This PDF file contains 265 sample NRCME exam questions. The first portion contains the questions without the answers. The second portion of this file contains the questions with the correct answer indicated and the explanation. The Sample NRMCE Exam included in this training program contains another 125 questions.

QUESTIONS

1. What minimum PaO2 level is necessary if the driver has an ABG due to a chronic respiratory disorder?
   a. 70 mm Hg
   b. 55 mm Hg
   c. 60 mm Hg
   d. 65 mm Hg

2. A driver first perceives a whispered voice at 5 feet in his right ear and 4 feet in his left ear. All other aspects of his physical examination are unremarkable. The examiner should:
   a. Disqualify the driver because he “failed” the whispered voice test.
   b. Certify the driver for 2 years.
   c. Certify the driver for 1 year.
   d. Require an audiometric test to determine the extent of hearing loss in his left ear.

3. A driver reports for an examination 6 weeks after suffering a mild heart attack and presents a note from his cardiologist stating that he is able to return to work immediately without restriction. Included within the note, the cardiologist provides recent testing information showing that the driver had an ETT that showed he was able to reach 12 METS during the test. His echocardiogram showed an ejection fraction of 65%. The examination of the driver is unremarkable. The examiner should:
   a. Disqualify the driver.
   b. Qualify the driver for 1 year.
   c. Qualify the driver for 2 years.
   d. Consult with the cardiologist to determine if the driver suffers from angina.
4. A driver provides an audiometric test documenting the following:

   i. 500 Hz: 35 Right ear; 40 Left ear
   ii. 1000 Hz: 40 Right ear; 45 Left ear
   iii. 2000 Hz: 40 Right ear; 45 Left ear
   iv. 4000 Hz: 50 Right ear; 50 Left ear

The medical examiner should:
   a. Disqualify the driver because he does not meet minimum hearing requirements to drive.
   b. Certify the driver for 2 years.
   c. Certify the driver for 1 year.
   d. Require the driver to obtain a hearing exemption.

5. During the examination of a commercial driver, the examiner notices that the driver’s peripheral vision is 70 degrees to the left and 80 degrees to the right. The examiner should:

   a. Qualify the driver for 2 years.
   b. Require the driver to obtain a vision exemption because of the limitation in the driver’s left peripheral field.
   c. Disqualify the driver.
   d. Have the driver consult with an Ophthalmologist to determine if the driver’s peripheral vision meets minimum standards.

6. During examination, the medical examiner notices that the driver is distant, lacks eye contact and shows absolutely no emotional response during the exam. The examiner’s best response should be:

   a. Provide the driver with a “CAGE” questionnaire to determine if he suffers from alcoholism.
   b. Disqualify the driver and refer him to a mental health profession prior to consideration for certification.
   c. Certify the driver with a 1-time, 3-month certificate to determine if there is any effect on the driver’s ability to drive a CMV.
   d. Require a skill performance evaluation to ascertain if the driver has any limitations with driving.
7. A driver admits to the use of marijuana for the treatment of his glaucoma, which is legal in the State in which he lives. He provides medical documentation for the glaucoma indicating he is able to drive a truck. He began using the marijuana about three months ago. His current medical card has no limitations listed and is for 2 years. His certification examination is within normal limits. The medical examiner should:

a. Disqualify the driver.
   b. Perform a urine drug collection and provide the release from the testing provider.
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.

8. A driver has a blood pressure of 136/92 mm Hg. This is:

a. Within normal limits and would not affect the driver’s certification.
   b. Stage 1 Hypertension.
   c. Stage 2 Hypertension.
   d. Stage 3 Hypertension.

9. A driver is taking Celexa for the treatment of what he calls a “mild depression.” He reports he has not considered or attempted suicide. The examiner should?

a. Certify only after obtaining written clearance for the depression and the medication from the treating provider
   b. Certify the driver for a period of 1 year.
   c. Certify the driver for a period of 2 years.
   d. Disqualify the driver until he is no longer requiring medication for the treatment of depression.
10. For a driver with insulin-treated diabetes mellitus, the medical examiner can only accept Form MCSA-5870 if it has been properly completed within the last:
   a. 25 days.
   b. 30 days.
   c. 45 days
   d. 60 days

11. What minimum PaO2 level on an ABG performed for a chronic respiratory disorder is necessary to certify a commercial driver?
   a. 55 mm Hg.
   b. 60 mm Hg.
   c. 65 mm Hg.
   d. 70 mm Hg.

12. A driver is taking Topamax for the treatment of migraine headaches. He reports good management of his headaches and they never seem to interfere with his driving ability with the medication. The medical examiner should?
   a. Obtain medical clearance for the condition and the medication.
   b. Disqualify the driver because he is taking an anti-seizure medication.
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.

13. A 26 year-old driver presents for a first-time certification. He has a long-standing history of ADHD and is taking methylphenidate. You have verified his diagnosis and obtained clearance from his treating psychiatrist. As the certified examiner, you:
   a. Should disqualify the driver, explaining that use of such stimulants is cause for disqualification.
   b. May certify for a maximum of 6 months.
   c. May certify for a maximum of 12 months.
   d. May certify for a maximum of 2 years.
14. A driver has a blood pressure of 168/112 mm Hg confirmed during the examination. The driver should be:
   a. Disqualified.
   b. Certified for 6 months.
   c. Certified for 1 year.
   d. Certified for 2 years.

15. For how long would a driver be certified if he is taking Micardis HCT for hypertension, and has a confirmed blood pressure of 148/96 mm Hg at the time of the examination?
   a. 3 months
   b. 6 months
   c. 1 year
   d. 2 years

16. During the examination a driver is found to have a positive “Babinski” reflex. The examiner should:
   a. Certify the driver for 1 year.
   b. Certify the driver for 2 years.
   c. Council the driver to obtain an SPE.
   d. Do not certify the driver until s/he has a neurological consultation.

