

**Appendix A. State of Utah Functional Ability in Driving: Guidelines and Standards
for Health Care Professionals**

**STATE OF UTAH
DEPARTMENT OF PUBLIC SAFETY
UTAH DRIVER LICENSE DIVISION**

**FUNCTIONAL ABILITY
IN DRIVING:**

**GUIDELINES AND
STANDARDS FOR
HEALTH CARE PROFESSIONALS**

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STATE OF UTAH
DRIVER LICENSE DIVISION
DEPARTMENT OF PUBLIC SAFETY

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

FOREWORD

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

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

DAVID A. BEACH, DIRECTOR
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DANA H. CLARKE, M.D., CHAIR
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MEDICAL ADVISORY BOARD

THESE GUIDELINES AND STANDARDS WILL ASSIST HEALTH CARE PROFESSIONALS TO:

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

DRIVERS' RESPONSIBILITIES

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

Utah's Classified License System

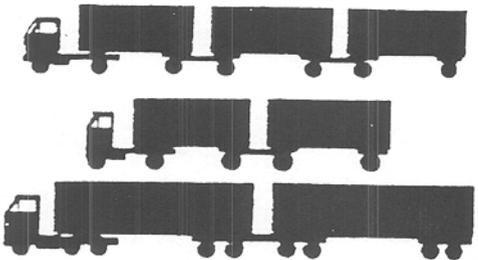
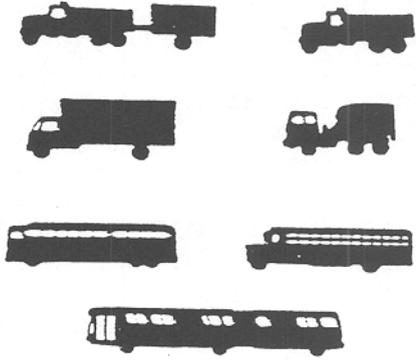
CLASS A	MIN. AGE	CLASS B	MIN. AGE
OVER 26,000 LBS. COMB. VEHICLE & OVER 10,000 LBS. TOWED UNIT INTRA STATE ONLY RESTRICTION	21 18-21	OVER 26,000 LBS. SINGLE OR COMB. VEHICLE UNDER 10,001 LBS. TOWED UNIT INTRA STATE ONLY RESTRICTION	21 21 18-21
			
CLASS C	MIN. AGE	CLASS D	MIN. AGE
UNDER 26,001 LBS. IF USED TO TRANSPORT: 1. 16- OCCUPANTS 2. PLACARDED AMOUNTS HAZ. MAT.	21 21	ALL VEHICLES NOT DEFINED AS: CLASS A, B, C OR MOTORCYCLE	16
UNDER 10,001 LBS. TOWED UNIT "S" ENDORSEMENT AVAILABLE	21	MOTORCYCLE ONLY	16
		ENDORSEMENTS*	MIN. AGE
CDL required only if these vehicles are used to haul hazardous materials or when carrying 16 or more occupants.		H = HAZARDOUS MATERIALS	21
		K = COMMERCIAL INTRASTATE	18
All C.D.L. Testing Is Done By Appointment Only C.D.L. Testing Locations: Wasatch Front (All Others, Call Your Local Office)		M = MOTORCYCLE	16
Salt Lake County: 3495 South 300 West, Salt Lake City, UT; Phone: 262-2709. Box Elder County: 285 West 1100 South, Brigham City, UT; Phone: 723-5870.		N = TANK VEHICLES	18
Please Allow: 1 hour to complete a written knowledge test; 1/2 hour for each endorsement test; 1 1/2-2 hours for a skills (driving) test.		P = PASSENGERS	21
		S = SCHOOL BUS	21
		T = DOUBLE/TRIPLE TRAILERS	18
		X = TANK AND HAZ. MAT.	21
		Z = TAXI CAB	21
		*NOTE: If your vehicle is not equipped with air brakes, you will be restricted to driving vehicles without air brakes.	

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

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

Drivers' Responsibilities

The 1988 Utah State Legislature reaffirmed these responsibilities* related to physical, mental or emotional impairments of drivers:

1. Utah drivers are responsible to refrain from driving if there is uncertainty because of "a physical, mental or emotional impairment which may affect driving safety."
2. Utah drivers in such a situation are expected to seek competent medical evaluation and advice about the significance of the impairment as it relates to driving safety.
3. Utah drivers are responsible for reporting "a physical, mental or emotional impairment which may affect driving safety" to the Department of Public Safety through its Driver License Division or its agents in its various offices.

Health Care Professionals' Responsibilities

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

1. Health care professionals may be requested by their patients to make reports to the Driver License Division about impairments which may affect driving safety, but the final responsibility for issuing a driver license lies with the Director of the Driver License Division.
2. In addition to making accurate reports when authorized by their patients, health care professionals are expected to counsel their patients about how their condition affects safe driving. For example, if patients are put on medication which may cause changes in alertness or coordination, their health care professional should advise them not to drive at least until a dosage is established which will not affect safe driving. Or, if visual acuity drops they should similarly be advised, at least until corrective action has been taken to improve their vision. The following quotation from the 1988 law recognizes this important function:

"Physicians who care for patients with physical, mental or emotional impairments which may affect their driving safety, whether defined by published guidelines and standards or not, are responsible for making available to their patients, without reservation, their recommendations and appropriate information related to driving safety and responsibilities." The guidelines and standards which follow will be a useful reference in such counseling.

Immunity in Reporting Potential Risks

The Legislature eliminated a major obstacle for health care professionals with its provision that "Any physician or other person who becomes aware of a physical, mental or emotional impairment which appears to present an imminent threat to driving safety and reports this information to the Department of Public Safety, through its agents, in good faith shall have immunity from any damages claimed as a result of so doing."*

*Utah Code Annotated 1953: 41-2-201 and 41-2-202.

Utah Driver License Medical Advisory Board

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

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

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

Functional Ability Profile Categories

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

CATEGORY A	DIABETES AND OTHER METABOLIC CONDITIONS
CATEGORY B	CARDIOVASCULAR
CATEGORY C	PULMONARY
CATEGORY D	NEUROLOGIC
CATEGORY E	EPILEPSY AND OTHER EPISODIC CONDITIONS
CATEGORY F	LEARNING, MEMORY AND COMMUNICATION
CATEGORY G	PSYCHIATRIC OR EMOTIONAL CONDITIONS
CATEGORY H	ALCOHOL AND OTHER DRUGS
CATEGORY I	VISUAL ACUITY
CATEGORY J	MUSCULOSKELETAL ABNORMALITY OR CHRONIC MEDICAL DEBILITY
CATEGORY K	FUNCTIONAL MOTOR IMPAIRMENT
CATEGORY L	HEARING

Use of the Functional Ability Profile:

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

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

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

Where non-commercial driver applicants' self-reported profiles contain no indication of a significant impairment other than in the Visual Category, they may be sent for an eye examination without confirmation of the rest of the profile.

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

Reports of profiles must be signed by a health care professional licensed to practice, although they may rely upon portions of examinations done under their supervision. The Certificate of Visual Examination may be reported by licensed optometrists as well.

Relation of Functional Ability Profiles to Driving Risk/Responsibilities

The table on Page 6 shows, in general, the relationship between functional ability profile levels and the type of risk and responsibility involved in driving. The relationships to profile levels are based upon available data and input from public hearings as interpreted by the Medical Advisory Board.

Operators of commercial vehicles come under different licensing requirements. As far as possible, these have been incorporated into appropriate profiles. All Utah school bus operators and operators of most commercial motor vehicles must meet Federal Department of Transportation Medical Standards. In 1992, the division will be pilot testing the use of these guidelines and standards and report forms as a substitute for federal forms. The Federal Medical Standards have been interpolated without change into these revised guidelines and standards for this purpose.

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

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

Changes in Functional Ability

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

Suggestions and Questions

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

Aspects of Licensing and Medical Certification of Commercial Drivers

For the foreseeable future, these guidelines and standards will apply to the licensing of drivers of commercial vehicles, both for interstate and intrastate driving.

The Utah State Driver License Medical Advisory Board has reviewed the Federal Department of Transportation requirements for commercial drivers and worked out an appropriate profile level for each category. The examining health care professional will need only mark the profile in the usual fashion. In general, a profile of 1, 2, 3 and 4, depending on the category, will qualify the applicant for a commercial license.

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

- (1) A copy of the Abbreviated Health Profile should be retained by the examining health care professional. The remaining two copies should be given to the driver. One of these must be submitted to the Driver License Division. Drivers may retain the final copy for their use.
- (2) For a commercial license or medical certificate, a check on hearing is required (though not for a private vehicle). Thus, an additional profile Category L has been added. For a commercial license, an ability to perceive a forced whisper at five feet in the better ear, with or without use of a hearing aid, is satisfactory. Loss of between 40 - 65 decibels in the better ear may qualify for an intrastate commercial license. Loss of more than an average of 65 decibels in the better ear is disqualifying (ANS 224.5-1951).
- (3) Recognition of red, green and amber used in traffic lights may be tested with simple color cards, rather than more complex test devices.
- (4) Rather than simply marking the profile for a single category in question, assuming the others to be satisfactory, for commercial licensing the health care professional will be expected to check off all categories after they have satisfied themselves by history or examination of the proper level. In appropriate cases, a report from an ophthalmologist, optometrist, other health care professional, or an audiogram may be attached.

Some experienced drivers have been "grandfathered" with slightly less rigid standards, but future drivers may not be. Some profile levels recommend "intrastate" commercial driving restrictions. Whether such restricted driving privileges may actually be issued is subject to federal and state approval.

Health care professionals may use their own routine forms for recording their examination on which the profile is based. The Licensing Profile Worksheet may be used for their records or disregarded at the health care professional's discretion.

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

It is believed that these relatively minor modifications of our previous *Functional Ability In Driving: Guidelines For Physicians* which have been in use for over eleven years will be simpler than establishing a whole new system to handle licensing of both intrastate and interstate commercial vehicle drivers.

