 years.	X				P	Periodic review		Destroy	
0622-0000	Income And Eligibility Verification System (IEVS) Reports File --- Reports pertaining to county investigations to identify ineligible recipients and determine if fraud was involved. If a client was not eligible or overpaid, benefits are recalculated and the amounts overpaid are recovered. Note: IRS 1099 and SSA Wage Management Report forms must be destroyed in accordance with Federal Government guidelines and witnessed by an agency representative. These documents may not be released to a private contractor.	X				P	5 Years After All Audit Findings Are Resolved		Destroy	
0623-0000	Federal Treasury Offset Program (TOP) File --- The TOP set-off/offset program prevents an individual or business from receiving payment from the Federal Government while owing money to either Federal or State Government. It is a reciprocal agreement between the State of New Jersey and the Federal Government which match tax and non-tax debt against payments due to a contract vendor.									
0623-0001	Federal Treasury Offset Program (TOP) File – Program Audit --- File contains policies and supporting documentation for program audit and review purposes.	X				P	3 Years		Destroy	

Record Series #	Record Title and Description	Audit	Alternate Media	Archival Review	Vital Record	Confidential	Retention Policy		Disposition	Citation
							Total Retention Period	Minimum Period in Agency		
0623-0002	Federal Treasury Offset Program (TOP) File – Financial And Violation Records --- File includes financial documents pertaining to each client and if any violations had occurred against them.	X				P	6 Years From Date Of Fiscal Or Administrative Closure		Destroy	
0624-0000	State Set-Off Individual Liability (SOIL) Program File --- The SOIL set-off/offset program prevents an individual or business from receiving payment from State Government while owing money to either Federal or State Government. SOIL withholds personal NJ Gross Income Tax Refunds, Saver Rebates, and Homestead Rebates from taxpayers who have State and/or Federal tax and non-tax debt.									
0624-0001	State Set-Off Individual Liability (SOIL) Program File – Program Audit Records --- File contains policies and supporting documentation for program audit and review purposes.	X				P	3 Years		Destroy	
0624-0002	State Set-Off Individual Liability (SOIL) Program File – Financial And Violation Records --- File includes financial documents pertaining to each client and if any violations had occurred against them.	X				P	6 Years From Date Of Fiscal Or Administrative Closure		Destroy	
0625-0000	Verification Documents --- Documents used to determine clients' eligibility. Includes but not limited to: Drivers License, Birth Certificate, Tax Return, Pay Stub, etc.	X					6 Years		Destroy	

Perry, Vilirie

Explanation

From: Audrey Nicastro <Audrey.Nicastro@dhs.state.nj.us>
Sent: Tuesday, September 04, 2012 1:32 PM
To: Perry, Vilirie
Subject: Items to be Included in DDS' Records Retention Schedule

Vilirie,

This is to request that two more items be included in DHS/DDS' records retention schedule (schedule # S540370).

The items are files for the Nurse Delegation Program, which no longer exists. This program was an extension of the Personal Care Assistant (PCA) program. Once someone was on PCA they could then participate in the Nurse Delegation program where a nurse would delegate some of the nursing duties to a Certified Health Aide.

The files are client files (nursing records) that are either active or inactive.

If you have any questions, please let me know.

Thank you,
Audrey Nicastro

Audrey Nicastro, Executive Secretarial Assistant
Division of Disability Services
Office of Home & Community Services
PO Box 700
Trenton, NJ 08625
Phone: 609-292-4800
Fax: 609-984-2782

This E-mail, including any attachments, may be intended solely for the personal and confidential use of the sender and recipient(s) named above. This message may include advisory, consultative and/or deliberative material and, as such, would be privileged and confidential and not a public document. Any Information in this e-mail identifying a client of the Department of Human Services is confidential. If you have received this e-mail in error, you must not review, transmit, convert to hard copy, copy, use or disseminate this e-mail or any attachments to it and you must delete this message. You are requested to notify the sender by return e-mail.