17. All of the following are required components of all DOT medical examinations EXCEPT?
   a. Vision
   b. Hearing
   c. Blood Pressure
   d. Ophthalmoscopic examination
18. A driver reports in his history that he was treated for epilepsy 14 years ago but stopped taking anti-epileptic medication on his own since his move to your area 11 years ago. He has not seen a neurologist nor a health care provider in over 10 years and reports no seizures during this period. The examiner should:

   a. Request medical clearance, and if obtained the driver may be certified for 1 year.
   b. Request medical clearance, and if obtained the driver may be certified for 2 years.
   c. Refer the driver to the epilepsy/seizure exemption program.
   d. Disqualify the driver.

19. A driver reports for a re-certification examination 8 weeks after having triple coronary artery bypass surgery. He presents a note from his treating provider stating that he is able to return to driving without restriction. Additionally, the note mentions that the driver’s results of his ETT were normal, and his echo showed a left ventricular ejection fraction of 75%. The examiner should:

   a. Disqualify the driver until he has completed the required waiting period.
   b. Disqualify the driver because his ejection fraction is too low
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.

20. What is the maximum number of hours a CMV driver can drive in 7 consecutive days?

   a. 50.
   b. 60.
   c. 70.
   d. 80.
21. A blood pressure of 166/92 mm Hg would be?
   a. Considered normal.
   b. Stage 1 hypertension.
   c. Stage 2 hypertension.
   d. Stage 3 hypertension.

22. Lasegue’s sign tests for:
   a. Lumbosacral radicular irritation
   b. Early peritonitis.
   c. Benign vertigo, as opposed to a central etiology.
   d. Amblyopia.

23. The driver uses hearing aids during the whisper test. He is able to hear at 5 feet on the right and 4 feet on the left.
   a. Send the driver for an audiometric test.
   b. Disqualify the driver.
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.

24. The minimum acceptable spirometry values required to certify a driver are:
   a. FEV1 70%, FVC 65%, FEV1/FVC ratio 65%
   b. FEV1 65%, FVC 60%, FEV1/FVC ratio 65%
   c. FEV1 65%, FVC 65%, FEV1/FVC ratio 65%
   d. FEV1 60%, FVC 60%, FEV1/FVC ratio 60%
25. A driver presenting to your office marks down that he is taking “nitroglycerin” for angina and he has been doing so for a few years. Upon questioning he indicates that he has needed more nitroglycerin recently because his episodes have become more frequent. Your best course of action is to:

a. Council the driver to increase his dose of medication.
b. Certify the driver for 1 year.
c. Provide a 1-time, 3-month certificate to monitor his condition.
d. Disqualify the driver and refer him to his cardiologist for further evaluation.

26. The longest the medical examiner would certify a driver with a history of Stage 3 hypertension is:

a. 3 months
b. 6 months
c. 12 months
d. 24 months

27. A driver is taking Wellbutrin to help him stop smoking. He has provided a note from his PCP stating that he has no side effects and confirms that he is taking the medication for smoking cessation. The examiner would?

a. Certify the driver for 2 years.
b. Certify the driver for 1 year.
c. Disqualify the driver because the medication is not allowed.
d. Council the driver to only take the medication at night.

28. During the history, the driver admits to taking Benadryl for seasonal allergies. The examiner should?

a. Counsel the driver to not take the medication for 12 hours prior to driving.
b. Obtain medical clearance from the driver’s PCP that he/she can drive.
c. Disqualify the driver until he/she is no longer taking Benadryl.
d. Provide a 1-time, 3-month certificate to determine the medication’s effect on the driver.

29. A driver has a history of a moderate Traumatic Brain Injury that occurred 3 years ago as a result of a car accident. He reports he has fully recovered and provides a note from his neurologist stating that he suffered no seizures and that he is able to return to driving. He does not list any medications in his history. The examiner should:

a. Disqualify the driver.
b. Require the driver to take a “Folstein’s mini mental state exam.”
c. Certify the driver for one year.
d. Certify the driver for two years.
30. A driver reports a suicide attempt 10 months earlier, following the break-up of his marriage. He noted seeing a psychiatrist and he takes Citalopram daily and he reports he feels fine now and is moving on with his life. He provides a release from his doctor that he may return to work without restrictions. The medical examiner should:

a. Disqualify the driver.
b. Require a CAGE questionnaire.
c. Certify the driver for 1 year.
d. Certify the driver for 2 years.

31. The driver lists Synthroid for the treatment of hypothyroidism. He has been taking it for about 6 months and feels fine now. His examination is essentially normal. The examiner’s best course of action is to?

a. Request medical clearance for the medication prior to certification.
b. Certify the driver for 1 year.
c. Certify the driver for 2 years.
d. Counsel the driver that he needs to apply for an endocrine exemption

32. Which of the following is correct regarding the appropriate person to complete and sign Form MCSA-5870 for a driver who has insulin-treated diabetes mellitus?

a. Only an endocrinologist can complete the form.
b. The medical provider who manages the driver’s diabetes and prescribes insulin for the driver’s diabetes completes the form.
c. The driver’s primary care provider of record must complete the form.
d. Any provider who has evaluated the driver within the last 12 months may complete the form.

33. A driver should not be certified when an ABG reveals a PaO2 of less than 65 at altitudes below:

a. 2,000 feet
b. 3,000 feet
c. 5,000 feet
d. 7,000 feet
34. If an individual does not meet the hearing requirements with the use of a hearing aid and requires a Federal hearing exemption, the examiner should mark on the Medical Evaluation Report Form:
   a. “Does not meet standards”.
   b. “Wearing hearing aid”.
   c. “Accompanied by a hearing exemption”
   d. All of the above.