Application of DOT Medical Standards

The 1992 Functional Ability in Driving: Guidelines and Standards for Health Care Professionals has incorporated the DOT Medical Standards as applying to ALL commercial driving, irrespective of the type of vehicle or cargo involved, i.e., Class A, B, C, and D of Utah's Classified License System.

- (1) Federal Standards are applicable to all commercial drivers, both interstate and intrastate who are subject to standards contained in Part 391 of the Federal Motor Carrier Safety Regulations.
- (2) Use of profiles will provide the only meaningful method of gathering data on health aspects of safety of commercial drivers.
- (3) Hence, for the "Utah Medical Pilot Project", present DOT Standards have been integrated into the new Guidelines and Standards, similar to the first edition, when the state issued intrastate chauffeurs' (commercial) licenses. Commercial drivers must be profiled in all twelve categories in order to meet federal standards for examination.
- (4) Since present DOT Medical Standards leave a great deal to the discretion of the individual examining health care professional, they have been interpreted by the Board to show the proper profiles appropriate for a commercial license.
- (5) Since DOT Standards allow only "one medical standard" to drive all commercial vehicles, no differentiation has been attempted, although use of profile methodology will facilitate a more meaningful equating of profiles with the degree of risk or responsibility for various vehicles, passengers or cargoes. For example, at a future date, it may not be necessary to hold a taxi driver to the same standards as one who drives an interstate bus or multi-axle truck.
- (6) Since DOT Standards allow for waivers for absence or impairment of extremities, this feature has been retained by using the members of the Driver License Medical Advisory Board as the approval mechanism, if it is recommended by the examining health care professional and the applicant passes driving skills tests administered by specially trained Driver License Examiners.
- (7) There appears to be no medical reason to carry a separate medical examiner's certificate, if a license has been issued based on medical information.
- (8) U.S. DOT Regulations permit drivers who were driving in Exempt Intracity Zones during the one year preceding November 18, 1988, to continue such driving as long as the drivers medical condition(s) has not "substantially worsened" since November 18, 1988. Such drivers, even though their medical condition may not have met DOT Standards, are required to have a Medical Certificate issued only for twelve months or less if the examining health care professional so determines. These drivers must furnish the health care professional, the medical data first used by a health care professional to determine the driver could operate in an Exempt Intracity Zone. The current examining health care professional should mark the box at the top right of the Functional Ability Evaluation/Medical Certificate Report indicating "Exempt Intracity Zone" when applicable. Under the Medical Pilot Program some of these drivers may now qualify for intrastate only restrictions for commercial driving, thus broadening their opportunities. This decision is dependent upon the profile level indicated by the examining health care professional.

Relationship of Functional Ability Profiles to Driving Risk/Responsibility or Limitation

Functional Ability Profile Level	Driving Risk/Responsibility, License Class or Limitations
1 through 5	Driving of commercial vehicles, depending on individual profile category. Driving of private vehicles
6	Driving with speed limitations
7	Driving with speed and area limitations
8	Driving with speed, area and time of day limitations
9	Driving accompanied by licensed driver with limitations of speed and/or area and/or time of day limitations as recommended by health care professional
10	Special driving limitations recommended by health care professional not covered above
11	Under evaluation - may or may not drive, according to circumstances as determined by director, with medical advice as appropriate
12	No driving

CATEGORY A

DIABETES MELLITUS AND OTHER METABOLIC CONDITIONS

1. Disturbances in function of the endocrine glands cause many symptoms from generalized asthenia, muscle weakness, and spasm or tetany to sudden episodes of dizziness or unconsciousness. Individuals so afflicted should not drive a motor vehicle until these symptoms have been controlled by appropriate therapy.
2. Problems associated with metabolic diseases such as muscular weakness, muscular pain, visual disturbances, dizziness, intractable headaches, and/or fatigue propensity should also be shown under other appropriate profile categories.
3. Since persons with metabolic disorders may be affected in very different ways, the health care professional should counsel with the patient about any special precautions, limitations or recommendations appropriate to their case. These should be reported by the health care professional.
4. **DIABETES MELLITUS:** In the past, diabetics have been involved in almost twice as many motor vehicle accidents as the medically normal driving population. Careful evaluation and medical management can increase their safety. Even diabetics whose disease is well controlled with insulin or oral hypoglycemic drugs may occasionally suffer a hypoglycemic episode. It is important that the health care professional ascertain the cause of these occasional episodes and change management of the patient. Before deciding the patient's condition is again stable enough for them to drive a motor vehicle, the health care professional should observe the patient under the new program to be sure that it is effective.
5. Certain insulin requiring individuals with diabetes are much more likely than average to have altered consciousness from hypoglycemic episodes. These individuals have "hypoglycemic unawareness"...that is, a lack of the adrenergic warning signs of nervousness and sweating which should alert the person to eat sugar and reverse the insulin reaction.
6. A typical profile of such individuals includes previous episodes of hypoglycemia induced unconsciousness, long duration diabetes and possibly autonomic neuropathy or beta blocker therapy. The health care professional should take these factors into account when profiling. Also, many episodes of altered consciousness (requiring the assistance of another person to reverse) are treated outside of health care facilities and may not come to the health care professional's attention. Inquiry into such events should be made.
7. It is strongly recommended that health care professionals counsel all insulin or oral antidiabetic medication requiring individuals to store in their vehicles, at all times, a source of rapidly absorbed carbohydrate. Further, blood glucose monitoring just prior to driving should be urged for any diabetic driver with a history of limited awareness of hypoglycemia.
8. Visual acuity decreases with marked increase in blood glucose concentrations, due to osmotic swelling of the lens. The patient should not drive until the blood glucose level is brought under control. Diabetic retinopathy may affect visual acuity and should be checked by the primary care health care professional, ophthalmologist or optometrist and be reported under appropriate profile categories.
9. **PARATHYROID DISORDERS:** Hyperparathyroidism with muscular weakness and hypotonia is a contraindication to driving any motor vehicle, unless symptoms are mild or well controlled by therapy. Individuals suffering from acute hypoparathyroidism with increased neuromuscular excitability, cramps, spasm, and generalized tetany should not drive unless symptoms are mild.
10. **THYROID DISORDERS:** Hyperthyroidism or hypothyroidism may be accompanied by severe psychic disturbance, lethargy, muscular weakness, extreme restlessness, and/or tremors, which would preclude any driving. Depending upon the degree of impairment, operation of a private vehicle may be permissible.
11. **HYPOGLYCEMIA:** Individuals suffering from recurring spontaneous attacks of hypoglycemia causing faintness or unconsciousness should be carefully evaluated as to cause before being given a profile comparable to those under diabetes.
12. **COMMERCIAL DRIVERS:** Health care professional should refer to Appendix III in this manual for information regarding special qualifications for Commercial Driver Licensing.

CATEGORY A: DIABETES MELLITUS AND OTHER METABOLIC CONDITIONS

Profile Level	Diabetes Mellitus	Thyroid, Parathyroid, Pituitary and Other Metabolic Conditions	Med Conf Req	Interval for Review	License Class and Restrictions
1	No history of diabetes mellitus or elevated blood sugar	No history of metabolic condition	Yes	2 Years	Commercial Unlimited
2	History of elevated blood sugar. No positive diagnosis of diabetes	Abnormal laboratory findings. No diagnosis made.	No	N/A	Private Vehicles
3	Any diabetes stable on diet; adult onset of diabetes stable on oral agents	Stabilized under treatment or recovered after surgery without symptoms for one month	Yes	2 Years	Commercial Unlimited
4	Stabilized diabetes with insulin with no episodes of ketosis or altered consciousness for 1 yr c.	Stabilized under treatment with minimal symptoms not affecting driving	Yes	Upon Renewal	Private Vehicles
5	Stabilized diabetes with no episodes of ketosis or altered consciousness for 6 mths	Stabilized under treatment with minimal or slight persisting or intermittent symptoms. Profile recommendations should be based on anticipated effect on driving.	Yes	1 Year a.	Commercial Intrastate (may be issued for diabetes only if special qualifications listed in Appendix III are met. Health care professional approval required).
6	Stabilized diabetes with no episodes of ketosis or altered consciousness for 3 mths	Stabilized condition with unpredictable temporary recurrence of more severe symptoms.	Yes	6 Months a.	Private Vehicles
7	Episodes of ketosis or altered consciousness within 3 months. Profile recommendation should be based on anticipated effect on driving. b.	Special circumstances not covered above	Yes	3 Months a.	Speed limitation
8			Yes	3 Months a.	Speed and area limitations
9			Yes	3 Months a.	Speed, area and time of day limits
10	Special circumstances not listed above, without episodes listed above	Special circumstances not covered above	Yes	3 Months a.	Any of above, as rec. by health care professional if accompanied by licensed driver.
11	Patient under evaluation	Patient under evaluation	Yes	As Recommended	Special limitations not covered above recommended by health care professional, advise D.I.D
12	Severe unstable insulin dependent diabetes or persisting ketosis	Severe disorder not responsive to treatment	Yes	As Recommended	To be determined, health care professional advise D.I.D No driving

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

b. Driving only with specific recommendation by health care professional.

c. If driver is a commercial applicant profiled at level 4 for diabetes, a written health care professional approval must accompany evaluation (see special qualifications in Appendix III).

