

**Federal Motor Carrier Safety Administration (FMCSA)  
Skill Performance Evaluation (SPE) Certification  
49 CFR 391.49**

**Sample Initial Letter of Application**

**All initial and renewal Skill Performance Evaluation (SPE) certificate requests must adhere to the regulatory requirements detailed in this section.**

**To enable processing of your application we require all of the information included in this section. We have included a suggested format in this packet that will help facilitate the processing of your SPE certification request. We will not process incomplete applications.**

Application type:

**Joint** application

49 CFR 391.49(b), a letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant, if the application is accepted, this is a *joint* application.

**Unilateral** application

49 CFR 391.49(3) Exception, a letter of application for an SPE certification may be submitted by the driver applicant, this is a **unilateral** application.

Application address: The application must be addressed to the applicable field service center, FMCSA, for the State in the applicant is licensed, or where the co-applicant motor carrier's principal place of business is located.

(1) Identification of the applicant(s):

- Name and complete address of the motor carrier co-applicant;
- Name and complete address of the driver applicant;
- The U.S. DOT Motor Carrier Identification Number, if known;
- A description of the driver applicant's limb impairment for which SPE certificate is requested.

(2) Description of the type of operation the driver will be employed to perform:

- State(s) in which the driver will operate for the motor carrier co-applicant (if more than 10 States, designate general geographic area only);
- Average period of time the driver will be driving and/or on duty, per day;  
Type of commodities or cargo to be transported;
- Type of driver operation (i.e., sleeper team, relay, owner operator, etc.); and

- Number of years' experience operating the type of commercial motor vehicle(s) requested in the letter of application and total years of experience operating all types of commercial motor vehicles

(3) Description of the commercial motor vehicle(s) the driver applicant intends to drive:

- Truck, truck tractor, or bus make, model, and year (if known);  
Drive train;
- Transmission type (automatic or manual—if manual, designate number of forward speeds);  
Auxiliary transmission (if any) and number of forward speeds; and
- Rear axle (designate single speed, 2 speed, or 3 speed)
- Type of brake system;
- Steering, manual or power assisted;
- Description of type of trailer(s) (i.e., van, flatbed, cargo tank, drop frame, lowboy, or pole);
- Number of semitrailers or full trailers to be towed at one time;
- commercial motor vehicles designed to transport passengers, indicate the seating capacity of commercial motor vehicle; and
- Description of any modification(s) made to the commercial motor vehicle for the driver applicant; attach photograph(s) where applicable

(4) Otherwise qualified:

- The **co-applicant motor carrier** must certify that the driver applicant is otherwise qualified under the regulations
- In the case of a **unilateral application**, the driver applicant must certify that he/she is otherwise qualified under the regulations of this part.

(5) Signature of applicant(s):

- Driver applicant's signature and date signed;
- Motor carrier official's signature (if application has a co-applicant), title, and date signed. Depending upon the motor carrier's organizational structure (corporation, partnership, or proprietorship), the signer of the application shall be an officer, partner, or the proprietor.

(6) The letter of application for an SPE certificate shall be accompanied by:

- A copy of the results of the medical examination report
- A copy of the medical certificate

- A medical evaluation summary completed by either a Board-qualified or Board-certified physiatrist (doctor of physical medicine) or orthopedic surgeon. The c-applicant motor carrier or the driver applicant shall provide the physiatrist or orthopedic surgeon with a description of the job-related tasks the driver applicant will be required to perform;
- The medical evaluation summary for a driver applicant disqualified due to an amputation shall include:
  - An assessment of the functional capabilities of the driver as they relate to the ability of the driver to perform normal tasks associated with operating a commercial motor vehicle; and
  - A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately
- The medical evaluation summary for a driver applicant disqualified for an impairment shall include:
  - An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;
  - An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and
  - A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately
- A description of the driver applicant's prosthetic or orthotic device worn, if any

(7) Road test when applicable:

- A copy of the driver applicant's road test administered by the motor carrier and the certificate issued or
- A unilateral applicant shall be responsible for having a road test administered by a motor carrier or a person who is competent to administer the test and evaluate its results.

