

Dear Driver:

Please read the information in this packet carefully. It is your responsibility to provide all required information.

PLEASE NOTE: We will only process **complete** applications. All required documents must be current and accurate. We will consider your application complete *only* when it contains each of the following five items. **We will only accept and process MnDOT prescribed forms/applications.**

- Minnesota Intrastate Driver Physical Waiver Application;
- Complete and signed copy of the *Medical Examination Report (must be completed by a Medical Examiner listed on the **National Registry of Certified Medical Examiners**);
- Signed copy of the *Medical Examiner's Certificate (health card) (completed by a National Registry Certified Medical Examiner);
- Intrastate Physical Medical Evaluation Summary;
- A copy of the application for employment for your current position or for the last commercial driving job you have held. If you have never held such a job, indicate that on the application;
- Include a copy of your ROAD TEST/CERTIFICATE. If you are currently employed as a commercial driver, and your employer conducts its own road test, include a copy of the road test you took for your driver's license. The road test should be dated after your date of your impairment. **Note:** If you hold a CDL, you may enclose a legible photocopy of that in lieu of a copy of your road test/certificate; and,
- Clear and readable copy of your current driver's license (front and back). If driver's license is in renewal status, include a copy of your renewal receipt.

***NOTE:** Examiner should have the Medical Exam Report and Medical Exam Certificate forms

Included in the Minnesota Intrastate Driver Physical Waiver Application packet you will find:

- Minnesota Intrastate Driver Physical Waiver Application
- MnDOT Notice to Medical Examiners
- Intrastate Physical Medical Evaluation Summary
- Letter to the Waiver Applicant: Waiver Conditions and Reporting Requirements

Please take the time to read the application and the attachments carefully. Review all information to ensure the driver information is complete and all the required information/documentation is attached before submitting the driver waiver packet. **MnDOT will return incomplete application packets.**

There are no provisions for a temporary waiver during the application and review process. The issuance of a waiver is in no way an automatic event. Please allow enough time for review and processing.

If you have any questions regarding the application or what documents are required to submit, please call 651-366-3700. The completed and signed application may be mailed to the address above, faxed to 651-366-3718, or scanned and emailed to CredentialsUnit.DOT@state.mn.us.

Minnesota Intrastate Driver Waiver Application

Physical

Note: MnDOT does **NOT** issue waivers for drivers of a **school bus** as defined by Minnesota Statute §169.011 subd. 71. Please contact the Department of Public Safety for a School Bus Waiver Application:

Minnesota Department of Public Safety
 Driver and Vehicle Services (School Bus/CDL Unit)
 445 Minnesota Street
 St. Paul, MN 55101
 651-297-5029

ALLOW 30 DAYS FOR PROCESSING

(1) REASON FOR FILING (Mark only one)			
NEW APPLICATION: <input type="checkbox"/>		RENEWAL: <input type="checkbox"/>	
Update/Changes: <input type="checkbox"/>			
(2) APPLICANT (Driver information)			
First Name:		Last Name:	
		MI:	
Street:		City:	
		State:	
		Zip:	
Phone Number:		Mobile Phone Number:	
		Email:	
Driver's License Number:		Date of Birth:	
(3) LIST ANY OTHER MN/DOT WAIVERS YOU HAVE BEEN GRANTED (If applicable)			
Waiver Type:		Issue date:	
		Expiration date:	
Waiver Type:		Issue date:	
		Expiration date:	
(4) CURRENT EMPLOYER (If currently employed, please list employer information here.)			
Company Name:			
Address:		City:	
		State:	
		Zip:	
Contact Person:		Business Phone Number:	
		Fax Number:	
Do you currently drive for this company? Yes <input type="checkbox"/> No <input type="checkbox"/>			

(5) TYPE OF VEHICLE(S) YOU INTEND TO OPERATE UNDER THIS WAIVER (Select all that apply... include experience with each)