CATEGORY B CARDIOVASCULAR

1. Cardiovascular disease may affect a driver's ability in a variety of ways. For this reason, profile guidelines and standards are shown for four of the more common circumstances. Although an individual may have more than one abnormality, the one which causes the most limitation is the one under which they should be profiled for this category. It is essential that all aspects of their condition be evaluated in an appropriate profile.
2. **GENERAL HEART DISEASE:** This profile is made for any patient having had any diagnosis of heart disease. The levels are based on the functional classification of the American Heart Association.
 - Class I. Patients with heart disease but with no limitations of physical activity. Ordinary physical activity causes no undue dyspnea, anginal pain, fatigue or palpitation.
 - Class II. Patients with slight limitations of physical activity. They are comfortable at rest and with mild exertion. They experience symptoms only with the more strenuous grades of ordinary activity.
 - Class III. Patients with marked limitation of physical activity. They are comfortable at rest, but experience symptoms even with the milder forms of ordinary activity.
 - Class IV. Patients with inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present, even at rest, and are intensified by activity.
3. **RHYTHM:** Patients with rhythm disturbances should not be given profile levels 2 or 3, except when the arrhythmia has been so remote and well controlled, or of such a minor nature, that the patient is expected to drive without presenting a risk to the public.
4. **AFTER MYOCARDIAL INFARCTION OR CARDIAC SURGERY:** No patient in these categories should drive until six weeks after the event or until the condition is stable, as determined by a health care professional. Because of the risk of infarction, recurrence or other cardiovascular events, such as arrhythmia, after infarction or surgery if the health care professional believes a patient has an unusually mild condition, a profile 3 may be given on his recommendation. A treadmill stress test should be repeated after six months.
5. **HYPERTENSION:** Apart from its complications, hypertension is largely an asymptomatic condition and in itself does not impair fitness to drive. Medications which may have a sedative side effect or cause unexpected orthostatic hypotension must be assessed by the health care professional as to their effect on the profile (see Appendix IV). Visual, neurological or cardiovascular complications should also be profiled under other categories. Usually, mild and stable hypertension may qualify for a profile 3 even if on medication upon recommendation of the examining health care professional.
6. Other less common cardiovascular conditions such as fistula, coarctation, cardiogenic syncope, severe peripheral arterial or venous vascular disease etc., should be profiled in a fashion comparable to those listed, based upon anticipated functional ability while driving.
7. **COMMERCIAL DRIVERS:** If initial blood pressure is 161-180 systolic and/or 91-104 diastolic, the commercial applicant can be medically certified for a period of three months. The driver is given this 3 month period to reduce their blood pressure to less than or equal to 160/90. If the driver is subsequently found qualified with a blood pressure less than or equal to 160/90, the certificate may be issued for a one year period but the continuing acceptable blood pressure of 160/90 or less must be confirmed during the third month of this one year period. The individual requires annual certification thereafter.

If the initial blood pressure is 181/105 or greater, the driver cannot be certified for commercial driving even temporarily, until their blood pressure has been reduced to less than 181/105. The examining health care professional may temporarily certify the individual once their blood pressure is below 181/105. The driver would then be given the three month period of time to reduce their blood pressure to below 160/90 as stated above. If the driver is subsequently found qualified with a blood pressure less than or equal to 160/90, they may be certified for a six month period. Documentation of continued control should be made every 6 months (biannually) thereafter.

CATEGORY B: CARDIOVASCULAR

Profile level	General Heart Disease	Rhythm	After Myocardial Infarct or Surgery	Hypertension	Mcd Conf Req	Interval for Review	License Class and Restrictions
1	No history	No history	No history	No past or present hypertension	Yes	2 Years	Commercial Unlimited
2	Past heart disease, fully recovered	Transient arrhythmia in childhood.	No history	Past hypertension now normal without medication	No	N/A	Private Vehicles
3	Heart disease AIIA Class I, no limits. No symptoms on ordinary activity	Transient isolated arrhythmia without recurrence in past 5 yrs	Unusually mild condition b.	Hypertension controlled on medication c.	Yes	2 Years	Commercial Unlimited
4	AIIA Class I. No undue symptoms on ordinary activity	Past arrhythmia, normal rhythm. Stable with pacemaker for 6 months	1 yr min. Symptoms only with strenuous activity. a.	Same but press. less than 161/91	No	N/A	Private Vehicles
5	AIIA Class II. Slight limit on activity. Comfortable on mild exertion. d.	Arrhythmias controlled or stable for 3 months	3 months minimum, no symptoms at rest. a.	Hypertension controlled on medication c.	Yes	1 Year a.	Private Vehicles
6	Class III, ltd activity with symptoms on mild activity; anticipated aggravation by unlimited driving	Unstable rhythm profile; supraventricular tachycardia which is hemodynamically unstable; recurring ventricular arrhythmias proven by Holter monitor. Driving limitations and health care professional's recommendations should be based upon anticipated degree of instability of rhythm. e.		Same but press. less than 161/91	Yes	1 Year a.	Commercial Unlimited
7	Class III ltd activity with symptoms on mild exertion slightly increased by fatigue			Hypertension with diastolic persistently above 120 mm.Hg. and/or systolic over 200 mm.Hg. Functional profile to be based upon anticipated effects on driving with appropriate limitations on speed, area, time of day, etc. c.	Yes	6 Mths a.	Private Vehicles
8	Class III ltd activity with symptoms on mild exertion moder. increased by fatigue				Yes	3 Mths a.	Private Vehicles Speed & area limitations
9	Class III ltd activity and unpredictable fluctuation in symptoms on exertion.				Yes	3 Mths a.	Private Vehicles Speed, area and time of day limitations
10	Special circumstances not covered above.						
11	Patient under evaluation						
12	Heart disease. AIIA Class IV limitations with any activity. Symptoms at rest	Arrhythmias with history of loss of consciousness in past	Recovery not sufficient to drive	Diastolic over 120 mmHg. w/limiting complication/side effects of medications	Yes	3 Mths a.	Accompanied by licensed driver, with limitations recommended by HCP g.

a. Or as recommended by health care professional, longer or shorter according to stability. b. See narrative for consideration of unusually mild or stable cases. c. If medication does not interfere with alertness or coordination (See Appendix IV). d. Or Class III with long term stability. e. Levels 8 and 9: Type II second degree heart block or trivascular block. f. See narrative to establish expiration dates for medical certification. g. HCP = Health Care Professional

CATEGORY C PULMONARY

1. Although impaired pulmonary function is seldom the cause of sudden death, it may seriously affect operators of vehicles in the following ways:
 - Sudden severe coughing while driving may result in an accident
 - Cough syncope may occur while driving
 - Impaired cerebral oxygenation caused by impaired pulmonary function may result in mental confusion and/or impaired judgement.
2. For these and similar reasons, it is important to obtain an accurate picture of the pulmonary status of all applicants for driver licenses who have a history of problems or are observed to have respiratory difficulties at the time of examination.
3. In assessing the severity of pulmonary impairment, effort is made to limit the tests to those found in most medical offices, although occasionally more sophisticated studies may be needed (e.g. arterial blood gases, maximal voluntary ventilation, etc.).
4. The objective of classification according to pulmonary capacity, as in other functional categories, is to allow as much latitude as is consistent with the safe operation of a motor vehicle.
5. The basic function tests (FVC and FEV) are the principal guidelines and standards currently recommended. These are subjective/objective tests. When they are required, three graphs should be made and every effort should be made to elicit the full cooperation of the examinee. A bronchodilator may be used if the examiner feels it is safe and justifiable. The best reading, with or without bronchodilators, should be used.
6. In more severe cases of pulmonary impairment, measurement of arterial blood gases may be needed. If there is any question about the need for arterial gas measurements, the applicant usually would not qualify for profile levels 1 through 4, but the blood gas determinations may support a higher functional level than might otherwise appear indicated. They may also help in defining profiles appropriate to limited private driving.
7. **COMMERCIAL DRIVERS:** A commercial driver meeting the requirements of profile level 1, 2, 3 or 4 will qualify for a license or medical certificate except that in level 3 and 4 one year re-evaluations are required. If oxygen is required, even intermittently, the driver will be limited to a Class C or D license and may not carry hazardous material. If the driver is carrying passengers a NO SMOKING sign must be prominently displayed in their vehicle.

CATEGORY C: PULMONARY

Profile Level	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1	No past history or current pulmonary disease	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
2	Past history, fully recovered. No current medication use.	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
3	Minimal pulmonary symptoms. Sporadic use of medication (no steroids), FVC and FEV ₁ > 70% of predicted normal. PO ₂ within normal range	Yes	1 Year	Commercial Unlimited Private Vehicles
4	Pulmonary symptoms only with greater than ordinary activity. May be on steroids intermittently. FVC and FEV ₁ > 50% of predicted normal.	Yes	1 Year	Commercial Intrastate Private Vehicles
5	Stable pulmonary disease on or off treatment, including intermittent O ₂ or steroids, with dyspnea only on exertion. No cough syncope for 6 months.	Yes	1 Year a.	Commercial Intrastate Light Vehicles HAZMAT appeal to Medical Advisory Board Private Vehicles
6	Not Used			
7	PO ₂ over 50. Moderate dyspnea or other symptoms with ordinary activity. No cough syncope within 3 months. b.	Yes	6 Mos a.	Speed and area limitations
8	Not Used			
9	Unpredictable more severe temporary dyspnea or other symptoms. Cough syncope within 3 months.	Yes	6 Mos a.	Accompanied by licensed driver, with speed, area and/or time of day limitations recommended by health care professional
10	Special circumstances not covered above	Yes	As recom.	Special limitations not covered above recommended by health care professional, advise DLD
11	Pulmonary symptoms or signs under evaluation	Yes	As recom.	To be determined, health care professional advise DLD
12	Severe dyspnea with any activity and/or cyanosis and/or PCO ₂ > 50 or PO ₂ < 50. Cough syncope and/or untreated sleep apnea.			No driving

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

b. If supplemental oxygen is required to maintain PO₂ over 50, constant use of oxygen is required while driving.

