



Minnesota Department of Transportation

Office of Freight and Commercial Vehicle Operations

Mail Stop 420
395 John Ireland Boulevard
St. Paul, MN 55155-1899

Phone: 651/215-6330

Fax: 651/366-3718

Insulin-Dependent Diabetic Driver Waiver Application

Waiver Reporting Requirements

Once an applicant is accepted into the Mn/DOT diabetic waiver program there are thirteen requirements that must be complied with in order to retain the waiver.

Failure to comply with any of the following special conditions may result in the revocation of the waiver.

As a waived driver, you will be required to:

1. Carry, use and record, in a log, the readings from a portable self-monitoring blood glucose device (SMBG) that is equipped with a computerized memory. If your device is capable of printing paper tape reports, these may be used instead of a log.

Blood glucose monitoring must be done one hour prior to and approximately every four hours while on duty, as defined in 49 CFR 395.2.

Make log records or tapes available to any authorized enforcement official upon request.

2. Carry upon your person and use, as necessary, a source of rapidly absorbable glucose.
3. Carry insulin and the equipment/materials necessary for administering the medication.
4. Report, in writing, any citation for a moving traffic violation you receive involving the operation of a CMV to the Program Administrator, Mn/DOT Office of Freight and Commercial Vehicle Operations, no later than 15 days following issuance of citation. A photocopy of the citation must accompany the written report.
5. Report, in writing to Mn/DOT, the judicial/administrative disposition of any citation for a moving violation while operating a CMV no later than 15 days following notice of disposition.
6. Report, in writing to Mn/DOT, involvement in any accident whatsoever while operating a CMV no later than 15 days following the accident. Include State, insurance company, and/or motor carrier accident reports.
7. Report, in writing to Mn/DOT, any change of residence, or telephone number no later than 15 days after such a change.

8. Report, in writing to Mn/DOT, any change of employer (including name, address, telephone number), or type of vehicle operated no later than 15 days after such a change.
9. Submit any medical information derived from medical assistance or treatment arising from an accident to Mn/DOT no later than 15 days following an accident. A copy of the attending physician's and laboratory reports will meet the reporting requirement.
10. Submit log records of your blood glucose values for the 24 hour period immediately prior to any accident involvement to Mn/DOT no later than 15 days following the accident.
11. Submit a signed statement from your treating physician every six months from the date the waiver is granted. This statement must include the following three items:
 - a. the date and a description of each episode experienced by the person during the previous six months (or since date of last physician's statement submitted to MN/DOT) that involved a loss of consciousness or voluntary control due to hypoglycemia or hyperglycemia.
 - b. the treating physician's prognosis for control of your diabetes.
 - c. the physician's professional opinion about whether you continue to be medically qualified to exercise reasonable and ordinary control over a commercial motor vehicle on the public highways.
This exam must be conducted within the six week period preceding each six month period.
12. Waived drivers who use a medical specialist, other than the one who conducted the initial exam, must be reexamined by a licensed physician using the criteria established, and submit a signed statement. Do not submit medical records, bills, or reports.
13. Submit a signed statement from an eye care professional to the Mn/DOT State Programs Administrator no later than 15 days before the anniversary of the waiver issuance date.

The signed statement must indicate that you have been examined and found not to have unstable proliferative diabetic retinopathy, and that you have stable visual acuity (at least 20/40 Snellen) in each eye, corrected or uncorrected.

This exam must be conducted within the six week period immediately preceding the anniversary of the waiver issuance date.

All documentation described in 4 through 13 above, must be mailed to:

**Minnesota Department of Transportation
Office of Freight and Commercial Vehicle Operations
395 John Ireland Boulevard MS 420
St. Paul, MN 55155-1899
Attn: State Programs Administrator**