(8) Application for employment:

- A copy of the driver applicant's application for employment completed pursuant to § 391.21; or
- A unilateral applicant shall be responsible for submitting a copy of the last commercial driving position's employment application he/she held. Please state if you have had previous employment as a commercial driver

(9) A copy of the driver applicant's SPE certificate of certain physical defects issued by the individual State(s), if applicable

(10) A copy of the driver applicant's State Motor Vehicle Driving Record for the past 3 years from each State in which a motor vehicle driver's license or permit has been obtained

(11) The driver shall supply each employing motor carrier with a copy of the SPE certificate.

Upon granting an SPE certificate, the Division Administrator/State Director, FMCSA, will notify the driver applicant by letter and co-applicant motor carrier (if applicable). The terms, conditions and limitations of the SPE certificate will be specified. The SPE certificate form will identify the power unit (bus, truck, truck tractor) for which the SPE certificate has been granted.

The Division Administrator/State Director, FMCSA, may deny the application for SPE certificate or may grant it totally or in part and issue the SPE certificate subject to such terms, conditions, and limitations as deemed consistent with the public interest. The SPE certificate is valid for a period not to exceed 2 years from date of issue, and may be renewed 30 days prior to the expiration date.

Falsifying information in the letter of application, the initial application, or falsifying information required by this section by either the applicant or motor carrier is prohibited.

### Sample SPE Initial Letter of Application

Sample forms that comply with the regulatory requirements to apply for an SPE certificate are included in this packet. You are responsible for insuring that your application is complete and includes all required information.

A Board-certified or Board-qualified orthopedic surgeon or physiatrist must complete the medical evaluation summary.

If applying for a unilateral SPE certificate (independent of your employer) you must obtain a copy of your State motor vehicle driving record, a road test and a road test certificate. The road test must be administered by a motor carrier or someone competent to administer the test and evaluate the results. If you are submitting a co-application (with your employer), please contact the Medical Program Specialist at the Service Center associated with the location of your employer's principal place of business for further instructions.

If you have any questions, please contact the Medical Program Specialist at the Service Center for the State where you are a legal resident.

<b>Service Center</b>	<b>Territory Included</b>	<b>Office Location</b>
Eastern	CT, DC, DE, MA, MD, ME, NJ, NH, NY, PA, PR, RI, VA, VI, VT, WV	4749 Lincoln Mall Drive, Suite 300A Matteson, IL 60443 (708) 283-3577
Midwestern	IA, IL, IN, KS, MI, MO, MN, NE, OH, WI	4749 Lincoln Mall Drive, Suite 300A Matteson, IL 60443 (708) 283-3577
Southern	AL, AR, FL, GA, KY, LA, MS, NC, NM OK, SC, TN, TX	61 Forsyth St., SW Suite 3M40 Atlanta, GA 30303 (404) 327-7371
Western	American Samoa, AK, AZ, CA, CO, Guam, HI, ID, Mariana Islands, MT, ND, NV, OR, SD, UT, WA, WY	61 Forsyth St., SW Suite 3M40 Atlanta, GA 30303 (404) 327-7371

**The following information must be submitted with your Skill Performance Evaluation (SPE) certificate initial application**

Application type,

49 CFR 391.49(b), a letter of application for an SPE certificate may be submitted by the person (driver applicant) who seeks an SPE certificate and by the motor carrier that will employ the driver applicant, if the application is accepted, this is a *joint* application.

49 CFR 391.49(3) Exception, a letter of application for an SPE certification may be submitted by the driver applicant, this is a *unilateral* application.