CATEGORY D NEUROLOGIC

1. A wide variety of neurological conditions may affect driving safety. A partial list includes: strokes, head injuries, Cerebral Palsy, Multiple Sclerosis, Parkinson's disease, progressive conditions such as muscular atrophies and dystrophies, myasthenia gravis and other spinal cord and brain diseases. Epilepsy is considered as a separate category.
2. The common element in all of these is the disturbance of sensory, motor or coordinating functions sufficient to affect driving. Some of them will be considered as stable conditions for which a driving test showing adequate performance in the type of vehicle to be driven will be sufficient. However, other conditions that have not yet stabilized or have a probability of progression or need for medication may require a medical report initially or at intervals. The usual interval for reconfirmation is as shown or may be increased up to the time interval since the last significant change in status. No medical confirmation will be needed after the condition has been stable for three years if the health care professional so recommends.
3. In general, those impairments shown in the *AMA Guide to Evaluation of Permanent Impairment* for 5 to 15% impairment relate to profile levels 4 and 5, for 20-45% impairment to profiles 6 through 10 calling for limitations on driving and for over 45% to profile 12 for no driving, unless skill with compensating devices is demonstrated, in which case an appropriate suffix will follow the profile number.
4. Persons with neurological disorders with motor impairment will also be given a profile as appropriate under Category K, (Functional Motor Impairment) in relation to driving, regardless of whether function is restored by use of compensatory devices. The health care professional should indicate by checking the appropriate box on the Functional Ability Evaluation form if a driving skills test should be given.
5. In some neurological disorders, there may be other problems which impair driving. For example, a head injury may not only result in paralysis, but in visual field loss and impairment of learning and memory. These should be shown as profiles in the other appropriate categories as well. In evaluating late effects of head injuries, careful inquiry into the duration of coma or amnesia will be found helpful in evaluating the likelihood of persisting effects which may impair reaction time and thus be important in considering limitations on driving speeds. Similar considerations may apply in the use of a variety of medications which affect neuro-motor functions.
6. **COMMERCIAL DRIVERS:** Drivers given a profile 5 may or may not be successful in passing a road test, but should have an opportunity to do so if their conditions are stable. The health care professional should check the driving skills test box at the bottom of the form.

CATEGORY D: NEUROLOGIC

Profile Level	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1	No history of strength, sensory or coordination impairment	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
2	History of strength, sensory or coordination impairment with full functional recovery	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
3	Impairment but able to control equipment, walk, lift and carry	Yes	1 Year a.	Commercial Unlimited Private Vehicles
4	Minimal neurologic impairment but able to control equipment in conventional manner	Yes	1 Year a.	Commercial Unlimited Private Vehicles
5	Slight neurologic impairment but able to control equipment	Yes	1 Year a.	Commercial Intrastate--Must Pass Road Test Private Vehicles
6	Moderate impairment of dexterity affecting safe driving speeds	Yes	1 Year a.	Speed limitation
7	Moderate impairment of dexterity and decreased stamina	Yes	1 Year a.	Speed and area limitations
8	Not used			
9	Significant neurologic impairment expected to be temporary b.	Yes	6 Mos	Accompanied by licensed driver, with speed, area and/or time of day limitations recommended by health care professional
10	Special circumstances not covered above	Yes	As recom.	Special limitations recommended by health care professional, advise DLD
11	Patient under evaluation	Yes	As recom.	To be determined, health care professional advise DLD
12	Strength, sensory or coordination impairment incompatible with any driving			No Driving

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

b. For example, as in recovery from strokes, head injuries, etc., where skill developed under supervision may be therapeutic.

CATEGORY E EPILEPSY AND OTHER EPISODIC CONDITIONS

1. Epilepsy includes any recurrent loss of consciousness or conscious control arising from intermittent change in brain function. Because of the similarity of consequences, other disorders affecting consciousness or control such as syncope, cataplexy, narcolepsy, hypoglycemia, episodic vertigo interfering with function, etc., have been included in this section, to be considered in a similar fashion.
2. Since all forms of epilepsy (tonic-clonic or grand mal, partial complex or psychomotor, partial, with or without spread, and absence or petit mal) may interfere with safe driving, they will affect the level of driving recommended and will require initial and follow-up reports.
3. A non-commercial operator's license, with or without limitations, may be issued after a suitable interval in the following circumstances confirmed by a medical report:
 - A single seizure or cluster of seizures (profile 12 until evaluation completed).
 - Seizures occurring only in sleep over a period of three or more years.
 - Seizures so limited as not to interfere with control, if stable for a period of one year.
 - Seizures recurring when medication has been reduced on a health care professional's advice to change or continue medication and a corrective change has been made as recommended by the health care professional.
 - A seizure provoked by a clearly identified cause which is not likely to recur.
4. To qualify for a profile based upon freedom from seizures, a person should be free from side effects of medications which affect driving. Anyone taking medication is responsible to refrain from driving if it affects their alertness and coordination, until the health care professional approves resumption of driving and believes the patient can drive safely. Side effects such as skin or gum changes which do not affect driving may be disregarded. In individual cases where anticonvulsant medication effects cause a slowing of reaction time, consideration should be given to limitations on speed as suggested in Neurologic Category D.
5. Persons experiencing seizures may have associated problems which may affect driving safety and these should be reported under the appropriate profile.
6. Persons with past seizures may qualify for a higher risk responsibility level by making sure they faithfully take their prescribed medication and use other means of control. In time, they may qualify for an unrestricted license. Under these guidelines and standards it is possible for a person to resume driving after a seizure free interval of only three months. Each case should be considered carefully to balance possible risk against the person's need to get to and from work, etc.
7. **COMMERCIAL DRIVERS:** Federal DOT guidelines require any patient with a history of epileptic seizures (other than childhood febrile seizures or symptomatic seizures) to be disqualified for a commercial interstate license or medical certificate. An intrastate license or medical certificate may be granted under profiles 2, 3 and 4 depending upon the degree of seizure control.

CATEGORY E: EPILEPSY AND OTHER EPISODIC CONDITIONS

Profile Level	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1	No history of epileptic seizures	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
2	History of seizures or episodes but none in past 5 years without medication	Yes	2 Years	Commercial Intrastate
		No	N/A	Private Vehicles
3	Seizure or episode free 5 years and subsequently off medication 3 years with health care professional's recommendation	Yes	2 Years	Commercial Intrastate with health care professional approval
		Yes	Upon Renewal	Private Vehicles
4	Seizure or episode free 1 year off or on medication without side effects	Yes	1 year a. b.	Commercial Intrastate, Light Vehicles Appeal larger vehicles to Medical Advisory Board Private Vehicles
5	Seizure or episode free 6 months, off or on medication without side effects	Yes	6 mos a. b.	Private Vehicles
6	Seizure or episode free 5 months, off or on medication without side effects	Yes	6 mos a. c.	Speed limitation
7	Seizure or episode free 4 months, off or on medication without side effects	Yes	6 mos a. c.	Speed and area limitation
8	Seizure or episode free 3 months, off or on medication without side effects	Yes	6 mos a. c.	Speed, area and time of day limitations
9	Not Used			
10	Special circumstances not covered above e.g. single recurrence after long interval (over 2 years) of seizure freedom	Yes	6 mos a. c.	Special limitations recommended by health care professional, advise DLD
11	Single seizure or episode, suspected seizure or cluster or seizures in process of evaluation, or other special circumstances	Yes	As recom.	To be determined, health care professional advise DLD
12	Seizure or episodes not controlled, or medication effects interfering with alertness or coordination			No Driving

- a. Or shorter if recommended by health care professional, according to stability.
- b. Or interval since last seizure or episode, up to renewal interval.
- c. Or interval to qualify for higher profile.

CATEGORY F LEARNING, MEMORY AND COMMUNICATION

1. Driving a motor vehicle is a complex operation which requires the ability to learn from experience, to remember facts related to driving situations, to communicate intentions by appropriate signals and to receive communications by interpretation of signs and in other ways. Greater demands for verbal communication are imposed when passengers are carried.
2. These functional profile levels are intended as guides for health care professionals in advising appropriate driving for their patients. In stable situations, such as retardation, a single medical confirmation will be sufficient, but in other circumstances, reconfirmation of the profile should be based upon medical judgement as to the likelihood of future changes. For example, a person who is improving after a head injury may be reviewed after an appropriate interval and receive increased privileges. Similarly, a person with increasing difficulties should be reviewed and greater limitations advised as may be appropriate. A health care professional should use available information to make the best judgement possible in the interest of their patient's safety. This should include information from their family, driving incidents, habits and other medically pertinent data. In general, AMA impairment percentages from 0 to 15% may be appropriate for driving private vehicles, while higher percentages will usually call for limitations.
3. Intellectual function usually relates to age in younger individuals, but may be estimated for all ages in a common sense fashion. A person's ability to function may be affected by emotional factors or experience. A health care professional can often get a good indication of intelligence by learning how well a person handles school, work or activities of daily living. For example, a person who cannot figure change in making simple purchases may not be able to drive safely.
4. A very important component of any impairment of learning, memory, communication, or other intellectual functions is the element of emotional stability and maturity in social relations. A person with intellectual impairment who is impulsive or aggressive may be a dangerous driver. Hence, these factors must be considered in setting a profile level.
5. Most younger individuals with learning problems will have had testing done which may be used as a basis for recommendations. In other cases, estimates of abilities, including general intelligence, may be made using whatever resources are usually used by the health care professional. Since inappropriate driving may create risks for both the patient and the public, if there is uncertainty, psychometric testing or other referral should be considered. Individuals with I.Q.s below 70 are reported to have more accidents in emergency situations.
6. Ability may fluctuate in relation to effects of medications, alcohol, emotional stress or fatigue, etc. Hence, a person's age, habits, stability and related impairments as in head injuries, should be considered carefully. Recommendations should be conservative to take into account intervals when abilities may be less than usual.
7. Patients with closed head injury may have diffuse cognitive deficits, for example: impaired judgement, impulsiveness, distractibility, impaired attention, neglect, slowed reaction time or impaired cognitive endurance. If the patient has had a severe injury (defined as coma longer than 24 hours and/or post traumatic amnesia longer than 7 days) the patient should be required to be evaluated by a state driver license examiner.
8. Alzheimer's disease results in progressively impaired cognitive function and may require frequent review of driving abilities.
9. In special problems such as aphasia or inadequate language skills, the health care professional may indicate that a drive test should be given to make a careful final appraisal based upon special attention to learning and communication during the drive test. The health care professional should check the driving skills test box at the bottom of the form.