Records Retention and Disposition Schedule Amendment

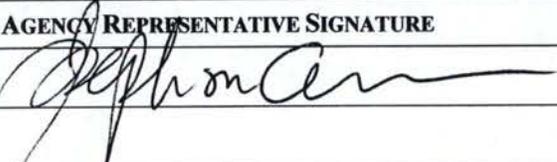
DEPARTMENT: Human Services	AGENCY # S542101
DIVISION: Disability Services	SCHEDULE # 002
BUREAU: Office of Home and Community	PAGE # 1 OF 1

Agency Level Amendments

Former Agency Name (Department/Division/Bureau)	Human Services, Division of Disability Services, Office of Home and Community
Former Agency Number	S540370

Records Series Level Amendments

Record Series #	Record Series Name	Type of Change	Former Designation (if applicable)	New Designation (if applicable)
0007-0000	Nurse Delegation Files	New		

RECORDS RETENTION AND DISPOSITION SCHEDULE		AGENCY # S542101	SCHEDULE # 002	PAGE # 1 OF 1
DEPARTMENT	Human Services	AGENCY REPRESENTATIVE: Joseph Amoroso		
DIVISION:	Disability Services			
BUREAU:	Office of Home and Community Services	PHONE #: 609-631-2455		
<p>SCHEDULE APPROVAL: Unless in litigation, the records covered by this schedule, upon expiration of their retention periods, will be deemed to have no continuing value to the State of New Jersey and will be disposed of as indicated in accordance with the law and regulations of the State Records Committee. This schedule will become effective on the date approved by the State Records Committee.</p>				
AGENCY REPRESENTATIVE SIGNATURE		DATE:	SECRETARY, STATE RECORDS COMMITTEE SIGNATURE	DATE:
		3/20/13		7/18/13

RECORDS SERIES #	RECORD TITLE & DESCRIPTION	RETAIN IN		DISPOSITION
		AGENCY	SRC OR CRC	
	<p style="text-align: center;">Acknowledgement</p> <p>Please review the attached Records Retention Schedule, making any additions, deletions or changes as necessary. Once the schedule has met your satisfaction, please sign this page as the agency representative. With this signature, you acknowledge that you have reviewed and approved this schedule. Please be advised that changes may subsequently be suggested/made to this schedule by a panel of Records Analysts at the State Records Center. If revisions are suggested/made, you will be notified of such. The schedule will then be presented to the State Records Committee for final approval.</p> <p style="text-align: center;">Management of Electronic Records</p> <p>This records retention schedule includes records series which are maintained in an electronic format. In the normal course of business, the agency will take the necessary actions to ensure: hardware and software maintenance, backup procedures, security measures, and compliance with the rules and regulations pertaining to the maintenance of public records. Any reference made herein to the process of data erasure means the process of data degaussing.</p>			

RECORDS RETENTION AND DISPOSITION SCHEDULE	AGENCY # S542101	SCHEDULE # 002	PAGE # 2 OF 3
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0001-0000	Waiver Files Files of specific program applications and administration for individuals who qualify for Medicaid Services only through disability waiver.			
0001-0001	Waiver Files – ACCAP (Aides Community Care Alternative Program) Files may include program applications, CP-5 forms (community provider details), need certifications, care assessment forms, incident reports, client complaints, client problems, care plans, diagnosis reports, address & contact information, and change of address forms.	2 yrs after termination from program	3 yrs	Destroy
0001-0002	Waiver Files – CRDP (Community Resources for People with Disabilities) – with or without PDN (Private Duty Nursing) Files may include program applications, CP-5 forms, need certifications, care assessment forms, incident reports, client complaints, client problems, care plans, patient medical information, diagnosis reports, address & contact information, and change of address forms.	2 yrs after termination from program	3 yrs	Destroy
0001-0003	Waiver Files – TBI (Traumatic Brain Injury) Files may include program applications, CP-5 forms, need certifications, care assessment forms, incident reports, client complaints, client problems, care plans, neuro-psychiatric evaluations, medical reports, diagnosis reports, address & contact information, and change of address forms.	2 yrs after termination from program	3 yrs	Destroy
0001-0004	Waiver Files – Disapproved Files include application, need certification, review paperwork, and disapproval notices for individuals who were denied waivers into any DDS waiver program.	1 yr after disapproval	2 yrs	Destroy
0002-0000	Personal Care Assistance Files Files of approvals for broad spectrum services for individuals who have already qualified for Medicaid Services.			
0002-0001	Personal Care Assistance Files – Approved Files may include applications, authorization forms, beneficiary assessments, home visit reports and patient medical information.	2 yrs after termination from program	3 yrs	Destroy
0002-0002	Personal Care Assistance Files – Denied Files include applications, review material, and disapproval notices.	1 yr after disapproval	2 yrs	Destroy
0003-0000	Fair Hearings Fair hearings are appeals cases for those individuals denied waiver applications or personal care assistance. The hearings are adjudicated by the Office of Administrative Law. Files may include original application, denial of service, OAL correspondence, mediation reports, and final decisions.	20 yrs after closed		Destroy