35. A driver presents for certification 6 weeks after suffering a myocardial infarction. She presents a note from her cardiologist, clearing her to drive a CMV without restrictions. Her post MI echocardiogram shows an EF of 50%. Her EKG shows no ischemia. Her ETT exceeds FMCSA standards. The medical examiner should:
   a. Certify the driver for 3 months
   b. Certify the driver for 1 year
   c. Certify the driver for 2 years
   d. Disqualify the driver

36. A driver presents for certification. He checks "yes" for "Anxiety, depression, nervousness, and other mental health problems" for the Driver Health History portion of the Medical Examiner Report Form. He clarifies he has depression which is controlled with medications and electroconvulsive therapy (ECT). Following ECT, the driver should be symptoms free for how long before being certified?
   a. 3 months
   b. 6 months
   c. 12 months
   d. 24 months

37. According to FMCSA regulations, which of the following must the medical examiner evaluate when examining a driver’s eyes?
   a. Pupil reactivity
   b. Iris symmetry
   c. Conjunctival injection
   d. Corneal thickness
38. According to FMCSA regulation and guidance, medical qualification for two years can be given to a driver who has:

a. An SPE certificate for a left below the knee amputation (BKA)

b. Hypertension

c. A recent diagnosis of Lewy body dementia

d. Documented medical marijuana use for pain control

39. During his visit to the medical examiner, a driver complains of severe pain in his finger for the last two weeks after it was punctured. The exam reveals an infected, swollen finger. After the ME inquires, the driver states that the pain is made worse when he grips the steering wheel. Which of the following should the ME do next?

a. Obtain a hand X-ray

b. Assess capillary refill in the hand

c. Obtain a culture and sensitivity

b. Assess the driver’s grip strength

40. A new driver who had a myocardial infarction six months ago is certified after completing an acceptable exercise tolerance test and is cleared by a cardiologist. According to FMCSA guidelines, which of the following is recommended regarding recertification and exercise tolerance test monitoring intervals?

<table>
<thead>
<tr>
<th>Recertification</th>
<th>Exercise Tolerance Test</th>
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<tbody>
<tr>
<td>Every year</td>
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41. Which of the following is true of The Romberg sign:

a. It is a test of proprioception.

b. A positive test is an inability to maintain an erect posture over 60 seconds with eyes closed.

c. BOTH of the above are correct.

d. NEITHER of the above are correct.
42. Which of the following stages of hypertension calls for a medical certificate that expires in one year?
   a. Stage 1
   b. Stage 2
   c. Stage 3
   d. Stage 4

43. Which of the following is true of psychological disorders in drivers?
   a. Drivers with a mood disorder may, during a manic episode, exhibit grandiosity, impulsiveness, irritability, and aggressiveness
   b. Drivers with a mood disorder will exhibit quicker reaction times during a depressive episode
   c. Drivers with an active psychotic disorder will exhibit completely predictable behavior, accompanied with poor judgment
   d. Drivers with personality disorders may exhibit flexibility and adaptive behaviors with a decreased crash rate

44. A driver without a history of hypertension is found to have a blood pressure of 145/80 mm Hg during the exam. What is the next best step??
   a. Qualify the driver for 1 year.
   b. Obtain a second blood pressure reading taken later during the exam.
   c. Qualify the driver for a one-time 3-month certificate.
   d. Put the driver in Determination Pending to allow time for a hypertension evaluation by the PCP.

45. When deciding if a commercial driver should be medically certified, what is the fundamental question a medical examiner should examine regarding cardiovascular health?
   a. Has the driver ever had a cardiovascular disease?
   b. Does his or her family have a history of cardiovascular disease?
   c. Does the driver have a cardiovascular disease that increases the risk of sudden death or incapacitation?
   d. What is the likelihood that he or she will contract a cardiovascular disease?
46. If a medical examiner uses the number 1 during the physical examination, the medical examiner is indicating which of the following parts of the body system?

a. Ears  
b. General Appearance  
c. Abdomen and viscera  
d. Heart

47. When conducting a vision examination, a driver must have at least what distant visual acuity in each eye with or without correction?

a. 20/10  
b. 20/20  
c. 20/40  
d. 20/60

48. Which of the following is NOT true regarding the physical examination?

a. The individual parts of the body system are categorized numerically  
b. For each body system, mark "Yes" on the Report Form if abnormalities are detected, or "No" if the body system is normal  
c. There is a maximum height requirement  
d. The medical examiner must document all abnormal findings on the Report Form, even if they are not disqualifying

49. Which of the following colors is not necessary to be able to distinguish and recognize in traffic signals and devices?

a. Blue  
b. Green  
c. Amber  
d. Red
50. A DOT driver presents for his medical exam. On his history he states that he regularly takes Dextromethorphan. This should prompt the medical examiner to:

a. Give a one-year recertification  
b. Give a 3-month recertification  
c. Counsel the driver about consuming the medication within 12 hours of driving  
d. Disqualify

51. Which of the following is an assessment of L4 nerve root pathology?

a. Plantar flexion  
b. Patellar reflex  
c. Hip Extension  
d. Hand in pocket paresthesia

52. A driver presents for his DOT physical. A lateral pulsation is palpated approximately 2 inches superior of the umbilicus. Auscultation in this area reveals an obvious bruit. What is the most important next step?

a. Counsel on the importance of a good diet.  
b. Refer for diagnostic imaging and probable emergency care.  
c. Refer to a gastroenterologist.  
d. Give the driver a 1-year recertification.

53. A driver has a limitation of 45 degrees of cervical rotation to the right and left but can view both side mirrors. What is the next best step?

a. Disqualify the driver.  
b. Certify the driver for 1 year.  
c. Certify the driver for 2 years.  
d. Disqualify the driver pending a functional evaluation.
54. A driver presents with a history of an isolated TIA 6 months previously. He presents with a return to work letter from his primary care physician and his neurologist. The driver is taking Hydrochlorothiazide and Simvastatin. All other aspects of the exam and history were normal. What should the examiner do next?

a. Certify the driver for 1 year
b. Disqualify the driver
c. Certify the driver for 3 months
d. Certify the driver for 2 years.