CATEGORY F: LEARNING, MEMORY AND COMMUNICATION

Profile Level	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1	No history of impairment of learning, memory, or communication. Normal intelligence	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
2	Past history of impairment of learning, memory or communication, but fully recovered at least one year. Normal intelligence	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
3	Residual minimal difficulties with complex intellectual functions or communication. Good social and personal adjustment	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
4	Borderline cognitive impairment with good socialization and emotional control	Yes	a.	Commercial Unlimited Skills test if recommended by health care professional
			b.	Private Vehicles
5	Mild intellectual or communication impairment Good socialization and emotional control	Yes	a.	Commercial Intrastate, Skills Test Required Health care professional Recommendation
			b.	Private Vehicles
6	Not Used			
7	Not Used			
8	Not Used			
9	Not Used			
10	Impairment of learning, memory, judgement or communication involving special circumstances (see paragraphs 6, 7 and 8 in narrative)	Yes	As recom.	Special limitations as recommended by health care professional, advise DLD
11	Patient under evaluation	Yes	As recom.	To be determined, health care professional advise DLD
12	Moderate, severe and profound mental retardation or impairment of intellectual functions or communication; or lesser impairment but with poor socialization and/or emotional control			No Driving

a. Or shorter interval, as recommended by health care professional.

b. Initial medical confirmation only needed for static conditions. Otherwise intervals from three months up to renewal interval according to the health care professional's judgement regarding probability of change.

CATEGORY G PSYCHIATRIC OR EMOTIONAL CONDITIONS

1. There is no certain way of predicting which person with psychiatric illness will have accidents, but many high risk drivers are such because of psychiatric conditions. Consistent application of the point system reflecting accident involvement and reckless driving with imposition of appropriate driving restrictions will help to identify and control many of the psychiatric population at risk.
2. The involuntary hospitalization or commitment law presently in effect in the State of Utah requires that the individual to be committed must have a major mental illness, lack insight into their condition, be untreatable in programs involving less restriction of personal freedom, be an imminent danger to themselves or others, or be incapable of self care. The coincidence of these four criteria adjudicated at a court hearing would be strong grounds for the withholding of the driving privilege during the duration of the commitment. Termination of committed status does not mean that the patient is necessarily mentally well but merely improved. Such individuals should be medically screened before resuming driving privileges.
3. There is a large population of individuals with psychotic illness who are being maintained on anti-psychotic medications in an ambulatory status in the community. All of these drugs, as well as the tricyclic anti-depressants, have varying degrees of sedative side effects and potentiate other CNS depressants. Most of these are individuals with a clinical diagnosis of "schizophrenia". The quality of the remission being maintained by medication varies widely. Some of the individuals continue to have significant mental disability. These persons should be screened in terms of severity of side effects incident to medication and the adequacy of the remission in terms of a reasonably stable, reality oriented, socially responsible and impulse controlled adjustive style.
4. Benzodiazepines have been implicated in automobile fatalities to a degree comparable with alcohol. Research shows the major period of risk is the first three weeks, after which tolerance generally develops to the sedation and dysfunctional effects on coordination.
5. There are a variety of behavioral conditions, extremes of mood and impairments in thinking associated with psychiatric disorders which may correlate with accident proneness or driver risk. These include:
 - a. Inattentiveness which may accompany even minor mental disturbances;
 - b. Impulsivity, explosive anger, and impaired social judgement characteristic of personality disorders, especially antisocial personality;
 - c. Suicidality, perceptual distortions, psychomotor retardation or frank irrationality in addition to the previously described symptoms which are common features of major psychiatric illnesses such as schizophrenia, major depressive disorder, bipolar (manic depressive) disorder and organic brain syndromes.
6. The applicant's prior accident and violation records are more valid "predictors" of driver risk than psychiatric status. This record should be a major factor in placing restrictions upon driving. The combination of a bad driving record and mental disability could be a particularly lethal combination. If an applicant reports accidents or moving violations the health care professional should be alert to possible psychiatric problems. The health care professional may call 965-4723 for further information retained on the patient's driving record.
7. If a health care professional believes there may be a problem, but is not sufficiently familiar with the patient's psychiatric status to make a valid judgement, they should refrain from doing so until they gain access to current psychiatric information or records or makes an appropriate referral for evaluation.

CATEGORY G: PSYCHIATRIC OR EMOTIONAL CONDITION

Profile Level	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1	No history of psychiatric or emotional condition	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
2	Past history of psychiatric or emotional condition, asymptomatic for 5 years	Yes	2 Years	Commercial Unlimited
		No	N/A	Private Vehicles
3	Psychiatric or emotional condition stable for 1 year with symptoms controlled without medication or with medications which do not interfere with alertness or coordination	Yes	1 Year	Commercial Unlimited
			1 year a.	Private Vehicles
4	Psychiatric or emotional condition stable for 3 months with symptoms controlled without medication or with medications which do not interfere with alertness or coordination	Yes	1 Year	Commercial Intrastate with health care professional recommendation c.
			1 year a.	Private Vehicles c.
5	Psychiatric or emotional condition stable for 1 month with symptoms controlled by medications which do not interfere with alertness or coordination	Yes	6 mos b.	Private Vehicles c.
6	Psychiatric or emotional condition with medications which minimally interfere with coordination, as in dyskinesia etc	Yes	6 mos b.	Speed limitation c.
7	Not Used			
8	Not Used			
9	Psychiatric or emotional condition with variable symptoms where driving under direct supervision of a responsible licensed driver may be therapeutic	Yes	6 mos b.	Accompanied by licensed driver with speed, area and/or time of day limitations recommended by health care professional
10	Special circumstances not covered above	Yes	6 mos b.	Special limitations recommended by health care professional, advise DLD
11	Psychiatric or behavioral symptoms under evaluation	Yes	As recom.	To be determined, health care professional advise DLD
12	Active psychiatric or emotional condition with indications of risk to self or others; or with treatment with medications which interfere with alertness or coordination; and/or with commitment status			No Driving

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

b. Or interval up to 1 year if recommended by health care professional.

c. Drivers with impulsivity, explosive anger, and impaired social judgement characteristic of personality disorders such as antisocial personality must have a recommendation from their health care professional as well as approval of the Medical Advisory Board.

CATEGORY H ALCOHOL AND OTHER DRUGS

1. It is generally known that one-half or more of the highway accidents, injuries and fatalities are related to the use of alcohol. Chronic users of alcohol cause more fatal accidents than the combination of all other drivers with medical problems. Hence, an awareness of problems caused by alcohol is essential to the proper granting of driving privileges.
2. Use of other problem causing drugs can impair a person's driving ability. The nature of these substances is such that continued use creates problems which are recognizable and require special attention in licensing drivers.
3. Users of alcohol and other drugs are well known for their tendency to under-report amounts used. There is a wide individual variation in the effects of such substances. Hence, about the only valid basis for evaluating an applicant's probable safety as a driver is careful appraisal of the person's history including, but not limited to, the past effect upon driving.
4. Adverse personal consequences of alcohol use include (1) physical dependence or withdrawal symptoms, (2) medical or neurological findings associated with effects of alcohol use upon the nervous system or other organs, (3) a history of alcohol related behavioral change indicated by fighting, physical abuse or vehicle accidents, (4) convictions involving alcohol.
5. Excessive or inappropriate use of drugs includes use for purposes of intoxication or stimulation of any prescription or nonprescription, legal or illegal, drugs which cause adverse personal or social consequences such as those listed above. In addition, untoward drug related experiences, such as flashbacks, or substance withdrawal seizures may be hazards to driving.
6. Users of mood altering and hallucinogenic drugs are next to users of alcohol in traffic violations. Not only "street" drugs but also inappropriately used prescription drugs increase accident rates, especially when used in combination with alcohol. This list of substances include: marijuana, amphetamines, L.S.D., antihistamines, barbiturates, benzodiazepines and anti-psychotics such as phenothiazine, haloperidol, sleeping pills of all sorts, etc.
7. There is increasing evidence that marijuana may affect driving by causing changes in depth perception, unpredictable alteration of reaction time, illusions of distance, impairment of accuracy of sensory perception, impairment of judgement and periodic lapses of attention, acutely as well as after chronic use. Marijuana may impair driving even several days after cessation of use.
8. Health care professionals should be alert to the fact that those with substance problems tend to visit them more often than the average. Patterns that suggest substance abuse include: gastrointestinal symptoms, often atypical; injuries or burns of vague causation; neurologic symptoms; general medical or flu-like symptoms, hypertension or skin problems; psychiatric symptoms, including depression; social maladjustment and interpersonal and work difficulties; and family health problems. Inquiry may lead to a clearer picture of the problem and temporary limiting of driving for the benefit of the public as well as the patient. Persons who have been stabilized by methadone treatment in a recognized clinic may qualify to drive a non-commercial vehicle as long as they remain under supervision.
9. Many young or inexperienced drivers are unaware of the high risks of driving associated with the use of alcohol, especially when mixed with other substances. Making factual information regarding drugs and alcohol and their effects on driving available to young drivers may help them to make safer choices. Health care professionals can effectively help in these educational efforts.
10. Since many persons rely on their automobiles for transportation to and from work, pressure may be brought to bear to make exceptions. Since the guidelines provide for limitations on speed, areas, time of day, etc., these should be used as appropriate to facilitate driving to and from work until the person has demonstrated sustained responsibility for unlimited privileges.

