

**U.S. Department of Transportation  
Federal Motor Carrier Safety Administration  
Diabetes Exemption Program**

68 Fed. Reg. 52441 (Sept. 3, 2003)  
amended by 70 Fed. Reg. 67777 (Nov. 8, 2005)

Safety and Medical Screening	Operating Guidelines	Monitoring and Accountability
<p>Individuals with ITDM must have a minimum period of insulin use to demonstrate stable control of diabetes.</p> <p>For individuals who have been newly diagnosed with Type 1 diabetes, the minimum period of insulin use may not exceed 2 months (60 days), unless directed by the physician.</p> <p>For individuals who have Type 2 diabetes and are converting to insulin use, the minimum period of insulin use may not exceed 1 month (30 days), unless directed by the treating physician.</p>	<p>Individuals with ITDM shall maintain appropriate medical supplies for glucose management while preparing for the operation of a CMV and during its operation. The supplies should include the following:</p> <ul style="list-style-type: none"> <li>• An acceptable glucose monitor with memory;</li> <li>• Supplies needed to obtain adequate blood samples and to measure blood glucose;</li> <li>• Insulin to be used as necessary; and</li> <li>• An amount of rapidly absorbable glucose to be used as necessary</li> </ul>	<p>Provide written confirmation from the endocrinologist on a quarterly basis of:</p> <ol style="list-style-type: none"> <li>a) The make and model of the glucose monitoring device with memory;</li> <li>b) The individual's blood glucose measurements and glycosylated hemoglobin are generally in an adequate range based on: <ul style="list-style-type: none"> <li>• All daily glucose measurements taken with the glucose monitoring device and correlated with the daily records of driving time, and</li> <li>• A current measurement of glycosylated hemoglobin.</li> </ul> </li> </ol>
<p>Has no other disqualifying conditions including diabetes-related complications</p>	<p>Individuals with ITDM shall maintain a daily record of actual driving time to correlate with the daily glucose measurements</p>	<p>Submit to a comprehensive medical evaluation by an endocrinologist on an annual basis. The evaluation will include a general physical examination and a report of glycosylated hemoglobin concentration. The evaluation will also involve an assessment of the individual's willingness and ability to monitor and manage the diabetic condition</p>
<p>Has had no recurrent (two or more) hypoglycemic reactions resulting in a loss of consciousness or seizure within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia</p>	<p>Prior to and while driving, the individual with ITDM shall adhere to the following protocol for monitoring and maintaining appropriate blood glucose levels:</p> <p style="padding-left: 40px;">Check glucose before starting to drive and take corrective action if necessary</p> <p style="padding-left: 40px;">If glucose is 100 mg/dl, take glucose or food and recheck in 30 minutes</p> <p style="padding-left: 40px;">Do not drive if glucose is 100</p>	<p>Provide records of all daily glucose measurements taken with an acceptable device (with memory). These measurements will be reviewed by a specialist on a quarterly basis</p>

	mg/dl. Repeat the process until glucose is >100 mg/dl	
Has had no recurrent hypoglycemic reactions requiring the assistance of another person within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia	While driving check glucose every two to four hours and take appropriate action to maintain it in the range of 100 to 400 mg/dl	Provide on an annual basis confirmation by an ophthalmologist or optometrist that there is no proliferative diabetic retinopathy and no clinically significant disease that prevents the individual from meeting the current vision standards at 49 CFR 391.41(b)(10); If there is any evidence of diabetic retinopathy, provide annual documentation by an ophthalmologist that the individual does not have unstable proliferative diabetic retinopathy
Has had no recurrent hypoglycemic reactions resulting in impaired cognitive function which occurred without warning symptoms within the past five years.  A period of one year of demonstrated stability is required following the first episode of hypoglycemia	Have food available at all times when driving. If glucose is 100 mg/dl, stop driving and eat. Recheck in 30 minutes and repeat procedure until glucose is >100 mg/dl	Annual documentation by an endocrinologist of ongoing education in management of diabetes and hypoglycemia awareness
Has provided a board-certified or board-eligible endocrinologist, who is knowledgeable about diabetes, with a complete medical history including: <ul style="list-style-type: none"> <li>a) The date insulin use began;</li> <li>b) Diabetes diagnosis and disease history;</li> <li>c) All hospitalization records;</li> <li>d) Consultation notes for diagnostic examinations;</li> <li>e) Special studies pertaining to the diabetes;</li> <li>f) Follow-up reports; and</li> <li>g) Reports of any hypoglycemic insulin reactions within the last five years</li> </ul>	If glucose is >400 mg/dl, stop driving until glucose returns to the 100-400 mg/dl range. If more than two hours after last insulin injection and eating, take additional insulin. Recheck blood glucose in 30 minutes. Don't resume driving until glucose is 400 mg/dl.	Report all episodes of severe hypoglycemia, significant complications or inability to manage diabetes
Has been examined by a board-certified or board-eligible endocrinologist who has conducted a complete medical examination. The complete medical examination must consist of a		Report any involvement in an accident or any other adverse event and whether or not they are related to an episode of hypoglycemia.