55. Which of the following is a criterion for certification after a myocardial infarction?

a. EKG showing no signs of ischemia.
b. Echocardiogram showing an EF >= 40%.
c. ETT showing 85% of maximum predicted HR.
d. All of the above.

56. A driver presents for initial certification. His blood pressure is 180/102 mm Hg treated with amlodipine 5 mg daily. Which of the following best represents the medical examiner’s BP staging and certification decision?

a. Stage II hypertension  Certify: 3-month card
b. Stage III hypertension  Certify: Disqualify
c. Stage III hypertension  Certify: 6-month
d. Stage II hypertension  Certify: 1 year

57. A driver reports that he was hospitalized recently for palpitations. He states he was diagnosed with atrial fibrillation, and was put on warfarin therapy. Which of the following is the correct certification criteria for atrial fibrillation?

a. Waiting time: 1 month INR: monthly  Certify: 1 year
b. Waiting time: 1 week INR: monthly  Certify: 2 years
c. Waiting time: none INR: annually  Certify: 6 months
d. Waiting time: 1 year INR: weekly  Certify: 1 year
58. A driver presents for certification. She reports that she was hospitalized recently for chest pain. She states she was diagnosed with a myocardial infarction, and subsequently underwent left coronary artery balloon angioplasty. She was put on Xarelto. Which of the following best represents certification decision for this driver?

a. Waiting time: 2 months, INR: none, Certify: 2 years
b. Waiting time: 1 week, INR: none, Certify: 1 year
c. Waiting time: 2 months, INR: none, Certify: 1 year
d. Waiting time: 1 year, INR: monthly, Certify: 2 years

59. The driver presents for re-certification. He admits a cerebellar stroke 2 years ago that has resolved without any residual deficits. He presents clearance from his neurologist, and he is on no anti-seizure or stroke medication. He is otherwise medically fit. What is the certification decision?

a. Disqualify, as he has not met the waiting period.
b. Certify for 1 year.
c. Certify for 2 years.
d. Obtain head CT to rule residual deficits.

60. A driver presents for examination following a spontaneous pneumothorax one month earlier. The records provided by the driver indicate that the pneumothorax reduced the driver’s forced vital capacity (FVC) to 58% of predicted forced vital capacity. As the medical examiner, you should:

a. Certify the driver for one year.
b. Certify the driver for two years.
c. Do not certify the driver.
d. Disqualify the driver for 6 months and re-evaluate at 6-month recheck.

61. Who can perform the vision portion of the interstate CMV driver physical examination other than the medical examiner?

a. Medical assistant.
b. Ophthalmologist.
c. Optometrist.
d. Any of the above.
62. Which of the following mandates disqualification, per regulation?
   a. Idiopathic hypersomnia.
   b. Narcolepsy.
   c. ICD placement.
   d. ALL of the above.

63. According to regulations, which of the following can grant drivers an SPE certificate?
   a. Medical examiners.
   b. Orthopedic surgeons.
   c. Physical Medicine & Rehab physicians.
   d. The FMCSA.

64. As a certified medical examiner, for how long must you retain a copy of the Medical Examination Report Form for each driver?
   a. 1 year.
   b. 3 years.
   c. 5 years.
   d. 10 years.

65. As a medical examiner, you will need to provide a copy of the Medical Examination Report Form to a driver who is applying for, or renewing, a:
   a. Skill Performance Evaluation (SPE) certificate.
   b. Hearing exemption certificate.
   c. Seizure exemption certificate.
   d. Any of the above.
66. Which of the following is true of the vision requirements for commercial drivers?
   a. The requirement for central distant visual acuity is at least 20/40 in each eye.
   b. The requirement for distant binocular visual acuity is at least 20/50.
   c. Contact lenses may not be worn to meet distant visual acuity requirements.
   d. The driver must meet either the distant visual acuity requirement for each eye OR the binocular visual acuity requirement.

67. Which is accurate regarding the hearing test required of commercial motor vehicle drivers?
   a. The forced whisper test must be administered first.
   b. Hearing aids cannot be used to pass the test.
   c. If the driver perceives a forced whisper in one ear at 6 feet, he has met the hearing requirement.
   d. If the driver attempts to meet the requirement using a hearing aid, only the audiometric test is administered.

68. When a driver who wears a hearing aid is unable to pass a forced whisper test, referral to which of the following is required?
   a. An audiologist.
   b. An otolaryngologist.
   c. A hearing aid center.
   d. Any of the above is acceptable.

69. Which of the following frequencies is NOT included as part of the audiometric hearing test for commercial motor vehicle drivers?
   a. 500 hertz (Hz).
   b. 1,000Hz.
   c. 2,000 Hz.
   d. 4,000Hz.
70. A commercial driver is taking Coumadin for a diagnosis of atrial fibrillation. As the medical examiner you explain to the driver that:

   a. He cannot be certified to drive.
   b. He can be certified to drive for 2 years as long as he provides documentation that his INR is therapeutic.
   c. He must undergo monthly INR monitoring.
   d. He can be certified to drive only if he switches to a newer anticoagulant that does not require INR monitoring.

71. A herniated disk at L5-S1 is most likely to affect which of the following reflexes?

   a. Patellar reflex.
   b. Achilles reflex.
   c. Plantar reflex.
   d. NONE of the above.