CATEGORY H: ALCOHOL AND OTHER DRUGS

Profile Level	Circumstances ALCOHOL USE	Circumstances DRUG USE	Med Conf Req	Interval for Review	License Class and Restrictions
1	No history of use of alcoholic beverages	No history of inappropriate use of drugs	Yes	2 Years	Commercial Unlimited
2	Alcohol use but no adverse personal or social consequences b ₁	History of drug abuse, but not within past 5 years c .	No	N/A	Private Vehicles
3	Alcohol use with no adverse personal or social consequences within past 5 years b .	History of drug abuse, but not within past 5 years c .	Yes	2 Years	Commercial Unlimited
4	Alcohol use with no adverse personal or social consequences within past 2 years b .	History of drug abuse, but not within past 2 years Evidence of compliance with drug treatment program c .	Yes	1 Year	Commercial Intrastate with MAB Review Only
5	Alcohol use with no adverse personal or social consequences within past 6 months b .	History of drug abuse, but not within past 6 months c .	Yes	6 mos a .	Private Vehicles
6	Use of alcohol with demonstrated impairment of driving but not within past 3 months	History of drug abuse, but not within past 3 months c .	Yes	6 mos a .	Private Vehicles with demonstration of drug or alcohol abstinence by recognized medical test if use led to legal consequences d .
7	Use of alcohol with demonstrated impairment of driving but not within past month	History of drug abuse, but not within past month c .	Yes	6 mos a .	Private Vehicles with demonstration of drug or alcohol abstinence by recognized medical test if use led to legal consequences d .
8	Use of alcohol with intermittent impairment of function but not during driving or working hours	Use of drugs as medically prescribed with intermittent impairment of function but not during driving or working hours	Yes	6 mos a .	Speed, area and time of day limitations
9	Use of alcohol with intermittent impairment of function but where driving under supervision of responsible licensed driver may be therapeutic	Use of drugs as medically prescribed with intermittent impairment of function but where driving under supervision of responsible licensed driver may be therapeutic	Yes	6 mos a .	Accompanied by licensed driver with speed, area and/or time of day limitations recommended by health care professional.
10	Special situations not covered above	Special situations not covered above	Yes	As recom.	Special limitations recommended by health care professional, advise DID
11	Patient's alcohol use under evaluation	Patient's drug use under evaluation	Yes	As recom.	To be determined, health care professional advise DID
12	Chronic use of alcohol with impairment of motor and/or intellectual functions	Chronic use of drugs with impairment of motor and/or intellectual functions			No Driving

a. Or as recommended by health care professional, shorter or longer up to 1 year.

b. See narrative for examples of adverse consequences.

c. Drug Abuse means any use of illicit drugs or inappropriate use of prescription or non-prescription drugs.

d. Random blood alcohol, random urine or hair drug analysis, or documented compliance with requirements of an approved treatment program at time of profiling.

CATEGORY I VISUAL ACUITY

1. Visual acuity and peripheral vision guidelines for functional ability profiles are as shown.
2. Correction of vision may be either with regular glasses or with contact lenses, provided they are used at all times when driving. With spectacles, the correction must be less than 10 diopters to qualify for profile level 1. Profiles based upon use of a visual correction should be identified by the suffix "C".
3. Some of the eye conditions requiring special consideration, but which have no set standards, are listed below. Persons with these conditions may drive if they meet the criteria for acuity and fields.
4. **COLOR VISION:** People who are completely color blind usually suffer from poor visual acuity and possible associated visual field loss. Red-green color discrimination is not important because of traffic light standardization, except in the case of commercial drivers, who must be able to recognize standard colors of red, green and amber.
5. **DARK ADAPTATION:** Dark adaptation and glare tolerance are important for safe twilight and night driving, but methods of measurement and standards are not well established. However, individuals with cataracts, retinal abnormalities, chronic pupillary constriction, or other known causes of glare intolerance or poor dark adaptation should be carefully evaluated before being recommended for unrestricted licensure. Under certain conditions, a profile for daytime driving only may be recommended.
6. **HETEROPHORIA** can occasionally be a cause of driver fatigue. In more severe conditions, it may lead to blurred vision, diplopia or suppression of vision in one eye. A strabismic person, if diplopia (double vision) is not present, may be regarded as a one-eyed driver. A person with persisting diplopia may be licensed only on the basis of specific medical recommendations.
7. **STEREOPSIS** is only important in distances up to 75 feet and therefore relates more to parking, backing and following closely in city traffic. The best method for testing depth perception on the highway is the driver license examiner's road test.
8. **MONOCULAR VISION:** A person with vision with one eye or correctable vision in one eye to 20/40 may drive non-commercial vehicles. Side mirrors are not required because they are not considered adequate compensatory devices. In certain circumstances a driver with monocular vision may be approved by the Medical Advisory Board for a commercial intrastate license or medical certificate.
9. **REFRACTIVE STATES:** Myopia (near-sightedness), hyperopia (far-sightedness) and astigmatism (distorted, but constant for all viewing distances) can usually be compensated and need not be considered as problems. Likewise, presbyopia (inability to focus clearly at near) is natural to aging and is not of licensing concern if compensated.
10. **TELESCOPIC LENS:** When a person puts on a telescopic lens, the visual field is decreased to an extent that the wearer is not qualified to drive.
11. **CHRONIC AND RECURRENT DISEASE,** including nystagmus, glaucoma, cataracts, ptosis, corneal disorders, pupillary action, retinal changes and aphakia, are significant in that they usually produce changes in the visual acuity or visual fields.
12. **VISUAL FIELDS:** Recent research demonstrates that intact peripheral vision is important for safe driving. An adequate visual field for passenger vehicles is defined as 120° on the horizontal meridian and 20° on the vertical meridian both above and below fixation. If the patient has pathology that may affect the visual fields, such as glaucoma, retinitis pigmentosa, post panretinal photocoagulation, or cataracts, formal visual field testing using a Goldmann III-4-e object or its equivalent for automated perimetry may be helpful in determining the extent of visual field impairment. A person with a homonymous hemianopia is at increased risk for accidents and should be reviewed by the Medical Advisory Board.

CATEGORY I: VISUAL ACUITY

Profile Levels	Vision	Visual Fields c.	Color Vision C/DL Only	Med Conf Req	Interval for Review	License Class and Restrictions
1	20/25 vision each eye	Monocular visual fields 120° in each eye, binocular visual fields 70° to the right and to the left in the horizontal meridian.	Normal	Yes	2 Years	Commercial Unlimited
2	20/40 in each eye		N/A	No	N/A	Private Vehicles
3	20/40 in better eye, stable pathology	At least 120° in each eye	Normal	Yes	2 Years	Commercial Unlimited
			N/A	No	N/A	Private Vehicles
4	20/40 in better eye, stable pathology	At least 120° total for both eyes	Normal	Yes	1 Year a.	Commercial Intrastate, with approval by MAB d.
			N/A	No	Upon a. renewal	Private Vehicles
			Normal	Yes	1 Year a.	Commercial Intrastate, renewal only, with approval by the MAB d.
5	20/40 in better eye, unstable pathology	At least 120° total for both eyes	N/A	No	Upon a. Renewal	Private Vehicles
6	20/50 to 20/70 in better eye, stable pathology		N/A	Yes	2 years a.	Private Vehicles
7	20/50 to 20/70 in better eye, unstable pathology		N/A	Yes	Upon a. Renewal	Speed limitations
8	20/80 to 20/100 in better eye, stable pathology		N/A	Yes	1 Year a.	Speed limitations and area b.
9	20/80 to 20/100 in better eye, unstable pathology	At least 90° total for both eyes e.	N/A	Yes	1 Year a.	Speed, area and time of day restrictions as recommended by health care professional and approved by MAB
			N/A	Yes	6 mo a.	Speed, area and time of day restrictions as recommended by health care professional and approved by MAB
10	Special circumstances not covered by any of the above	Special circumstances not covered by any of the above	N/A	Yes	As recom.	Special limitations recommended by health care professional, advise DLD f.
11	Patient under evaluation		Patient under evaluation	N/A	Yes	As recom.
12	No Driving	Less than 90 degrees total for both eyes	N/A			No Driving

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

b. Speed, area and time of day restrictions as recommended by health care professional.

c. An adequate visual field is defined as 90 degrees on the horizontal meridian and 20 degrees on the vertical meridian both above and below fixation.

d. If there is any question concerning the visual fields on confrontation testing or because of ophthalmic pathology, formal visual field testing by perimetry using a III-4-e Goldmann target (or its equivalent on automated perimetry) should be performed.

e. May be modified subject to Federal Rulemaking.

f. Patients with a homonymous hemianopia must be reviewed by the Medical Advisory Board.

g. Profile should be indicated by health care professional with recommendations and indicate on the Visual Exam Form if a driving skills test is required.

CATEGORY J

MUSCULOSKELETAL ABNORMALITY OR CHRONIC MEDICAL DEBILITY

1. The preceding categories have been developed to cover most of the more common conditions which may affect driving safety. Category J includes a variety of chronic conditions not included elsewhere, which have in common their potential effect upon driving safety. In some of them, medical judgement may be of primary importance in determining limitations on driving, such as, osteoporosis or active infectious disease, including HIV, as they affect the safety of the driver or passengers or other vehicles. In others, the basis for limitation of driving privileges will be the functional motor impairment for the specific acts of operating a vehicle, such as amputations or congenital abnormalities, unless compensatory devices are used as outlined in Category K.
2. In case of obvious paralysis or absence or abnormality of limbs, etc., where an applicant is able to pass the driving test without compensatory aids, no medical confirmation is required. Otherwise, a provisional profile level may be based on the health care professional's recommendations and a final one upon the functional motor profile in Category K. For stable conditions, the interval for revalidation will be normal, but in unstable situations, the health care professional should recommend shorter intervals depending upon the nature of the problem.
3. Many persons with chronic illness require medications for pain and other symptoms which may interfere with alertness or coordination. Use of such medications should be taken into consideration in assigning a profile level. The individual should be cautioned that they are responsible to refrain from driving when their condition or medications seem to affect driving ability.
4. **COMMERCIAL DRIVERS:** The health care professional may indicate a profile 4, subject to confirmation by passing a road test to indicate their ability to control and operate a commercial motor vehicle safely. The health care professional should check the skills test box at bottom of form.

