

The following are criteria that clinicians must consider when deciding if a volunteer is medically qualified to accept an assignment as a volunteer driver. **NOTE: Follow-up physical examination, testing, or other appropriate action, including denial of driving duties, may be indicated.**

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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<p>1. VISION. VISUAL ACUITY AND VISUAL FIELD TESTING MUST BE COMPLETED ON ALL DRIVERS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>2. HEARING LOSS. HEARING LOSS MUST BE NO GREATER THAN AN AVERAGE OF 40dB AT 500, 1000, AND 2000 HZ IN THE BETTER EAR WITH OR WITHOUT HEARING AIDS. THE VOLUNTEER MUST BE ABLE TO SUCCESSFULLY PASS A VOICE DISCRIMINATION OR "WHISPER" TEST.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>3. DIABETES. VOLUNTEERS WITH A CLINICAL DIAGNOSIS OF INSULIN-DEPENDENT DIABETES MELLITUS MUST HAVE A HEMOGLOBIN A1c OF LESS THAN 8 AND HAVE NO SYMPTOMS OF DIZZINESS OR FATIGUE THAT MIGHT SUGGEST THE PRESENCE OF HYPO- OR HYPERGLYCEMIC EPISODES DURING THE PAST SIX MONTHS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>4. SUBSTANCE ABUSE. VOLUNTEERS WITH A HISTORY OF SUBSTANCE ABUSE MUST PROVIDE DOCUMENTATION OF BEING FOLLOWED IN A TREATMENT PROGRAM AND PROVIDE DOCUMENTATION OF ABSTINENCE FOR 1 YEAR.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>5. EPILEPSY. VOLUNTEERS MUST HAVE NO HISTORY OR CLINICAL DIAGNOSIS OF EPILEPSY REQUIRING TREATMENT IN THE LAST THREE YEARS. ISOLATED SEIZURES IN THE DISTANT PAST DO NOT NECESSARILY REPRESENT A DISQUALIFYING CONDITION.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>6. RANGE OF MOTION OF HEAD AND NECK. RANGE OF MOTION IN THE NECK MUST BE GREATER THAN 45 DEGREES OF ROTATION TO BOTH RIGHT AND LEFT.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>7. HYPERTENSION. BLOOD PRESSURE NO GREATER THAN 160 OVER 95 WITHOUT EVIDENCE OF ACUTE HYPERTENSIVE EFFECTS OR HYPERTENSION-RELATED SYMPTOMS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>8. SYNCOPE. SYNCOPE, EXCEPT WHEN POSTURAL HYPOTENSION IS THE CAUSE, MUST BE ABSENT.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>9. ISCHEMIA. FOR CLEARANCE, VOLUNTEER MAY HAVE NO CLINICAL DIAGNOSIS OF ACTIVE CARDIOVASCULAR DISEASE AS DEFINED BY SYMPTOMS (ANGINA), A HISTORY OF MYOCARDIAL INFARCTION WITHIN THE LAST YEAR, OR OTHER EVIDENCE SUCH AS NON-INVASIVE DIAGNOSTIC TESTING DOCUMENTING CARDIOVASCULAR DISEASE. NOTE: THE LATTER TESTING IS NOT A REQUIREMENT BUT MAY BE CONDUCTED IN INDIVIDUALS WHO APPEAR AT HIGH RISK FOR ACUTE CARDIOVASCULAR EVENTS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>10. VENTRICULAR ARRHYTHMIAS. FOR CLEARANCE VOLUNTEERS MAY HAVE NO CURRENT CLINICAL DIAGNOSIS OF VENTRICULAR ARRHYTHMIAS, EXCLUDING RANDOM PREMATURE VENTRICULAR CONTRACTIONS.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>11. PACEMAKER. EVERY 6 MONTHS THE VOLUNTEER NEEDS TO PROVIDE DOCUMENTATION THAT HIS OR HER PACEMAKER IS FUNCTIONING ADEQUATELY.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>12. CHECK FOR AN IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD). VOLUNTEERS WITH AN ICD CANNOT BE CLEARED TO DRIVE.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>13. HEART BLOCK. FOR CLEARANCE, VOLUNTEERS MAY HAVE NO CURRENT CLINICAL DIAGNOSIS OF A COMPLETE HEART BLOCK, OR NEW BUNDLE BRANCH BLOCK.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>
<p>14. AORTIC STENOSIS. FOR CLEARANCE, VOLUNTEERS WITH THIS CONDITION MUST PROVIDE DOCUMENTATION OF AN EVALUATION BY A CARDIOLOGIST DOCUMENTING VALVE AREA. ASYMPTOMATIC VOLUNTEERS WITH MODERATELY SEVERE STENOSIS REQUIRE CLINICAL JUDGMENT FOR CLEARANCE. THOSE WITH SYMPTOMS, DECLINING LEFT VENTRICULAR FUNCTION, OR WHO ARE IN NEED OF AORTIC VALVE REPLACEMENT (AVR) CAN NOT BE MEDICALLY CLEARED.</p> <p><input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p>

15. EJECTION FRACTION. IF THERE IS EVIDENCE OF HEART DISEASE, CLINICIANS SHOULD CONSIDER THE VOLUNTEER'S ABILITY TO ASSIST PASSENGERS IN AND OUT OF VEHICLES.

PASS FAIL

16. CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD). A CLINICAL DIAGNOSIS OF MODERATE TO SEVERE COPD WITH A FEV 1 OF LESS THAN 40 PERCENT IS CONSIDERED A DISQUALIFYING CONDITION.

PASS FAIL

17. USE OF CONTAINERIZED OXYGEN. USE OF CONTAINERIZED OXYGEN IS CONSIDERED TO BE A DISQUALIFYING CONDITION.

PASS FAIL

18. NARCOLEPSY AND/OR SLEEP APNEA. IN THE PRESENCE OF NARCOLEPSY AND SLEEP APNEA, THE VOLUNTEER MUST PROVIDE DOCUMENTATION OF ADEQUATE TREATMENT AS CONFIRMED BY A SLEEP STUDY.

PASS FAIL

19. NEUROMUSCULAR IMPAIRMENTS. THE VOLUNTEER MUST BE ABLE TO COORDINATE ALL FOUR EXTREMITIES AND HAVE NO EVIDENCE OF NYSTAGMUS. AMPUTEES SHOULD BE EVALUATED INDIVIDUALLY TO DETERMINE IF THEY ARE ABLE TO SAFELY OPERATE A VEHICLE.

PASS FAIL

20. STROKE. A CLINICAL DIAGNOSIS OF A CEREBRAL VASCULAR ACCIDENT IS CONSIDERED A DISQUALIFYING CONDITION, AS IS THE PRESENCE OF TRANSIENT ISCHEMIC ATTACKS IN THE PRESENCE OF AN UNDERLYING DISORDER THAT REMAINS ACTIVE COMPLETED, DISTANT STROKES RESULTING FROM AV-MALFORMATIONS OR ANEURYSMS DO NOT AUTOMATICALLY DISQUALIFY FROM DRIVING.

PASS FAIL

21. MENIERE'S DISEASE. UNSTABLE OR ACTIVE MENIERE'S DISEASE IS CONSIDERED A DISQUALIFYING CONDITION.

PASS FAIL

22. INTRA-ATRIAL CONDUCTION DELAY (IACD). A CLINICAL DIAGNOSIS OF IACD IS CONSIDERED A DISQUALIFYING CONDITION.

PASS FAIL

CLINICIAN SIGNATURE	TITLE	DATE
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