72. A driver presents for initial certification to drive 3 months following a myocardial infarction. An in-hospital post-MI echocardiogram showing at least what left ventricular ejection fraction is sufficient for certification to drive?

   a. 30%
   b. 35%
   c. 40%
   d. 45%

73. What is the minimum waiting period following Coronary Artery Bypass Grafting surgery?

   a. One month.
   b. Two months.
   c. Three months.
   d. Dependent on the type of CABG performed and the number of vessels involved.
74. Following an uncomplicated, elective percutaneous coronary intervention procedure to treat stable angina, the post-procedure waiting period is:
   a. 1 week.
   b. 3 weeks.
   c. 1 month.
   d. 2 months.

75. Which cardiac condition is disqualifying?
   a. Hypertrophic cardiomyopathy.
   b. Mitral valve prolapse.
   c. Ebstein anomaly.
   d. Aortic valve repair for aortic stenosis 4 months prior to exam.

76. A driver who exhibits difficulty breathing and has a history of COPD should undergo additional pulmonary testing. A forced expiratory volume in the first second of expiration (FEV1) less than what level of predicted should prompt arterial blood gas measurements?
   a. 50%
   b. 55%
   c. 65%
   d. 70%

77. A driver has a fixed deficit that is less than the whole hand. Which of the following is true regarding certification of this driver?
   a. The driver requires a Skill Performance Evaluation (SPE) certificate.
   b. As a medical examiner, you determine if the severity of a fixed deficit that is less than the whole hand is medically disqualifying unless the driver has an SPE certificate.
   c. The patient requires referral to an orthopedic surgeon who understands the nature of commercial motor vehicle driving.
   d. NONE of the above are correct.

78. A urinalysis is a required part of the driver evaluations. If the UA indicates glycosuria, the medical examiner:
   a. Must disqualify the driver.
   b. Must not certify the driver until a repeat urinalysis in at least one week reveals resolution of glycosuria.
   c. Must obtain a consultation with an endocrinologist.
   d. May elect to perform a finger stick to obtain a random blood glucose.
79. You are required to perform a urinalysis (dip stick) as a part of every driver certification and recertification medical examination. An abnormal result for which of the following mandates temporary disqualification?

   a. Protein.
   b. Blood.
   c. Glucose.
   d. NONE of the above.

80. Each of the following mandates disqualification in a driver with a history of alcoholism EXCEPT:

   a. He voluntarily attends a 12-step program to maintain his recovery.
   b. He has not successfully completed counseling and/or treatment.
   c. He has a current diagnosis of alcoholism.
   d. ALL of the above are disqualifying.

81. A female driver presents for re-certification who is in her fourth day of menses with heavy bleeding. Her US shows a Specific gravity of 1.020; Protein is +1; Blood is +4; Glucose is negative. All other aspects of her medical examination are within normal. The examiner should:

   a. Obtain medical clearance prior to certification.
   b. Disqualify the driver.
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.

82. At initial certification, a driver is found to have a blood pressure of 165/105 mm Hg. You give him a certification for three months. Upon recheck, his blood pressure is 135/85. As medical examiner you:

   a. Certify him for 6-months after performing a new DOT examination.
   b. Certify him for one year from date of initial exam after performing a new DOT examination.
   c. Certify him for one year from date of follow-up visit after performing a new DOT examination.
   d. Repeat the 3-month certification.

83. Which of the following is TRUE concerning a driver who presents for a DOT exam but does not speak English:

   a. He must be disqualified after the DOT exam is performed.
   b. It is not permissible to use an interpreter.
   c. When determining a driver’s physical qualification, English language is not factored into the determination as long as the examiner can obtain a proper history and exam.
   d. The examiner should halt the exam at the start and not perform the exam.
84. Which of the following accurately describes the FMCSA’s requirement regarding grip strength for certifying commercial drivers?

a. The FMCSA requires Dynamometer testing to measure grip strength.
b. The FMCSA requires Sphygmomanometer used as a screening test for grip by having the applicant repeatedly squeeze the inflated cuff while noting the maximum deflection on the gauge.
c. The FMCSA accepts either Dynamometer testing or Sphygmomanometer testing for certification.
d. The Federal Motor Carrier Safety Administration does not require any specific test for assessing grip power.

85. FMCSA guidance recommends drivers NOT be certified with the following conditions EXCEPT:

a. Uncontrolled vertigo.
b. Meniere’s disease.
c. Labyrinthine fistula.
d. Otitis Media.

86. A driver with a history of congestive heart failure is asymptomatic at time of presentation for certification. What minimum left ventricular ejection fraction is required for certification?

a. 40%
b. 45%
c. 50%
d. 55%

87. A driver presents for certification and notes that he is recently had a surgical repair of an aneurysm in his left leg. What is the minimum waiting period following surgical repair of an aneurysm?

a. 1 month.
b. 3 months.
c. 6 months.
d. 1 year.

88. Which of the following is true regarding the FMCSA Blood Pressure regulations for commercial motor vehicle drivers?

a. Only BP readings taken during the driver physical or follow-up examinations may be used for certification decisions.
b. A BP greater than 139/89 mm Hg must be confirmed with a second measurement taken later during the examination.
c. Trained assistive personnel may take and record the BP.
d. All of the above are correct.
89. As part of the evaluation of a driver presenting for initial certification, as the medical examiner, you must perform testing for:

   a. Alcohol.
   b. Marijuana.
   c. Opiates.
   d. NONE of the above.

90. Select the correct statement regarding evaluation and certification of a commercial motor vehicle driver:

   a. There are no work restrictions permitted. The commercial driver must be able to perform all job-related tasks, including lifting, to be certified.
   b. The SPE program is intended only for individuals with fixed deficits of the extremities (not for individuals with progressive diseases).
   c. A new, complete DOT exam must be performed in order to issue a new Medical Examiner’s Certificate.
   d. ALL of the above are correct.