CATEGORY J: MUSCULOSKELETAL ABNORMALITY OR CHRONIC DEBILITY

Profile Level	Musculoskeletal Abnormality	General Debility or Impairment	Med Conf Itcq	Interval for Review	License Class and Restrictions
1	No history	No history	Yes	2 Yrs	Commercial Unlimited
2	Full recovery one year	Full recovery one year	No	N/A	Private Vehicles
3	Minimal residual loss of function	Minimal residual loss of function	Yes	2 Yrs	Commercial Unlimited
4	Mild residual loss of function with or without compensatory device a.	Mild residual loss of function a.	No	N/A	Private Vehicles
5	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc. a. b.	Moderate residual loss of function a.	Yes	2 Yrs	Commercial Unlimited (Waiver Req'd) Must have MAB Approval
6	Congenital absence or deformity of a limb or the spine, traumatic or surgical amputations, or limitations of joint motion by fusion, arthritis, contractures, etc. b.	General debility or impairment from cancer, aging, chronic infections such as HIV, malnutrition, chemotherapy, drugs or other treatment, chronic pain syndromes, etc. b.	No	N/A	Private Vehicles
7			Yes	1 yr d.	Commercial Unlimited (Waiver Req'd) Must have MAB Approval
8			c.	1 yr d.	Private Vehicles
9	Impairment requiring assistance of responsible licensed driver, such as variable weakness, episodes of pain, etc. b.		Yes	1 yr d.	Accompanied by licensed driver, with speed, area, and time limits recommended by health care professional
10	Circumstances not covered by any of the above b.		Yes	1 yr d.	Special limitations recommended by health care professional, advise DLD
11	Patient under evaluation		Yes	1 yr d.	To be determined, health care professional advise DLD
12	Chronic conditions making driving unsafe. Not fully compensated for by restorative functional devices.				No Driving

- a. Commercial Unlimited license or medical certificate may be obtained with a waiver.
- b. Profile should be indicated by the health care professional according to their best information, and should indicate on the form if a driving test is required. Additional functional motor evaluation will be done under Category K.
- c. If compensatory devices used on request of examiner or in case of chronic disease.
- d. Longer interval or shorter as recommended by health care professional according to stability.

CATEGORY K FUNCTIONAL MOTOR ABILITY

1. Evaluation of functional motor ability, consists of an appraisal of an individual's abilities to operate a vehicle with reference to muscular strength; coordination; range of motion of joints; spinal movement and stability; amputations or the absence of body parts; and/or other abnormalities affecting motor control. In addition, there is the intangible element of the individual's ingenuity and skill in offsetting their limitations. Specific vehicles may vary greatly in the degree of strength and skill required.
2. Because of these factors, motor ability to operate a particular vehicle may be difficult to define with certainty in the health care professional's office. Nevertheless, the health care professional confirming an applicant's profile should indicate in their best judgement a provisional profile level without and with compensating devices. This will help the driver examiner who tests the applicant (in the vehicle using compensatory devices) and makes the final determination of the functional motor ability profile level. In the event of differences of opinion or where the applicant may feel their case is not well understood, consultation between the driver examiner and the health care professional is encouraged. If there is a continuing uncertainty, a request may be made for review by the Medical Advisory Board as in other cases.
3. If a person demonstrates ability to perform all motor functions necessary to operate a specific type of vehicle without compensating or assistive devices of any sort their motor ability profile will be without a suffix. If any of these devices are used, a suffix will be added as appropriate:
 - CPD - Compensating Personal Devices
 - CSA - Compensating Standard Accessories
 - CNA - Compensating Non-standard Adaptations
4. The suffix CPD (Compensating Personal Devices) will indicate use of personal devices by the person routinely throughout the day for other activities as well as for driving, such as back braces, limb prostheses, limb braces, neck braces, etc.
5. The profile suffix CSA (Compensating Standard Accessories) will indicate the ability to operate a vehicle using standard auto accessories, such as power steering, power brakes, automatic transmission, power windows, etc. A license based upon a profile followed by CSA will be limited to use of vehicles equipped as specified on the license.
5. The profile suffix CNA (Compensating Non-standard Adaptations) will be used to indicate an ability to operate the vehicle using non-standard shoulder and lap belts, special mirrors, special power equipment other than standard power brakes or steering, and other such devices. Any license based on a CNA profile will be valid only when the specified compensating adaptations(s) is (are) being used and are in good working order. A driving test may be required, by the Driver License Division, of drivers using CNAs.
7. If more than one compensating mechanism is used, each suffix will be added to the profile. Examining forms and licenses issued will indicate the levels of functional motor ability and compensating devices to be used. For testing of applicants who use more sophisticated or complex compensating devices, a specially trained examiner will be designated to insure the most knowledgeable evaluation possible. Periodic review of the safety status of such devices is recommended and may be required from time to time by designated examiners.
3. An applicant with a stable motor impairment who is able to pass a standard driving test to the examiner's satisfaction without use of compensating devices (other than standard accessories such as seat belts or power steering or brakes) will not generally need a medical confirmation of their profile. However, if other than standard accessories are used, if the profile has other indications of possible impairment, or if the examiner is not able to pass the applicant on all parts of the standard driving test, medical confirmation of the profile should be secured.
9. **COMMERCIAL DRIVERS:** All drivers with profiles 3 and 4 will be given a special driving test with the vehicles to be used and with compensatory devices and accessories used. The health care professional should add the appropriate suffix to the profile level to alert the driving test examiners. If there has been loss or impairment of a hand or finger, arm, foot or leg which may interfere with operating a motor vehicle, approval by the Medical Advisory Board is required.

CATEGORY K: FUNCTIONAL MOTOR ABILITY (WITH OR WITHOUT COMPENSATORY AIDS)

Profiles Without Compensating Aids	Profiles With Compensating Personal Devices	Profiles With Compensating Standard Accessories	Profiles With Compensating Non-Standard Accessories	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1				No history of motor impairment	Yes	2 Years	Commercial Unlimited
2				Past motor impairment, fully recovered	No	N/A	Private Vehicles
3	CPD	CSA	CNA	Past motor impairment or incomplete recovery with no driving limitation	Yes	2 Years	Commercial Unlimited
4	CPD	CSA	CNA	Present motor impairment or demonstrates ability to operate vehicle(s) to be driven	Yes a.	Renewal	Private Vehicles
5				Not Used			
6	CPD	CSA	CNA	Demonstrates ability to operate vehicle(s) at reduced speeds	Yes a.	Upon Renewal	Speed limitation
7	CPD	CSA	CNA	Demonstrates ability to operate vehicle(s) at reduced speeds in limited areas	Yes a.	Upon Renewal	Speed and area limitations
8	CPD	CSA	CNA	Demonstrates ability to operate vehicle(s) at reduced speeds, in limited areas and daytime only	Yes a.	Upon Renewal	Speed, area and time of day limitations
9	CPD	CSA	CNA	Demonstrates ability to operate vehicle(s) at reduced speed, area or other limits, accompanied by responsible driver	Yes a.	Upon Renewal b.	Accompanied by licensed driver with speed, area and time of day limits recommended by health care professional or examiner
10	CPD	CSA	CNA	Motor ability to operate vehicle with special limits recommended by health care professional and/or examiner	Yes a.	Upon Renewal b.	Speed limitations recommended by health care professional (advise DLD) or examiner
11	CPD	CSA	CNA	Patient under evaluation	Yes	As recom.	To be determined, health care professional advise DLD
12	CPD	CSA	CNA	Unable to operate vehicle safely with or without compensatory devices			No Driving

a. At discretion of health care professional.

b. As recommended by health care professional if shorter than renewal interval, according to stability.

**CATEGORY L
HEARING
(COMMERCIAL DRIVERS ONLY)**

1. Drivers of private vehicles: No hearing requirements have been set up. For Meniere's Disease, see Category E, Episodic Disorders.
2. Commercial drivers are required to pass a hearing test. They may be tested either without an aid or with a hearing aid if ordinarily used and are acceptable if:
 - (1) They perceive a forced whispered voice in the better ear at not less than five feet;

OR,
 - (2) If tested by use of an audiometric device, they do not have an average hearing loss in the better ear greater than 65 decibels at 500 Hz, 1000 Hz and 2000 Hz. If tested by use of an audiometric device, etc., to 2000 Hz and for unlimited commercial driving nor an average hearing loss greater than 65 decibels for the same frequencies for intrastate driving of certain vehicles (American National Standard Z 24.5 - 1951).

It is suggested that, if a driver does not pass the whisper test and there is no correctable abnormality such as wax accumulation, arrangements be made for an audiogram.

CATEGORY L: HEARING (COMMERCIAL DRIVERS ONLY)

Profile Level	Circumstances	Med Conf Req	Interval for Review	License Class and Restrictions
1	No past history or current hearing impairment	Yes*	2 Years	Commercial Unlimited
2	Past history of hearing impairment, fully recovered	Yes*	2 Years	Commercial Unlimited
3	Hearing impairment - hears whisper at 5 feet or 40 decibel audiogram without hearing aid	Yes*	2 Years	Commercial Unlimited
4	Hearing impairment - hears whisper at 5 feet or 40 decibel audiogram with hearing aid	Yes*	2 Years	Commercial Unlimited
5	Hearing impairment - unable to hear whisper at 5 feet or 40 - 65 decibel loss	Yes*	1 Year a. b.	Commercial Intrastate (light vehicles)
6	More than 65 decibel loss	N/A	N/A	Private Vehicles
7	Not Used			
8	Not Used			
9	Not Used			
10	Not Used			
11	Patient's hearing impairment under evaluation			To be determined by health care professional. Advise DLD.
12	Not Used			

*For Commercial Drivers Only

- a. Or sooner, if not stable, at discretion of health care professional.
- b. Indicate with or without the use of hearing aids.