RECORDS RETENTION AND DISPOSITION SCHEDULE	AGENCY # S542101	SCHEDULE # 002	PAGE # 3 OF 3
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0004-0000	<p>Provider Enrollment Files These files document information about the third party providers of the service programs monitored by the agency. They may include applications, Medicaid payer and financial route information, correspondence, audit reports, confirmation letters, accreditation reports, legal reporting responsibilities, change of ownership or address, and contact information.</p>	4 yrs after cessation of enrollment	3 yrs	Destroy
0005-0000	<p>Administrative Program Files Files that provide for the summary description and administration of agency programs. Files include program descriptions, protocols, applications, financial reports, and quality control summaries.</p>	5 yrs	5 yrs	Destroy
0006-0000	<p>Evidentiary Report Files These files provide quality oversight data and periodic summary reports that substantiate the health and safety standards of the agency's program administration and its participants. Files include Quality Management Unit reports (copies), program statistics, audit reports, quarterly summaries of the minutes of the Total Quality Management Team (copies), licensee reports, and unusual incident reports.</p>	5 yrs	5 yrs	Destroy
0007-0000	<p>Nurse Delegation Files This program is an extension of the Personal Care Assistant (PCA) Program. Once a client of the PCA program, a nurse can delegate some of the nursing duties to a Certified Health Aide. Files may include, but not limited to: Active Client files, Inactive Client Files, Administrative Files, etc.</p>	2 yrs from termination of program	3 yrs	Destroy

Perry, Vilirie

Explanation for change

From: Saida Jeudy <Saida.Jeudy@dot.state.nj.us>
Sent: Friday, May 03, 2013 3:43 PM
To: Perry, Vilirie
Cc: Fred Terranova; MVCRM
Subject: Fwd: Bus Physical Retention - Retention Schedule S790502
Attachments: Amendment form S790502-002 MVC C and S Bus ApplicationDR rev Saida.DOC;
S790502-002 MVC, Compliance and Safety, Driver Review - Bus A_rev Saida.DOC

Hi Vilirie,

I have updated the amendment and the schedule. Also, the explanation is attached below. Thanks.

Saida Jeudy
Administrative Analyst
Office of Records Management
Facilities and Support Services
New Jersey Motor Vehicle Commission
225 E. State St 5 West
P.O. Box 128
Trenton, NJ 08666-0128
609-292-5348

>>> On Friday, May 03, 2013 at 3:32 PM, Gina Sine <Gina.Sine@dot.state.nj.us> wrote:

Saida,

Is this what you are looking for?

The Bus Physical is valid (good) for two years. CDL drivers who have a passenger endorsement are required to submit updated physicals every two years and must present a valid physical at the time of their CDL license renewal.

A valid Bus Physical needs to be retained for two years so that staff can retrieve it should a bus driver's physical qualifications come into question.

Gina M. Sine, Manager
Driver Review
NJ Motor Vehicle Commission
225 E. State Street
Trenton, NJ 08666
609-292-4905

Perry, Vilirie

EVENT CODES

From: Saida Jeudy <Saida.Jeudy@dot.state.nj.us>
Sent: Monday, June 24, 2013 3:31 PM
To: Perry, Vilirie
Subject: Fwd: Events codes related to Bus Application (Passenger endorsement)

Vilirie,

Per your request, see below.

Saida Jeudy
Administrative Analyst
Office of Records Management
Facilities and Support Services
New Jersey Motor Vehicle Commission
225 E. State St 5 West
P.O. Box 128
Trenton, NJ 08666-0128
609-292-5348

>>> On Monday, June 24, 2013 at 2:58 PM, Gina Sine <Gina.Sine@dot.state.nj.us> wrote:

Saida,

The following is a list of event codes associated with the passenger endorsement application:

DVR M APPR - Bus Physical
DVR M FING - Fingerprint code
DRT M CASE - captures the declaration flyer and other info associated with Bus Application
DVR M FPSB - This code reflects the fingerprint event code for school bus drivers (S endorsement) under the Department of Education jurisdiction.
DVR M SNDE - This event code is used for a school bus driver who works for a private school bus company and is not under the Department of Education's jurisdiction.