91. Which of the following is NOT a mission of the FMCSA?

   a. Develop and enforce data-driven regulations that balance motor carrier (truck and bus companies) safety with industry efficiency.
   b. Target educational messages to carriers, commercial drivers, and the public.
   c. Partner with stakeholders including Federal, State, and local enforcement agencies, the motor carrier industry, safety groups, and organized labor on efforts to reduce bus and truck-related crashes.
   d. Oversee the prosecution of criminally negligent cases of motor carrier safety breaches.

92. In which of the following cases should you mark an exam as “incomplete examination”?

   a. When you do not have enough information to make a decision.
   b. When you have scheduled a follow up appointment for the to return with additional lab tests.
   c. When one provider begins an exam that will be completed by another provider.
   d. When the driver leaves before you have completed the exam and made a decision.
93. It is the responsibility of the Motor Carrier to make sure that commercial motor vehicle drivers meet each of the following requirements EXCEPT:

a. Be at least 21 years old.
b. Speak and read English well enough to understand highway/traffic signals and converse with law enforcement.

94. What HgbA1C level is indicative of a diagnosis of diabetes?

a. 4.8%
b. 6.5%
c. 7.9%
d. 10%

95. A driver presents for her first DOT medical exam. She is 48 years old and starting truck-driving school as a second career. She has no previous diagnosis of HTN, but her blood pressure today is 176/124 mm Hg. What time period is appropriate for certification?

a. 1 year.
b. 6 months.
c. 1-time certification for 3 months.

96. A Driver has no previous diagnosis of hypertension. Today his blood pressure is 146/88 mm Hg. What certificate time should be given?

a. 2 years.
b. 1 year.
c. 6 months.
d. Defer and refer for treatment.

97. A Driver has been taking medication for hypertension for 3 years. He is inconsistent about taking the medication. Today his blood pressure is 146/96 mm Hg. What should be done?

a. Disqualify.
b. Certify for 6 months.
c. Give a 1-time certificate for 3 months.
d. Certify for 1 year.
98. What is the maximum certification period for Obstructive Sleep Apnea?
   a. 6 months.
   b. 12 months.
   c. 18 months.
   d. 24 months.

99. A Driver sustained a myocardial infarction one month ago. He is following up with his primary care physician again in 1 week. He is unsure of his prescriptions, but is asymptomatic. Should he be certified today?
   a. Yes. Give him a 6-month certificate.
   b. Not until you check his medication. Then, yes.
   c. No. There is a minimum wait period of 2 months and specific criteria that must be met thereafter before certification.
   d. No. He must wait 6 months at the minimum before being evaluated further.

100. A driver had heart surgery 6 months ago. He reports recovering well and is asymptomatic. Documentation from his physician shows he is indeed recovering well and tolerating his medication. Surgery included installation of an implantable cardioverter defibrillator. Can he be qualified today?
   a. Yes, he is stable.
   b. No. More information is needed on his exercise tolerance.
   c. No. An ICD is disqualifying.
   d. No. He has not yet met an adequate waiting period.

101. A driver denies using illegal drugs, but he looks haggard and has fresh needle sticks on his forearm. Can you order lab testing for drugs?
   a. No. Drug testing is beyond the scope of the DOT medical exam.
   b. Only if you call the employer and have them do a reasonable suspicion DOT drug test.
   c. Yes. This is outside of standard DOT drug testing, but a non-DOT drug test can be ordered. Refusal to test is a failure.
102. What is the maximum allowable BMI to qualify a driver?
   a. 40. 
   b. 50. 
   c. 55. 
   d. There is no standard.

103. A driver has a long history of major depression. His only current medication is Paxil, and he reports no side effects. Three months ago, he attempted to commit suicide by hanging, but was unsuccessful. Physically, all is within standards. Can he be qualified?
   a. No. Paxil is disqualifying. 
   b. Yes. This scenario is not disqualifying. 
   c. No. The waiting period following a suicide attempt is 2 months minimum. 
   d. No. The waiting period following a suicide attempt is 1 year minimum.

104. A driver's exam is unremarkable except for a recent history of panic attacks. These are under control with Xanax. She reports no side effects. What certification is appropriate?
   a. 2 years. 
   b. Xanax required annual recertification. 1 year. 
   c. Xanax is potentially dangerous. 6 months is appropriate. 
   d. Xanax is generally considered to increase crash risk. Use your clinical judgment, but use of benzodiazepines is typically disqualifying. Additional consultation with treating physician may be needed.

105. What is the minimum gross vehicle weight that will require a DOT medical exam for the driver?
   a. 16,501 pounds. 
   b. 10,001 pounds. 
   c. 26,001 pounds. 
   d. 22,501 pounds.
106. Drugs with no known medical use and a high potential for abuse fall into what category?

a. Class C.
b. Schedule I.
c. Class F.
d. Schedule V.

107. Marijuana is what listed as which of the following?

a. Schedule 1 drug.
b. Schedule 2 drug.
c. Schedule V drug
d. It used to be considered a Schedule 1 drug. It is no longer a listed drug.

108. A driver is 35 years of age. He has a diagnosis of Ankylosing Spondylitis since he was 19. He has fusion throughout his spine, excluding the upper cervical spine. Neck rotation is limited to 15 degrees bilaterally. His neck is permanently flexed 25 degrees forward and he can only extend it 10 degrees. Agility is greatly diminished and he cannot climb well. He now presents for recertification, but notes he primarily does an administrative desk job. Based on this, what is the proper course of action?

a. Disqualify.
b. Certify for 1 year.
c. Order a Skill Performance Evaluation.
d. Certify for 6 months.

109. Transient Ischemic Attacks are a major concern. They can be one of the earliest signs of cerebrovascular disease. Symptoms usually only last 10-20 minutes. All of the following are symptoms that may present in the history as a result of a TIA, EXCEPT:

a. Sudden temporary tingling, numbness, or weakness.
b. Confusion.
c. Sudden visual changes.
d. Sciatica.
110. A driver with a history of a TIA should be removed from the road for what minimum waiting period?
   a. 2 months.
   b. 6 months.
   c. 1 year.
   d. 2 years.