APPENDIX I

PRINCIPLES USED IN DEVELOPING GUIDELINES AND STANDARDS FOR DEFINING DRIVING CAPABILITY

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

1. Guidelines and standards should be the least restrictive possible consistent with public safety.
2. Functional ability to operate a vehicle safely, rather than impairments, should receive emphasis.
3. Some impairments will permit driving safely under appropriate limitations as to speed, area, time of driving and use of compensating devices, etc.
4. Fairness should prevail in these ways: (a) medically impaired drivers should not be required to meet guidelines and standards of expected safety in excess of those expected of unimpaired drivers; and (b) drivers with different kinds of impairments, but with similar estimated increases in driving risk, should have as nearly the same limitations as possible.
5. A system for profiling all aspects of a person's health which may adversely affect driving either intermittently or continuously will be used by applicants for a driver license.
6. Health care professionals should not be expected to function as policemen, prosecutors or judges in the process of driver evaluation, but as individuals skilled in diagnosis and accurate reporting of functional ability, as well as teachers and advisers to their patients.
7. Since the ultimate responsibility for safety lies with all drivers, they should be involved in self-evaluation, with medical evaluations being used to confirm its accuracy or change it.
8. Every opportunity should be used to educate all drivers and applicants about the effects of physical and emotional health problems, use of drugs, etc. on their ability to drive safely.
9. If anything related to licensing can be simplified safely, this should be done.
10. Health care professionals are invited to help put into effect these principles of safety and fairness and of increasing driver awareness of health in relation to driving safety.

Commercial Driver Licensing

Regarding guidelines and standards for operators of commercial motor vehicles, Federal Fitness Standards have been integrated as written in the Federal Motor Carrier Safety Regulations, 49CFR, Part 391.

APPENDIX II

UTAH CRIMINAL AND TRAFFIC CODE OPERATORS' LICENSE ACT LICENSES — IMPAIRED PERSONS

41-2-201. Licensing of Impaired Persons - Medical Review - Restricted License - Procedures.

- (1) (a) As used in this section and Section 41-2-202, "impaired person" means a person who is afflicted with or suffering from a mental, emotional, or nonstable physical impairment or disease that may impair the person's ability to exercise reasonable and ordinary control at all times over a motor vehicle while operating it upon the highways.
- (b) "Impaired person" does not include a person having a nonprogressive or stable physical impairment which is objectively observable and which may be evaluated by a functional driving examination.
- (2) When the division has reason to believe that an applicant for a license may be an impaired person, the division may, at its discretion, require the applicant to complete one or both of the following:
 - (a) a physical examination by a physician or surgeon licensed to practice medicine in this state and the submittal by the examining physician or surgeon of a signed medical report indicating the results of the physical examination; the format of the report shall be devised by the division with the advice of the division's Driver License Medical Advisory Board and shall elicit the necessary medical information to determine whether it would be a public safety hazard to permit the applicant to operate a motor vehicle upon the highways;
 - (b) a follow-up medical review by a physician or surgeon and completion of the above described report at intervals established by the Division under standards recommended by the Driver License Medical Advisory Board.
- (3) The division may issue a restricted license to an impaired person who is otherwise qualified to obtain a license. The license continues in effect until its expiration date so long as the licensee complies with the requirements set forth by the division. The license is subject to renewal under the conditions of this section. Any physical, mental, or emotional impairment of the applicant which in the opinion of the division does not affect the applicants ability to exercise reasonable and ordinary control at all times in operating a motor vehicle upon the highway does not prevent the issuance of a license to the applicant.
- (4) (a) When an examination is required under this section, the division is not bound by the recommendation by the examining physician but shall give fair consideration to the recommendation in acting on the application. The criterion is whether upon all the evidence it is safe to permit the applicant to operate a vehicle.
- (b) In deciding whether to issue or deny a license, the division may be guided by the opinion of experts in the fields of diagnosing and treating mental, physical, or emotional disabilities and may take into consideration any other factors which bear on the issue of public safety.
- (5) Information provided under this section relating to physical, mental, or emotional impairment is confidential.

41-2-202. Driver License Medical Advisory Board – Membership – Guidelines for licensing impaired persons – Recommendations to division.

- (1) (a) In this section "board" means the Driver License Medical Advisory Board.
(b) The commissioner may create a Driver License Medical Advisory Board. The board is composed of three regular members appointed by the executive director of the Department of Health and assisted by expert panel members nominated by them as necessary and as approved by the executive director of the Department of Health. The regular members of the board serve as its executive committee and may act for the full board. They shall be assisted by expert panel members in recommending medical standards in the areas of the panel members' special competence for determining the physical, mental, and emotional capabilities of applicants for licenses and holders of licenses.
(c) In reviewing individual cases, a panel acting with the authority of the board consists of at least two members, of which at least one is a regular board member. The director of the division or his designee serves as secretary to the board and its panels. Members of the executive committee and expert panel members nominated by them shall be physicians licensed to practice medicine in all of its branches in this state. They shall receive per diem and expenses as determined by the director of the Division of Finance for each meeting of the board or one of its panels, to be paid as an operating expense by the division. The board shall meet from time to time when called by the director of the division.
- (2) The board shall recommend written guidelines for determining the physical, mental and emotional capabilities of applicants for licenses and for holders of the licenses. The guidelines are applicable to all individuals who hold current Utah licenses and for all individuals who hold learner permits and are participating in driving activities in all forms of driver education. The guidelines shall be published by the division, and are subject to the Utah Administrative Rulemaking Act.
- (3) When the division has reason to believe that an applicant or licensee is an impaired person, it may:
 - (a) act upon the matter based upon the published guidelines; or
 - (b) convene a panel to consider the matter and submit written findings and a recommendation; the division shall consider the recommendation along with other evidence in determining whether a license should be suspended, revoked, denied, or restricted.
- (4) When the division has acted under Subsection (3) to suspend, revoke, deny, or restrict the driving privilege, without the convening of a panel, the affected applicant or licensee may within ten days of receiving notice of the action request in writing a review of the division's action by a panel. The panel shall review the matters and make written findings and conclusions. The division shall affirm or modify its previous action.
- (5) Actions of the division are subject to judicial review as provided in this part. The guidelines, standards, findings, conclusions, and recommendations of the board or of a panel are admissible as evidence in any judicial review.
- (6) Members of the board and its panels incur no liability for recommendations, findings, conclusions, or for other acts performed in good faith and incidental to membership on the board or a panel.
- (7) The division shall provide forms for the use of physicians in depicting the medical history of any physical, mental, or emotional impairment affecting the applicant's or licensee's ability to operate a motor vehicle.
- (8)(a) Individuals who apply for or hold a license and have, or develop or suspect that they have developed a physical, mental, or emotional impairment which may affect driving safety are responsible for reporting this to the division or its agent. If there is uncertainty, the individual is expected to seek competent medical evaluation and advice as to the significance of the impairment as it relates to driving safety, and to refrain from driving until a clarification is made.
 - (b) Physicians who care for patients with physical, mental, or emotional impairments which may affect their driving safety, whether defined by published guidelines or not, are responsible for making available to their patients without reservation their recommendations and appropriate information related to driving safety and responsibilities.
 - (c) A physician or other person who becomes aware of a physical, mental, or emotional impairment which appears to present an imminent threat to driving safety and reports this information to the division in good faith has immunity from any damages claimed as a result of making the report.

APPENDIX III

SPECIAL QUALIFICATIONS FOR PERSONS WITH DIABETES MELLITUS FOR COMMERCIAL DRIVER LICENSES

Current federal commercial driver qualification requirements read:

"A person is physically qualified to drive a motor vehicle if that person has no established medical history or clinical diagnosis of Diabetes Mellitus currently requiring insulin for control." "If insulin is necessary to control a diabetic condition, the driver is not qualified to operate a motor vehicle. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemia drug and a diet that can be obtained while the driver is on duty, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision."

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

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

Physical qualifications for drivers: 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 likely to interfere with that person's ability to safely operate a commercial motor vehicle and provided a person who requires insulin for control of the disease:

- a. Has within the last five years
 - (1) An absence of a hypoglycemic reaction that resulted in loss of consciousness or seizure.
 - (2) An absence of seizure or coma without antecedent prodromal symptoms of hypoglycemia.
 - (3) An absence of recurrent diabetic ketoacidosis or hyperosmolar nonketotic coma.
- b. Provides the following information (as a minimum) to the Board Certified Endocrinologist who examines them:
 - (1) A complete medical history including all hospitalization, consultation notes, diagnostic examinations, special studies and follow-up reports.

APPENDIX III (continued)
Special Qualifications For Persons With Diabetes Mellitus For
Commercial Driver Licenses

- (2) A complete drivers record as reported by the State Licensing Agency which issued the person a drivers license (as may be available).
 - (3) Complete information regarding any motor vehicle or other accidents resulting in personal injury or property damage.
 - (4) Written signed authorization to permit the examining endocrinologist to obtain information from employers, work associates, health care professionals, or other health care workers, relevant to the person's medical condition.
- c. Undergoes a complete medical evaluation by a Board Certified Endocrinologist who will assess the results of the following procedures prior to determining whether the person is qualified to operate a commercial motor vehicle:
- (1) At least two results of glycolysated hemoglobins during the last 6 months, a lipid profile, urinalysis and CBC. Blood pressure readings at rest, sitting and standing. Elevated blood pressure, medication for hypertension or other evidence of any cardiovascular abnormality will require a maximal exercise stress EKG.
 - (2) Ophthalmologic confirmation of absence of visually significant retinal disease.
 - (3) Examination and tests to detect peripheral neuropathy and/or circulatory deficiencies of the extremities.
 - (4) A detailed evaluation of insulin dosages and types, diet utilized for control and any significant lifestyle factors, such as smoking, alcohol use and other medications or drugs taken.

The Board Certified Endocrinologist shall:

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

APPENDIX III (continued)
Special Qualifications For Persons With Diabetes Mellitus For
Commercial Driver Licenses

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

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

APPENDIX IV

ADDITIONAL INFORMATION FOR CATEGORY B: HYPERTENSION/CARDIOVASCULAR PROFILE

A. HYPERTENSION/CARDIOVASCULAR PROFILE

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

(1) ORTHOSTATIC HYPOTENSION

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

(2) SYNCOPE

Alpha Blockers

(3) DROWSINESS/SEDATION

Methyldopa, Guanabenz, Guanadrel, Reserpine, Clonidine

(4) DIZZINESS

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

(5) OTHER AGENTS AFFECTING DRIVING SAFETY

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

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APPENDIX VI

1992

UTAH DRIVER LICENSE MEDICAL ADVISORY BOARD

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