Straight Truck: <input type="checkbox"/> Years:	Tractor Trailer Combination: <input type="checkbox"/> Years:	Automobile: <input type="checkbox"/> Years:	Bus: <input type="checkbox"/> Years:
Make/Model/Year:	Make/Model/Year:	Make/Model/Year:	Make/Model/Year:
Transmission Type: (Check one)	Automatic: <input type="checkbox"/>	Semi-Automatic: <input type="checkbox"/>	Manual: <input type="checkbox"/>
Number of forward speeds?	Auxiliary Transmission? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Multiple speed rear axle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Brakes:		
If yes, how many speeds?			
Type of Steering: Power <input type="checkbox"/> Manual <input type="checkbox"/>	Type of Trailer: Number of trailers to be towed?		
Any special modifications made to the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes describe modifications:			

(6) TYPE(S) OF DRIVING YOU WILL DO UNDER THE WAIVER (Select all that apply)

Over-the-road, straight through to destination: <input type="checkbox"/>	Short relay: <input type="checkbox"/>	Local deliveries: <input type="checkbox"/>
Long relay: <input type="checkbox"/>	Sleeper team: <input type="checkbox"/>	Other: (describe): <input type="checkbox"/>

How many hours will you spend driving per day? _____

General description of what you will transport:

(7) DRIVER'S MEDICAL HISTROY (Select all that apply)

What are the specific medical conditions for which you seek a waiver?

IMPAIRMENT <input type="checkbox"/>		FULL AMPUTATION <input type="checkbox"/>		PARTIAL AMPUTATION <input type="checkbox"/>	
ARM: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>	HAND (including fingers): <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>	LEG: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>	FOOT: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/>		
Do you use a prosthetic or orthotic? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes please describe:					

PLEASE READ CAREFULLY PRIOR TO SUBMITTING THE APPLICATION

Please review all information to ensure all required supporting documentation is included with your application packet; and, review the accuracy of the information. An incomplete or inaccurate application packet will delay application processing and waiver issuance.

(8) SIGNATURE - I certify the information provided in this application is true and accurate to the best of my knowledge. I also acknowledge that a Minnesota Intrastate Waiver is only valid between points in Minnesota while transporting freight or passengers intrastate.

Driver's Signature:

Date:

Options to submit the required information:

Mail: Minnesota Department of Transportation
Office of Freight & Commercial Vehicle Operations
395 John Ireland Boulevard, MS 420, Rm 153
St. Paul MN 55155-1800
Fax: 651-366-3718
Email: CredentialsUnit.DOT@state.mn.us

Tennessee Warning

Minn. Stat. §13.04, subd. 2

In submitting your application for a driver medical waiver, you are being asked to supply information that could include private or confidential information about yourself. Before you give MnDOT permission to collect and/or release private or confidential data about you, MnDOT encourages you to review the information listed on this data privacy notice (also called a Tennessee Warning).

MnDOT is asking you to provide medical data which is classified as private data under the Minnesota Government Data Practices Act, See *Minnesota Statutes, section 13.384, subdivision 1*. MnDOT is asking you for this private information for the sole purpose of determining your eligibility for a driver medical waiver, which is issued pursuant to Minnesota Statutes, section 221.0314.

Please note that you are not legally required to provide the requested information. However, MnDOT will not be able to process your medical waiver application if you do not provide the requested information. MnDOT does not share the protected information with any other persons or entities. With some exceptions, unless you consent to further release of the private information, release of this information will be limited to the following:

- U.S. Department of Transportation, Federal Motor Carrier Safety Administration;
- Law enforcement personnel requiring access for investigative purposes;
- Staff at the Minnesota Attorney General's Office in the event of legal action; and
- Persons who possess a court order to receive the information.

I understand that MnDOT is requesting private or confidential data about me. I give permission for MnDOT to use data about me in the way described on this form.

Signature: Date:

Name (please print):

**CERTIFIED MEDICAL EXAMINER EVALUATION GUIDELINES
MINNESOTA INTRASTATE PHYSICAL WAIVER PROGRAM****Driver/Applicant: Please provide to your Medical Examiner****NOTICE TO MEDICAL EXAMINERS**

Your patient (a motor vehicle driver) is applying for a Minnesota Intrastate Physical Waiver to allow the driver to operate a motor vehicle in intrastate commerce (between points in Minnesota). This waiver is issued under Minnesota Statutes, section 221.0314, subdivision 3.