111. Epilepsy is a major concern due to risk of seizure or loss of consciousness. How many unprovoked seizures are required for a diagnosis of epilepsy?
   a. One.
   b. Two.
   c. There is no single definition; diagnosis is made on a case-by-case basis.

112. After a diagnosis of Meniere’s disease, what is the recommendation for certification of a driver?
   a. Certification if no reported dizziness or vertigo.
   b. Certification after a 1 year waiting period if hearing standards are met and there are no symptoms of vertigo.
   c. Certification after a 2-month waiting period free of symptoms of vertigo.
   d. Meniere’s disease is progressive and considered completely disabling. Disqualify.

113. Which of these is intrastate (as opposed to interstate) commerce?
   a. A UPS driver delivers packages from far and wide within a single city.
   b. A semi driver drives a long-haul route from Florida to Texas.
   c. A commercial driver makes a run from New Orleans, LA to Monroe, LA, but passes through Mississippi on the route.
   d. ALL of the above are examples of interstate commerce, not intrastate.
114. Which of the following diagnoses is NOT always disqualifying?
   a. Narcolepsy.
   b. Bipolar Disorder.
   c. Meniere's disease.
   d. Current Alcoholism.

115. An obese driver's urinalysis shows 500mg/dL of glucose. He claims he is not diabetic, but it is simply because of the 20-ounce bottle of soda he drank in the hour before the test. What should be done?
   a. Obtain a finger stick glucose.
   b. Certify for 1 year and recheck at that time.
   c. Use determination pending and have the patient return for a repeat glucose dipstick within 45 days.
   d. Disqualify.

116. When clinical signs exist indicating a driver may not have disclosed use of a scheduled drug or substance, the medical examiner:
   a. May request a non-Department of Transportation drug test.
   b. Must refer for a DOT drug test.
   c. Must obtain consultation from a substance abuse professional.
   d. Must obtain clearance from the driver’s primary care provider.

117. Who can grant a waiver or exemption?
   a. The Medical Examiner.
   b. The FMCSA.
   c. A Board-Certified Specialist in the field of the relevant disease.
   d. Any of the above.

118. If a driver has had a cortical stroke, what is the minimum waiting period before he/she may possibly be certified to drive?
   a. 5 years, as potential for seizure is a concern.
   b. 1 year if there is no seizure.
   c. 6 months.
   d. 6 months once off anticoagulants.
119. Both Schizophreniform and Bipolar Disorders can be disqualifying. Which of the following conditions is NOT a reason in and of itself to disqualify?

a. Substantially compromised judgment.
b. Swings in energy levels and mood.
c. Attention difficulties.
d. Personality disorder that is repeatedly manifested by overt inappropriate acts.

120. What are the FMCSA guidelines for certification of a driver on Coumadin and compliant with INR monitoring?

a. Disqualify.
b. Use clinical judgment, based upon the underlying disease.
c. Certify for a maximum of 1 year.
d. Certify for a maximum of 6 months.

121. If a driver is only taking over-the-counter medications, what are the possible ramifications?

a. OTC medications are not considered in the certification decision.
b. OTC are considered whether or not to qualify the driver, but cannot limit the certification.
c. OTC medications can affect the decision to certify, time limit, or disqualify as determined by the clinical judgment of the medical examiner.

122. Exercise tolerance tests are needed to assess the driver after a cardiovascular incident or to assess for cardiac abnormalities. If ordered this test, there are specific measures that need to be met. Which of these is NOT one of them?

a. Exercise to a workload capacity greater than 6 Metabolic Equivalents (METs) through Bruce protocol stage II or equivalent.
b. Attain a heart rate greater than or equal to 85% of predicted maximum (unless on beta blockers).
c. Have a rise in systolic blood pressure greater than or equal to 20 mm Hg without angina.
d. Have no increase in diastolic pressure.
123. Which of the following are not required for the urinalysis portion of the DOT medical exam?
   a. Specific Gravity.
   b. Blood.
   c. Ketones.
   d. Protein.

124. If a dipstick urinalysis shows findings that are abnormal, but do not immediately threaten the
driver or the public, such as mild proteinuria, which is the most reasonable course of action?
   a. Disqualify until further testing is done.
   b. Encourage the driver to seek further care from his primary care provider and document the
findings for him/her to take to the PCP.
   c. Make a note in the medical examination report form, but take no other action until the next
DOT exam.

125. What is the advised minimum waiting period following coronary artery bypass surgery?
   a. 1 month.
   b. 2 months.
   c. 3 months.
   d. This is disqualifying.

126. Severe traumatic brain injuries are disqualifying. How is a "severe TBI" defined?
   a. Injury penetrates the dura and/or causes loss of consciousness > 24 hours.
   b. Injury causes loss of consciousness longer than 6 hours.
   c. Physically or chemically induced brain injury causing motor or sensory loss.
   d. Injury to the head resulting in permanent neurologic deficit.

127. A vehicle that is used to transport a minimum of which of the following number of persons
(including the driver) would be defined as a commercial motor vehicle for interstate
commerce?
   a. 4 for compensation, 10 not for compensation.
   b. 6 for compensation, 8 not for compensation.
   c. 9 for compensation, 16 not for compensation.
128. A bipolar driver has been stable for 5 years without any manic or major depressive episodes. Paperwork from his mental health provider confirms this. He is treated with lithium. What is the best certification period?

   a. Disqualify due to lithium treatment.
   b. 3 months.
   c. 1 year.
   d. 2 years.

129. Which of the following is NOT included on the Medical Examiner’s Certificate?

   a. The expiration date of the Medical Examiner’s NRCME certification.
   b. The medical examiner’s signature.
   c. The driver’s signature.
   d. A place to denote that a drive requires a Skill Performance Evaluation certificate

130. The Role of the Medical Examiner specifically includes:

   a. Assessing the Driver for medical fitness to safely perform all driver duties.
   b. Refilling medications required by the driver for safe driving.
   c. Addressing new health concerns of the driver.
   d. ALL of the above.