Gina M. Sine, Manager
Driver Review
NJ Motor Vehicle Commission
225 E. State Street
Trenton, NJ 08666
609-292-4905



**New Jersey
Motor Vehicle Commission**

Bus Application Unit

STATE OF NEW JERSEY

<<< ATTENTION PHYSICIANS AND BUS DRIVERS >>>

The Motor Vehicle Commissions requires that a complete, legible Medical Examination Report be submitted every two years for commercial drivers maintaining a passenger endorsement.

To avoid processing delays of your passenger endorsement application or suspension of your passenger endorsement, *all fields on the Medical Examination Report must be fully completed.*

Incomplete Medical Examination Reports may be rejected and could result in the suspension of your passenger endorsement.

CHECKLIST

- SECTIONS 1-7 COMPLETE
- DRIVER'S SIGNATURE
- MEDICAL EXAMINER SIGNATURE, ADDRESS & PHONE NO.
- DATE OF PHYSICAL

MAIL TO:

NJ Motor Vehicle Commission
Driver Review Bus Application Unit
PO Box 127
Trenton, NJ 08666

For further assistance, contact the MVC Bus Application Unit by phone at (609) 292-7500 ext. 5039.

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION <small>Driver completes this section</small>						
Driver's Name (Last, First, Middle)	Social Security No.	Birthdate M / D / Y	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow-up <input type="checkbox"/>	Date of Exam
Address	City, State, Zip Code	Work Tel: ()	Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue	
		Home Tel: ()				

2. HEALTH HISTORY <small>Driver completes this section, but medical examiner is encouraged to discuss with driver.</small>																																																																																																																										
<table style="width: 100%;"> <tr><th style="text-align: left;">Yes</th><th style="text-align: left;">No</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Any illness or injury in the last 5 years?</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Head/Brain injuries, disorders or illnesses</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Seizures, epilepsy</td></tr> <tr><td></td><td><input type="checkbox"/> medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Eye disorders or impaired vision (except corrective lenses)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Ear disorders, loss of hearing or balance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Heart disease or heart attack; other cardiovascular condition</td></tr> <tr><td></td><td><input type="checkbox"/> medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">High blood pressure <input type="checkbox"/> medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Muscular disease</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Shortness of breath</td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in the last 5 years?		<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses		<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy			<input type="checkbox"/> medication _____	<input type="checkbox"/>	<input type="checkbox"/>	Eye disorders or impaired vision (except corrective lenses)		<input type="checkbox"/>	<input type="checkbox"/>	Ear disorders, loss of hearing or balance		<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or heart attack; 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<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p>																																																																																																																										

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 _____

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.)

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/	Right Eye <input type="checkbox"/>
Left Eye	20/	20/	Left Eye <input type="checkbox"/>
Both Eyes	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 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 \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 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 \ Feet	Left Ear \ 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
----------------	----------	-----------

Driver qualified if \leq 140/90.

Pulse Rate: Regular Irregular

Record Pulse Rate: _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if \leq 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 \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
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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: _____ (In.) Weight: _____ (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	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.			7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
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.			8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.			9. Genito-urinary System	Hernias.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.			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.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
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.			12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski'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

- Wearing corrective lense
- 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

Temporarily disqualified due to (condition or medication): _____

Medical Examiner's signature _____
 Medical Examiner's name _____
 Address _____
 Telephone Number _____

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

49 CFR 391.41 Physical Qualifications for Drivers

THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 9-11 hours and then have at least a 10-hour off-duty period), straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods.)

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns, adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise, and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s).

In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

§391.45 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a) A person shall not drive a commercial motor vehicle unless he is physically qualified to do so and, except as provided in §391.67, has on his person the original, or a photographic copy, of a medical examiner's certificate that he is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a motor vehicle if that person:

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.

(2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE Certificate pursuant to §391.49.

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his ability to control and drive a commercial motor vehicle safely.

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his ability to operate a commercial motor vehicle safely.

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his ability to control and operate a commercial motor vehicle safely.

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely;

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber;

(11) First perceives a forced whispered voice in the better ear not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing device when the audiometric device is calibrated to the American National Standard (formerly ASA Standard) Z24.5-1951;

(12) (i) Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: (A) Is familiar with the driver's medical history and assigned duties; and (B) Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and

(13) Has no current clinical diagnosis of alcoholism.