Medical examiners performing commercial driver medical exams must be listed on the **National Registry** of Certified Medical Examiners. Medical Examiners are expected to fully understand the medical standards of the Federal Motor Carrier Safety Regulations (FMCSRs) and related guidance. More specifically, for this waiver type, examiners must determine whether the driver meets all medical standards and guidelines in accordance with 49 CFR 391.41 (b) (1-13).

NOTE: If the applicant passes the certification except for physical impairment, please complete the following on the Medical Examination Report as well as the Medical Examiner's Certificate:

Medical Examination Report, Certification Status Section –

- Meets standards but periodic monitoring required due to **monitoring reason**.
Driver qualified only for: *(check the box corresponding to the appropriate timeframe)*
- Accompanied by a **Physical/Limb** waiver/exemption *(Figure 1, pg 2)*

Medical Examiner's Certificate –

- Accompanied by a **Physical/Limb** waiver/exemption
- Medical certification expiration date *must reflect the timeframe checked on the examination report. (Figure 2, pg 2)*

Beyond the Physical Driver Waiver—

MnDOT also accepts applications for the following additional types of waivers.

- Deaf/hard-of-hearing
- Insulin-Dependent Diabetic
- Vision

The applicant is required to submit copies of the Medical Examination Report and Medical Examiner's Certificate along with the required documents for the waiver type. We appreciate your assistance in responding to the specific requirements.

If you have questions, please call (651) 366-3700.

(Figure 1)

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____

Meets standards in 49 CFR 391.41 with any applicable State variances

Or

Meets standards, but periodic monitoring required (specify reason): **List reason for monitoring** _____

Driver qualified for: 3 months 6 months 1 year other (specify): _____

Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): **Physical** _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State) _____

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

(Figure 2)

Medical Examiner's Certificate

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a **Physical** waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
 Expiration date must reflect the same date on the Medical Examination Report

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
_____	_____	_____
Medical Examiner's Name (please print or type)	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
_____	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
_____	_____	_____

**Medical Evaluation Summary for
Intrastate Physical Waiver**

MINNESOTA MEDICAL EVALUATION SUMMARY PACKET

NOTE: Read the following instructions carefully before continuing

The attached Minnesota Medical Evaluation Summary must be completed by all Intrastate Physical Waiver applicants.

There are several important points about this summary to which you must adhere:

1. As the applicant, you must review and consider every block in **Part I** and check every box that applies to the type of duties or environment in which you will be driving/working.
2. Only a board qualified or board certified physiatrist (physician who specializes in physical medicine) OR and orthopedic surgeon (specialist in afflictions of the skeletal system) can complete and sign the Summary (**Part II**). The signature of a general practitioner alone is not sufficient.

(Remainder of this page intentionally left blank)

**Medical Evaluation Summary for
Intrastate Physical Waiver**

PART I – JOB TASK DESCRIPTIONS/REQUIREMENTS
(To be completed by driver and/or employer)

Patient/Applicant Name: Date:
Motor Carrier's Name:

The following are universal job task descriptions; please identify all items that are pertinent to this particular driver. *(Check all that apply)*

A. Vehicle/Operations Type

- Straight Truck – used primarily for local pickup and delivery and may have up to five axels, utilizing van, flatbed, tank, or dump bodies. Drivers may spend hours climbing in and out of the truck to load and unload cargo.
- Tractor-trailers – used for both local and long-haul operations; and, are comprised of a power unit (tractor) and one or more trailers.
- Local deliveries – often with frequent stops
- Driver may spend hours climbing in and out of truck to load and unload cargo.
- Short-relay – drives 4-5 hours to a turnaround point, exchanges trucks and drives back to the starting point
- Long-relay – drives 8-10 hours, sleeps for 8 hours and returns to the starting point.
- Straight-through to destination, typically is away from home for night (s) at a time.
- Sleeper-team – drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives and typically is away from home night(s) at a time.
- Bus Van Limousine Car

B. Environmental Factors

The driver may be subject to:

- Abrupt duty hour changes
- Sleep deprivation
- Unbalanced work/rest cycles
- Temperature and weather extremes
- Other:
- Long trips without regular meals
- Short notice to assignment of run
- Restricted delivery times
- Delay in route

(continued on next page)

**Medical Evaluation Summary for
Intrastate Physical Waiver****C. Physical Demands**

Moderate physical activity levels are associated with motor vehicle driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, apply brakes, shift the gears, etc. Demands imposed on a driver's sensory organs and musculoskeletal systems are briefly discussed as follows.