You must submit,

1. A unilateral (Driver Applicant) SPE certificate application, or
2. A joint application from the Driver Applicant and the application from the Motor Carrier that will employ the driver, if an SPE Certificate is issued. *Please note: if the employer changes, SPE certification reapplication with the new employer is required.* Contact the FMCSA program specialist to obtain appropriate guidance.
3. The Motor Carrier driver application.
4. A copy of the results of your medical examination report, pursuant to 49 CFR 391.43, the *Medical Examination Report for Commercial Driver Fitness Determination*.
5. A copy of your signed medical examiner's certificate.
6. A Medical Evaluation Summary completed **only** by either a board qualified or board certified physiatrist (doctor of physical medicine) or orthopedic surgeon will be accepted.
7. A copy of the road test and road test certificate or a copy of both sides of your commercial driver's license (CDL).
8. A copy of your State motor vehicle driving record (MVR) for the past 3 years from each State in which you held a driver's license or permit.
9. If applicable, a copy of your SPE certificate or waiver of certain physical defects.

Please review the above requirements before mailing your application to ensure that all required information is included in your packet. If you have questions contact the Medical Program Specialist in the Service Center for the State where you are a legal resident.

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Signature

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Date

PLEASE PRINT CLEARLY

check application type: Unilateral  Joint

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
MAIDEN NAME IF APPLICABLE

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H): \_\_\_\_\_ (CELL) \_\_\_\_\_ DRIVER S LICENSE#: \_\_\_\_\_

STATE OF ISSUANCE OF DRIVER'S LICENSE: \_\_\_\_\_

DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: \_\_\_\_\_

TYPE OF PROSTHESIS WORN, IF APPLICABLE: \_\_\_\_\_

**DESCRIPTION OF OPERATION**

STATES OF OPERATION: \_\_\_\_\_ TYPE OF CARGO: \_\_\_\_\_ AVERAGE PERIOD OF DRIVING TIME: \_\_\_\_\_

TYPE OF OPERATION (Sleeper Team, Relay, etc.): \_\_\_\_\_

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: \_\_\_\_\_

NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: \_\_\_\_\_

**DESCRIPTION OF VEHICLE(S)**

VEHICLE TYPE (truck, truck tractor, bus, etc.): \_\_\_\_\_ IF BUS, INDICATE SEATING

CAPACITY: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL#: \_\_\_\_\_ YEAR: \_\_\_\_\_

TRANSMISSION TYPE (automatic or manual): \_\_\_\_\_ # OF FORWARD SPEEDS: \_\_\_\_\_

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE:

NUMBER OF FORWARD SPEEDS: \_\_\_\_\_ REAR AXLE SPEED (designate single speed, 2 speed, 3 speed). \_\_\_\_\_

TYPE OF BRAKE SYSTEM: \_\_\_\_\_

STEERING (Manual or power assisted): \_\_\_\_\_

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: \_\_\_\_\_

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): \_\_\_\_\_

DESCRIPTION OF VEHICLE MODIFICATIONS: \_\_\_\_\_

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATION FOR EMPLOYMENT**

COMPANY NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**ADDRESS FOR THE PAST THREE YEARS:**

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip code)

\_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (Street) (City) (State & Zip code)

**(ATTACH SHEET IF ADDITIONAL SPACE IS REQUIRED)**

**DRIVER EXPERIENCE AND QUALIFICATIONS**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATIONS	DATE	CHARGE	PENALTY

**(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS**



**EMPLOYMENT RECORD**

(Attach sheet if additional space is needed)

NOTE: include the employment history for at least a 3 year period preceding this application that includes the current employer

**Must list the complete mailing address: street number and name, city, state and zip code**

**LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**SECOND LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

**THIRD LAST EMPLOYER: NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

POSITION HELD \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

**DRIVER'S ROAD TEST EXAMINATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ (MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) : \_\_\_\_\_ (CELL) \_\_\_\_\_ SPE TESTING SITE STATE: \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

\_\_\_\_\_ Pre-trip inspection (As required by Sec. 392.7)

\_\_\_\_\_ Coupling and un-coupling of combination units, (if the equipment the driver may drive includes combination units)

\_\_\_\_\_ Placing the equipment in operation

\_\_\_\_\_ Use of the vehicle's controls and emergency equipment

\_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles.

\_\_\_\_\_ Turning the vehicle

\_\_\_\_\_ Braking, and slowing the vehicle by means other than braking

\_\_\_\_\_ Backing, and parking the vehicle.