<p>comprehensive evaluation of the applicant’s medical history and current status with a report including the following information:</p> <ul style="list-style-type: none"> <li>a) Two measures of glycosylated hemoglobin, the first 90 days prior to the last and current measure;</li> <li>b) Insulin dosages and types, diet utilized for control and any significant factors such as smoking, alcohol use, and other medications or drugs taken; and</li> <li>c) Examinations to detect any peripheral neuropathy or circulatory insufficiency of the extremities</li> </ul>		
<p>Submits a signed statement prepared by the examining endocrinologist indicating the following medical determinations:</p> <ul style="list-style-type: none"> <li>a) The endocrinologist is familiar with the applicant’s medical history for the past five years either through actual treatment over that time or through consultation with a physician who has treated the applicant during that time;</li> <li>b) The applicant has been educated in diabetes and its management, thoroughly informed of and understands the procedures which must be followed to monitor and manage his/her diabetes and what procedures should be followed if complications arise; and</li> <li>c) The applicant has the ability and has demonstrated willingness to properly monitor and manage his/her diabetes</li> </ul>		<p>Each individual must have a physical examination every year.</p> <p>The physical examination must first be conducted by an endocrinologist indicating the driver is:</p> <ul style="list-style-type: none"> <li>1) Free of insulin reaction. “Free of insulin reactions” in this context means that the individual has had <ul style="list-style-type: none"> <li>a) No recurrent (two or more) hypoglycemic reactions resulting in a loss of consciousness or seizure within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia;</li> <li>b) No recurrent hypoglycemic reactions requiring the assistance of another person within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia;</li> <li>c) Has had no recurrent hypoglycemic reactions resulting in impaired cognitive function which occurred without warning symptoms within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia</li> </ul> </li> <li>2) Able to and has demonstrated willingness to properly monitor and manage his/her diabetes, and</li> <li>3) Will not likely suffer any diminution in driving ability due to his/her diabetes condition</li> </ul> <p>The physical examination must be conducted by a medical examiner who attests that the individual is</p>

		physically qualified under 49 CFR 391.41, or holds a valid exemption.
Submits a separate signed statement or optometrist from an examining ophthalmologist that the applicant has been examined and that the applicant does not have clinically significant disease including unstable proliferative diabetic retinopathy (i.e., unstable advancing disease of blood vessels in the retina) and meets the vision standard at 49 CFR 391.41(b)(10), or has been issued a valid medical exemption. If the applicant has any evidence of diabetic retinopathy, he or she must be examined by an ophthalmologist and submit a separate signed statement from the ophthalmologist that he or she does not have unstable proliferative diabetic retinopathy (i.e. unstable advancing disease of blood vessels in the retina.		<p>Each individual must agree to and must comply with the following conditions:</p> <ul style="list-style-type: none"> <li>a) Carry a source of rapidly absorbable glucose at all times while driving;</li> <li>b) Self-monitor blood glucose levels prior to driving and every two to four hours while driving using a portable glucose monitoring device equipped with a computerized memory;</li> <li>c) Submit blood glucose records to both the endocrinologist and the medical examiner at the annual examination or when otherwise directed by an authorized agent of FMCSA;</li> <li>d) Provide a copy of the endocrinologists report to the medical examiner at the time of the annual medical examination</li> </ul>
		<p>Each individual must provide a copy of the optometrist's or ophthalmologist's report indicating that there is no diabetic retinopathy and the individual meets the current vision standards at 49 CFR 391.41(b)(10).</p> <p>If there is any evidence of diabetic retinopathy, the individual must provide to the medical examiner at the time of the annual medical examination a copy of the ophthalmologist's report indicating that the individual does not have unstable proliferative diabetic retinopathy</p>
		<p>Each individual must provide a copy of the annual medical certification to the employer for retention in the driver's qualification file, or must keep a copy in his/her driver's qualification file if he/she is self-employed.</p> <p>The driver must also have a copy of the certification when driving for presentation to a duly authorized Federal, State, or local enforcement official.</p>