- 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 extremities. 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, 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, and twisting are essential for proper vehicle inspection.
- Cargo handling and inspection: truck 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, lifting, and motions in the range of 100 to 175 pounds.

NOTE To Driver: Provide completed form to the *Physiatrist or Orthopedic Surgeon* conducting your *Medical Evaluation Summary*.

**Medical Evaluation Summary for
Intrastate Physical Waiver****Medical Evaluation Summary Purpose
(To be completed by *Physiatrist or Orthopedic Surgeon*)**

Minnesota Statutes, section 221.0314, the commissioner may grant a waiver to a person who is not physically qualified to drive under Code of Federal Regulations, title 49, section 391.41, paragraph (b)(1) or (b)(2).

Your patient (a motor vehicle driver) is applying for a Minnesota Intrastate Driver Physical Waiver. A person who is not physically qualified to drive under Code of Federal Regulations, title 49, section 391.41, paragraph (b)(1) or (b)(2), but who meets the other physical qualifications requirements, may drive a motor vehicle if MnDOT grants a waiver to that person.

The driver is being referred to you for a medical evaluation summary, dependent upon the driver's physical disability and 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 (**refer to Part I, A-C**).
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 (**refer to Part I, A-C**).

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

The physical demands of motor vehicle driving and related tasks vary considerably with the 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 (**refer to Part I, A-C**). For their own, as well as the safety of others, motor vehicle 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 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; and,
- 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 for
Intrastate Physical Waiver**

PART II – MEDICAL EVALUATION SUMMARY
*(To be completed by **Physiatrist or Orthopedic Surgeon**)*

Patient/Applicant Name:

Date of Exam:

DOB:

Based upon the attached **Job Task Descriptions/Requirements** form (Part I) and your examination of this driver, please answer all questions below.

MnDOT is relying on your medical measurements and judgment for such information as provided below:

(Please check all that apply)

1. Does this driver have adequate MUSCLE STRENGTH to perform the tasks required?
 YES NO

If no, please indicate the impaired extremity.

Upper extremity: left right

Lower extremity: left right

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

YES NO **If no, please indicate the impaired extremity.**

Upper extremity: left right

Lower extremity: left right

Trunk:

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

YES NO **If no, please indicate the impaired extremity.**

Upper extremity: left right

Lower extremity: left right

Trunk:

(Continued on next page)

**Medical Evaluation Summary for
Intrastate Physical Waiver**

4. This driver has an **impairment** of: **hand** or **upper limb**
Has an **amputation** of: **hand** (partial full) or **upper limb**:

Does he/she 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.), operate gear shift levers, air brake controls, light switches, directional signals, horns].

Right: YES NO

Left: YES NO

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

5. This driver has an **UPPER** or **LOWER LIMB** **IMPAIRMENT** (Right Left)
Or has an **UPPER** or **LOWER LIMB** **AMPUTATION** (Right Left)

Does he/she have:

- a. The APPROPRIATE TYPE OF PROSTHESI OR ORTHOTIC DEVICE?
 YES NO N/A

If you answered N/A to the above question (5a), please skip the remaining questions.

- b. The appropriate type of TERMINAL DEVICE?
 YES NO
- c. If yes, does the prosthesis\orthotic fit satisfactorily, 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 the ability to demonstrate power grasp and precision and prehension? YES NO

In my medical opinion, I certify: The applicant's condition will not adversely affect the applicant's ability to operate a commercial motor vehicle safely.

Physicians Name and Title (Please print)

Minnesota License Number

Office/Clinic Name and Telephone Number

Signature