INSTRUCTIONS TO THE MEDICAL EXAMINER

General Information

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, **The Driver's Role**.

In addition to reviewing the **Health History** section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the conditions to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license. The certificate must be dated. **Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring.** In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. Contact the FMCSA at (202) 366-1790 for further information (a vision exemption, qualifying drivers under 49 CFR 391.64, etc.).

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in italics and it's reference by section is highlighted.

Federal Motor Carrier Safety Regulations -Advisory Criteria-

Loss of Limb: §391.41(b)(1)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no loss of a foot, leg, hand or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

Limb Impairment: §391.41(b)(2)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or (iv) Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49.

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the Skill Performance Evaluation Certification Program pursuant to section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment modifications have been developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

Diabetes

§391.41(b)(3)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma or insulin shock).

The administration of insulin is, within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations, such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the dangers, the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-1790 for an application for a diabetes exemption.

(See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at:
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Cardiovascular Condition

§391.41(b)(4)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse or congestive cardiac failure.

The term "has no current clinical diagnosis of" is specifically designed to encompass: "a clinical diagnosis of" (1) a current cardiovascular condition, or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be

accompanied by is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse or congestive cardiac failure; and/or (2) which is likely to cause syncope, dyspnea, collapse or congestive cardiac failure.

It is the intent of the FMCSRs to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus, not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. The FMCSA should be contacted at (202) 366-1790 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Cardiovascular Advisory Panel Guidelines for the Medical examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Respiratory Dysfunction

§391.41(b)(5)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy. Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

(See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Hypertension

§391.41(b)(6)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of high blood pressure likely to interfere with ability to operate a commercial motor vehicle safely.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease, is present. This regulatory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (1997).

Stage 1 hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered Stage 2 hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered Stage 3, high risk for an acute BP-related event. The driver may not be qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at recheck BP is 140/90 or less.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes nonpharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages. Evaluation is warranted if patient is persistently hypertensive

Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic disease.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease §391.41(b)(7)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following: (1) the nature and severity of the individual's condition (such as sensory loss or loss of strength); (2) the degree of limitation present (such as range of motion); (3) the likelihood of progressive limitation (not always present initially but may manifest itself over time); and (4) the likelihood of sudden incapacitation. If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued. (See Conference on Neurological Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

epilepsy

§391.41(b)(8)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified: (1) a driver who has a medical history of epilepsy; (2) a driver who has a current clinical diagnosis of epilepsy; or (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonepileptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause loss of consciousness or loss of ability to control a motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6 month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver has a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition and has no existing residual complications, and not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication and seizure-free for 10 years may be qualified to drive a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free and off antiseizure medication for a 5-year period or more.

(See Conference on Neurological Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Mental Disorders

§391.41(b)(9)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to accidents while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments and chronic "nagging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, or emotional or adjustment problems is responsible for a significant fraction of their preventable accidents. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns. Excessively antagonistic, instinctive, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neuroses) may warrant disqualification. Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of medications and potential hazards for driving.

(See Conference on Psychiatric Disorders and Commercial Drivers at:

<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

VISION

§391.41(b)(10)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered, (such as Ishihara, Pseudoisochromatic, Yarn) and doubtful findings are discovered, a controlled test using signal red, green and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distance visual acuity and another lens in the other eye for near vision is not acceptable, nor telescopic lenses acceptable for the driving of commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses."

CMV drivers who do not meet the Federal vision standard may call (202) 366-1790 for an application for a vision exemption.

(See Visual Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Hearing

§391.41(b)(11)

A person is physically qualified to drive a commercial motor vehicle if that person:

First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid, or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ADA Standard) Z24.5-1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the ISO standard to the ANSI standard. Instructions are included on the Medical Examination report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18,

20, etc. The examiner should not use only sibilants (s sounding materials). The opposite ear should be tested in the same manner. If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid."

(See Hearing Disorders and Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medrports.htm>)

Drug Use

§391.41(b)(12)

A person is physically qualified to drive a commercial motor vehicle if that person:

Does not use a controlled substance identified in 21 CFR 1308.11.

Schedule I, an amphetamine, a narcotic, or any other habit-forming drug.

Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to methadone. The intent of the medical certification process is to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, an amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit-forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally two years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

(See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

Alcoholism

§391.41(b)(13)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis of" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ 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:

- | | |
|--|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver exemption | <input type="checkbox"/> 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	TELEPHONE	DATE
-------------------------------	-----------	------

MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
---------------------------------	--

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
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ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE

RECORDS RETENTION AND DISPOSITION SCHEDULE AMENDMENT

DEPARTMENT SCHEDULE HEADING	Motor Vehicle Commission	AGENCY #	S790502		
DIVISION:	Compliance and Safety	SCHEDULE #	002		
BUREAU:	Driver Review - Bus Application	PAGE #	1	OF	1

AGENCY LEVEL AMENDMENTS (SCHEDULE HEADING CENTERED)

FORMER AGENCY NAME (DEPARTMENT/DIVISION/BUREAU)	
FORMER AGENCY NUMBER	

RECORDS SERIES LEVEL AMENDMENTS

RECORD SERIES #	RECORD SERIES NAME	TYPE OF CHANGE	FORMER DESIGNATION (IF APPLICABLE)	NEW DESIGNATION (IF APPLICABLE)
1-0000	Bus Driver Medical Examination Application	Retention	Until event code is entered (agency)/Destroy (disposition)	Until event code is entered (agency)/2yrs (records center)/Destroy (disposition)

RECORDS RETENTION AND DISPOSITION SCHEDULE		AGENCY # S790502	SCHEDULE # 002	PAGE # 1 OF 2
DEPARTMENT	Motor Vehicle Commission	AGENCY REPRESENTATIVE: Saida Jeudy		
DIVISION:	Compliance and Safety	TITLE: Administrative Analyst 2		
BUREAU:	Driver Review - Bus Application	PHONE #: (609) 292-5348		
SCHEDULE APPROVAL: Unless in litigation, the records covered by this schedule, upon expiration of their retention periods, will be deemed to have no continuing value to the State of New Jersey and will be disposed of as indicated in accordance with the law and regulations of the State Records Committee. This schedule will become effective on the date approved by the State Records Committee.				
AGENCY REPRESENTATIVE SIGNATURE		DATE:	SECRETARY, STATE RECORDS COMMITTEE SIGNATURE	
		5/22/13		
			7/18/13	

RECORDS SERIES #	RECORD TITLE & DESCRIPTION	RETAIN IN		DISPOSITION
		AGENCY	SRC OR CRC	
	<p style="text-align: center;">Acknowledgement</p> <p>Please review the attached Records Retention Schedule, making any additions, deletions or changes as necessary. Once the schedule has met your satisfaction, please sign this page as the agency representative. With this signature, you acknowledge that you have reviewed and approved this schedule. Please be advised that changes may subsequently be suggested/made to this schedule by a panel of Records Analysts at the State Records Center. If revisions are suggested/made, you will be notified of such. The schedule will then be presented to the State Records Committee for final approval.</p> <p style="text-align: center;">Management of Electronic Records</p> <p>This records retention schedule includes records series which are maintained in an electronic format. In the normal course of business, the agency will take the necessary actions to ensure: hardware and software maintenance, backup procedures, security measures, and compliance with the rules and regulations pertaining to the maintenance of public records. Any reference made herein to the process of data erasure means the process of data degaussing.</p>			

RECORDS RETENTION AND DISPOSITION SCHEDULE	AGENCY # S790502	SCHEDULE # 002	PAGE # 2 OF 2
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RECORDS SERIES #	RECORD TITLE & DESCRIPTION	RETAIN IN		DISPOSITION
		AGENCY	SRC OR CRC	
0001-0000	Bus Drivers Medical Examination Application Motor Vehicle Commission is required to review the Passenger endorsement applications of Commercial Driver License (CDL) Bus driver. Every two years the bus drivers send their medical examination to Bus Application Unit to review for completeness and that the driver is medically qualified according to the Federal DOT medical standards. If examination qualifies, an event code is entered on the data base that the application is in compliance. If application does not qualify it is sent to the Driver Review – Medical Review Unit.	Until event code is entered	2 yrs	Destroy

Perry, Vilirie

*Explanation
for change*

From: Saida Jeudy <Saida.Jeudy@dot.state.nj.us>
Sent: Friday, May 03, 2013 5:35 PM
To: Perry, Vilirie
Cc: Fred Terranova
Subject: Re: S790702 Imaging Service Center
Attachments: Amendment form S790702-002 MVC -BGO - ISC rev Saida.doc; S790502-002 MVC, Compliance and Safety, Driver Review - Bus A_rev Saida.doc

Hi Vilirie,

Per my voice message to you we also need to change the retention period of Handicap Placards 0007-0000 as well as the Division name since now they are part of Facilities and Support Services. I don't think we ever created a number for that Division. Could we reassign S790100 to FSS? Attached are the proposed changes. Here is the link to P.L.2013,c.3 changing the validity of the placard from indefinitely (60 years) to a max of 3 years and 1 month.