\_\_\_\_\_ Other, Explain

\_\_\_\_\_  
\_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YYYY) EXAMINER'S NAME (PRINT) \_\_\_\_\_

EXAMINER'S NAME (SIGNATURE) \_\_\_\_\_

If the road test is successfully completed, the person who administered the test will complete a certificate of driver's road test.

Remarks: \_\_\_\_\_

**CERTIFICATE OF DRIVER'S ROAD TEST**

**Instructions:** If the road test is successfully completed, the person who gave it shall complete a Certificate of the driver's road test. The original or copy of the Certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.33(e) (f) (g))

**CERTIFICATION OF ROAD TEST**

DRIVERS LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

(MAIDEN NAME IF APPLICABLE): \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Type of Power Unit: \_\_\_\_\_

Type of Trailer(s): \_\_\_\_\_

If Passenger carrier, type of Bus: \_\_\_\_\_

This is to certify that the above-named driver completed a road test under my supervision on \_\_\_\_\_ (DD/MM/YYYY) consisting of approximately: \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to safely operate the type of commercial motor vehicle listed above.

Examiner's Name (Print): \_\_\_\_\_

Examiner's Name (Signature): \_\_\_\_\_

Title: \_\_\_\_\_

State Test Site: \_\_\_\_\_

Organization and Address of Examiner: \_\_\_\_\_

\_\_\_\_\_

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**YOU MUST CAREFULLY READ THE  
FOLLOWING INSTRUCTIONS BEFORE  
CONTINUING**

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The attached Medical Evaluation Summary must be completed for every Skill Performance Evaluation (SPE) Certificate applicant.

There are several important questions in this Summary that **must be answered**:

1. As the applicant, you must review and consider every block in Part II and check every box that applies to the type of duties or the environment you will be driving/working in.
2. Only a Board-qualified or Board-certified **physiatrist** (physician who specializes in physical medicine) OR **orthopedic surgeon** (specialist in conditions that affect the skeletal system) can complete and sign the summary.
3. The signature of a health practitioner that is not a Board-qualified or Board-certified **physiatrist** OR **orthopedic surgeon** will not be accepted.
4. If a board-certified or board-qualified orthopedic surgeon or physiatrist does not complete **Part-III** of the Medical Evaluation Summary further processing of your application will stop.

## SUMMARY

## PART I of III

Date \_\_\_\_\_

FROM: \_\_\_\_\_

Motor Carriers Name

TO: \_\_\_\_\_  
(Doctor's Name) **Must be Board-Certified or Board-Qualified or orthopedic surgeon or physiatrist**

SPE Applicant Name: \_\_\_\_\_

The above driver is being referred to you for a medical evaluation summary as required by Section 391.49 of the Federal Motor Carrier Safety Regulations (FMCSRs). The FMCSR states that the motor carrier shall furnish the examining physiatrist or orthopedic surgeon with a description of the job tasks which are contained herein. The FMCSRs further states that the medical evaluation summary shall be completed, dependent upon the driver's physical disability in accordance with the following objectives:

1. IN CASES INVOLVING AMPUTATION- The summary shall include an assessment of the driver's physical capabilities as they relate to the driver's ability to perform the tasks as specified in the accompanying job task description.
2. IN CASES INVOLVING LIMB IMPAIRMENT- The summary shall include an explanation as to how and why the impaired area interferes with the driver's ability to perform the tasks as specified in the accompanying job task description. The summary shall also contain an assessment of whether the condition will likely remain medically stable over the driver applicant's lifetime.
3. IN CASES INVOLVING EITHER AN UPPER LIMB AMPUTATION OR UPPER LIMB IMPAIRMENT, the summary shall include a statement by the examiner that the applicant is capable of demonstrating precision prehension (manipulating knobs and switches) and power grasp prehension (holding and maneuvering the steering wheel) with each upper limb separately.

Few people outside of the motor carrier industry fully appreciate the mental and physical demands placed on commercial drivers. Medical examiners should not apply automobile driving experience to evaluate fitness of commercial driver applicants.