<http://www.njleg.state.nj.us/2012/Bills/PL13/3 .PDF>

Thanks.

Saida Jeudy
Administrative Analyst
Office of Records Management
Facilities and Support Services
New Jersey Motor Vehicle Commission
225 E. State St 5 West
P.O. Box 128
Trenton, NJ 08666-0128
609-292-5348

>>> On Tuesday, December 07, 2010 at 5:08 PM, "Perry, Vilirie" <Vilirie.Perry@sos.state.nj.us> wrote:

Dear Saida and Fred:

Please find attached schedule S790702 which was approved at the October meeting. Look at this one to be sure it's the correct one. If it is, please sign and mail back to me or bring it to the meeting signed next week.

I will talk to you both tomorrow, (12-08-10); regarding the schedules to be presented next week. Thank you.

Vilirie D. Perry

*Records Analyst I
Department of State
Division of Archives and Records Management
2300 Stuyvesant Ave. P.O. Box 307
Trenton, NJ 08625-0307
609-530-3213 609-530-6121*

additional information pertinent to the certification which the chief administrator, in the chief administrator's discretion, may require, including, but not limited to, the National Provider Identifier or state-issued licensing number of the physician, podiatrist, chiropractic physician, physician assistant, or nurse practitioner who certifies the applicant's eligibility for a person with a disability identification card.

(Statute for change)

3. Section 3 of P.L.1949, c.280 (C.39:4-206) is amended to read as follows:

C.39:4-206 Vehicle identification card, placard.

3. The chief administrator shall issue to such applicant, also, a placard of such size and design as shall be determined by the chief administrator in consultation with the Division of Vocational Rehabilitation Services in the Department of Labor and Workforce Development and the Division of Disability Services in the Department of Human Services, indicating that a person with a disability identification card has been issued to the person designated therein, which shall be displayed in such manner as the chief administrator shall determine on the motor vehicle used to transport the person with a disability, when the vehicle is parked overtime or in special parking places established for use by persons with disabilities. If issued in conjunction with a person with a disability identification card pursuant to section 2 of P.L.1949, c.280 (C.39:4-205), the placard issued pursuant to this paragraph shall be valid until the last day of the 36th calendar month following the calendar month in which such placard was issued. If the placard is issued following the date on which the chief administrator issued the applicant a person with a disability identification card pursuant to section 2 of P.L.1949, c.280 (C.39:4-205), then that placard shall be valid up until the date on which the person with a disability identification card is deemed invalid. Any placard issued by the chief administrator shall display, in a clearly visible manner, the date on which it shall become invalid. The placard may be renewed upon application in accordance with the requirements of this chapter.

Any placard issued prior to the effective date of P.L.2013, c.3 shall be deemed invalid on the last day of the 36th calendar month following the calendar month in which such effective date occurs. The chief administrator may recall any placard deemed invalid pursuant to this section.

Notwithstanding any provision of P.L.1949, c.280 (C.39:4-204 et seq.) to the contrary, the chief of police of each municipality in this State shall issue a temporary placard of not more than six months' duration to any person who has temporarily lost the use of one or more limbs or has a temporary disability as to be unable to ambulate without the aid of an assisting device or whose mobility is otherwise temporarily limited, as certified by a physician with a plenary license to practice medicine and surgery in this State or a bordering State; a podiatrist licensed to practice in this State or a bordering state; a physician stationed at a military or naval installation located in this State who is licensed to practice in any state; a chiropractic physician licensed to practice in this State or a bordering state; a physician assistant licensed to practice in this State or a bordering state; or a nurse practitioner licensed to practice in this State or a bordering state. Each temporary placard issued under the provisions of this section shall display, in a clearly visible manner, the date on which it shall become invalid.

The temporary placard shall be granted upon written certification by a physician with a