The physical demands of commercial driving and related tasks vary considerably with type of vehicles and duties involved. To effectively match job demands with an applicant's abilities to meet these demands, the physiatrist or orthopedic surgeon must know the type of vehicle to be driven, the job demands, and environment involved. For their own, as well as the safety of others, drivers minimally must have adequate:

- A. Strength- of the skeletal muscles to turn large diameter steering wheels (20-24 inches) rapidly and maintain a grip on them when confronted with tire failures and/or striking potholes or obstructions on the roadway.
- B. Mobility- of the joints to reach various controls that must be pushed, pulled, or twisted; and to climb, bend, crawl, lift, twist, and turn to position for visual inspection; and to perform various related other associated tasks such as coupling and uncoupling trailers and vehicle inspections.
- C. Stability- of joints and of the torso to maintain alert driving postures to smoothly modulate foot and hand controls, to climb into and out of the vehicle cab and cargo compartments.
- D. Power Grasp and Prehension - of hands and fingers to control the steering wheel, operate the transmission (gear shift lever), air brake controls, and various other tasks such as operating light switches, directional signals, horns.

**MEDICAL EVALUATION SUMMARY****PART II****PART II TO BE COMPLETED BY MOTOR CARRIER AND/OR DRIVER**

Modification to the task statements may be made if necessary.

The following is a universal job task description; **your attention is directed to those boxes that have been checked as being pertinent to this particular driver.**

**A. VEHICLE TYPE** **Straight Truck**

May have up to 5 axles utilizing van, flatbed, tank or dump bodies

A. Over 10,001 lbs.

B. Combination Straight Trk with Trailer over 10,001lbs.

C. Less than 10,001 lbs. & Placarded Hazardous Materials

 **Motor Home**

Gross Vehicle Weight Rating of 10,001 or more

 **Tractor-Trailer**

Comprised of a power unit (tractor) and one or more trailers.

 **Passenger Vhl.**

List the Seating Capacity\_\_\_\_\_

**Type:**

Motor Coach

Bus

Van

- i. Short-relay drives 4-5 hours to a turnaround point, exchanges trucks and drives back to starting point.
- ii. Long-relay drives 8-10 hours, sleeps for 8 hours and returns to starting point.
- iii. Straight-through to destination, including coast to coast operations, and typically is away from home for \_\_\_nights at a time.
- iv. Sleeper-team drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives and typically is away from home \_\_\_nights at a time.
- v. Local deliveries, often with frequent stops
- vi. Driver may spend hours climbing in and out of truck to load and unload cargo.

**B. ENVIRONMENTAL FACTORS**

Drivers may be subject to:

- a. Abrupt duty hour changes,
- b. Sleep deprivation,
- c. Unbalanced work/rest cycles,
- d. Temperature and weather extremes,
- e. Long trips without regular meals,
- f. Short notice to assignment of run
- g. Tight delivery schedule
- h. Delay en route,
- i. Others

**C. PHYSICAL DEMAND**

Moderate physical activity levels are associated with commercial vehicle driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, applying brakes, shift the gears, etc. The demands imposed on a commercial driver’s sensory organs and musculoskeletal systems are briefly discussed below.

- Gear Shifting: The movement of the gear shift lever(s) requires moderate strength, timely coordination, and complex manipulation skills of right upper and left lower extremity. This individual's vehicle will have a \_\_\_\_speed manual transmission.
- Vehicle equipped with semi-automatic transmission (manual shifting but no clutch).
- Vehicle equipped with a fully automatic transmission.
- Control of steering wheel requires strength, mobility, and power grip of upper extremities while maintaining stability of trunk.
- Operation of brake and accelerator pedal requires moderate strength, mobility, and coordinated movement in lower extremities.
- Various tasks during driving, such as: operating light switches, windshield wipers, directional signals, emergency lights, horn, etc.; requiring moderate strength, mobility, and manipulative skills of upper extremities.
- Backing and parking: requires good depth perception, strength, and coordinated manipulative skills.
- Vehicle inspection: driver must evaluate the mechanical condition of the various vehicular systems such as: tires, brakes, suspensions, engines, and cargo. Climbing, bending, kneeling, crawling, reaching, stretching, turning, twisting, are essential for proper vehicle inspection.
- Cargo handling and inspection: drivers may be required to handle cargo, climb up and down perpendicular ladders, and enter/leave the cab or cargo body many times a day.
- Coupling and uncoupling: tractor-trailer drivers may hook up one or more trailers, this requires strength and full range of motion to climb, balance turn, grip, and pull.
- Mounting snow chains on tires requires pulling/lifting motions in the range of 35-90 pounds.
- Changing tires requires a combination of pulling, pushing, and lifting motions in the range of 100 to 175 pounds.
- Vehicle modification(s) made for this driver are:

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**PART III (page 1 of 3)**

**PART III MUST BE COMPLETED BY AN ORTHOPEDIC SURGEON OR PHYSIATRIST**

Based upon this job task description (as indicated in Part 11-A, B, and C) and your examination of this driver, please answer all questions below.

It is not necessary for the physician to state whether this person is likely to be a safety risk on the highway. The SPE Specialist will conduct the SPE in the intended vehicles to determine whether limb-impaired persons have overcome their impairment(s). We are relying on your medical measurements and judgment for information as requested below:

1. Does this driver have adequate MUSCLE STRENGTH to perform the tasks required?

YES

No **If no, please indicate the impaired extremity.**

Upper Extremity       Right                       Left

Lower Extremity       Right                       Left

2. Does this driver have adequate MOBILITY of the extremities and trunk to perform the tasks required?

Yes

No **If no, please indicate the impaired extremity.**

Upper Extremity       Right                       Left

Lower Extremity       Right                       Left

Trunk     

3. Does this driver have adequate JOINT and TRUNK STABILITY to perform the tasks required?

Yes

No **If no, please indicate the impaired extremity.**

Upper Extremity       Right                       Left

Lower Extremity       Right                       Left

Trunk



**PART III (page 2 of 3)**

4. This driver has an **impairment** of:  hand or  upper limb

Has an **amputation** of:  hand ( partial  full)  upper limb:

Does the driver have POWER GRIP and PREHENSION FUNCTION of the hand and fingers?

Power Grip and precision prehension further defined: the capability of holding, clutching, clasping, or seizing firmly the steering wheel and/or other vehicle equipment to effectively control the vehicle and perform normal and emergency vehicle operations: steering (potholes, tire failure (blowouts), etc., and operate gear shift levers, air brake controls, light switches, directional signals, and horns.

Right  Yes  No

Left  Yes  No

If no, do you recommend a surgical reconstruction to produce power grip and/or prehension?

Yes  No

5. If this driver has an  UPPER  LOWER LIMB IMPAIRMENT  Right  Left

Has an  UPPER  LOWER LIMB AMPUTATION  Right  Left

Does the driver have?

a. The APPROPRIATE TYPE OF PROSTHESIS OR ORTHOTIC DEVICE 7

Yes  No

b. The appropriate type of TERMINAL DEVICE?

Yes  No

c. If yes, does the prosthesis\orthotic fit satisfactorily, and is it in good operating condition?

Yes  No

d. Is the applicant able to use the prosthetic/orthotic device proficiently?

Yes  No

e. In the case of a hand or upper limb amputation or impairment does the prosthetic/orthotic device aid the driver in the ability to demonstrate power grasp and precision prehension?

Yes  No

**If no to any of above, what is your recommendation?**

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PART III (page 3 of 3)

6. Please describe clinically the prosthetic or orthotic device, power source, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does this Driver have any other medical conditions, other than the physical disability indicated in Part III that will interfere with his/her ability to adequately perform the required tasks?

No  
 Yes -Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please summarize your findings and evaluation, include assessment and medical opinion of whether the condition, at the time of this evaluation, will likely remain medically stable over the lifetime of the driver applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (print): \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

Address: \_\_\_\_\_  
(Street) (City) ((State & Zip code)

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Please Check:  Psychiatrist  Orthopedic Surgeon

Board Certified:  Yes  No

Board Eligible:  Yes  No

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_