131. It is generally accepted that a HgbA1C above what level indicates poor control of diabetes?

   a. 7%.
   b. 10%.
   c. 12%
   d. 13%

132. Central vision loss is a finding suggestive of:

   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. All of the above.
133. On examination, the medical examiner palpates an enlarged liver on a driver and find signs suggestive of early hepatic failure. The medical examiner should:

a. Order an abdominal ultrasound as a first step.
b. Order an abdominal CT scan as a first step.
c. Order a set of Liver Function Tests as a first step.
d. Refer the driver to his Primary Care Provider.

134. A 20-year-old person approaches you and asks you to perform a medical examination for him as he is planning to apply for an interstate CMV driver job advertised by a local transportation company. According to the FMCSA standards, a person under 21 is not eligible to work as an interstate CMV driver; however, you can still perform the examination because:

a. The person is only applying for the job and not yet employed.
b. There’s no indication that he intends to work as an interstate CMV driver.
c. It is not your responsibility to ensure that the person meets the age requirements.
d. From his physical appearance he seems quite healthy.

135. A number of requirements must be met in order for a driver to pass a vision exam and be certified. Which of the following would prevent a driver from being certified by a medical examiner?

a. Binocular acuity of at least 20/40.
b. Distant visual acuity of at least 20/40 in each eye.
c. Horizontal field of vision of at least 70° measured in each eye.
d. Inability to distinguish among traffic devices showing red, amber, and green colors.

136. If a medical examiner has a reasonable suspicion that a driver has violated federal guidelines regarding alcohol consumption, the driver:

a. Must be disqualified.
b. May be certified following residential substance abuse treatment.
c. May be certified following a one-month waiting period.
d. Must submit to alcohol testing.
137. When a medical examiner performs a forced whisper test, he/she should avoid using only words that begin with only what letter?
   a. B
   b. T
   c. P
   d. S

138. Drug testing is the responsibility of which of the following?
   a. The state in which a driver resides.
   b. The Department of Transportation.
   c. The driver.
   d. The employer.

139. A driver presents who has suffered a stroke. The driver has brainstem vascular lesions. Can the driver be certified?
   a. The driver cannot be certified.
   b. The driver can be certified after a one-year waiting period.
   c. The driver can be certified after a one-month waiting period.
   d. The driver can be certified with no restrictions.

140. A driver who has been diagnosed with depression and is prescribed lithium may be certified if:
   a. The driver is asymptomatic.
   b. Has no impairment that interferes with safe driving.
   c. Has lithium levels that are maintained in the therapeutic range.
   d. All of the above.
141. A 44-year-old male presents for examination. He has undergone a surgery for repair of a 5.0 cm abdominal aortic aneurysm 1 year ago. He provides a clearance report by a cardiovascular specialist indicating he is asymptomatic. Is this person qualified? If yes, for how long?

   a. Yes, for 6 months.
   b. No.
   c. Yes, for one year.
   d. Yes, for two years.

142. A 41-year-old male presents for examination. He has a history of thoracic aortic aneurysm which is reported by his treating cardiovascular specialist to be 2.9 cm. How would you handle this case and what is the medical certification period for this medical history?

   a. Request a cardiologist report; biennial certification.
   b. Query and evaluate digestive system disorders; annual certification.
   c. Disqualify the person.
   d. Query and evaluate for other associated cardiovascular diseases; annual certification.

143. A driver with a prosthetic valve who also has LV dysfunction may not be certified if he/she has ejection fraction of less than what?

   a. 80%
   b. 75%
   c. 50%
   d. 40%

144. A driver presents with atrial fibrillation. The major risk associated with this condition is which of the following?

   a. Blindness
   b. Aortic Dissection
   c. Dementia
   d. Stroke
145. A driver who admits to using controlled substances also attends a self-help program, such as Alcoholics Anonymous. How should this driver’s case be handled?

a. The self-help group cannot substitute for completion of an SAP-required drug rehabilitation program.
b. The driver should be reported to the appropriate authorities.
c. The driver should be certified without any restrictions.
d. The driver should be certified after six months of attending the self-help group.

146. If a driver tests positive on a DOT drug test for the use of a controlled substance, he/she must do all of the following EXCEPT before the driver can be a candidate for recertification?

a. Write a personal statement regarding his/her history of drug use
b. Be evaluated by a substance abuse professional
c. Have a negative result on a return-to-duty drug test
d. Comply with recommended rehabilitation

147. What responsibility does a medical examiner have to a driver who requires contact lenses to pass the vision exam?

a. To inform the driver to keep a pair of glasses while driving.
b. To disqualify the driver.
c. To refer the driver to an optometrist.
d. To certify the driver after a six-month waiting period.

148. A driver with a heart transplant must be reexamined and recertified by a cardiovascular specialist how often?

a. Every three months
b. Every two months
c. Every six months
d. Every two years
149. When examining a driver’s hearing, a forced whisper test must be performed from a distance of:

a. Two feet.
b. Three feet.
c. Five feet.
d. Four yards.

150. If a driver is tested and has high blood pressure during the medical exam, but had blood pressure within the normal range at prior recent visits with his primary care provider, may the prior blood pressure be used?

a. Yes, with approval from the driver’s regular physician
b. Yes, with a two-month certification
c. No, only the information from the driving exam may be used
d. None of the above

151. Can a driver who has a history of childhood febrile seizures be certified?

a. No, the driver cannot be certified.
b. Yes, if there were no seizures after the age of two.
c. Yes, provided the seizures were limited to childhood.
d. Yes, following a one-year waiting period.

152. A driver with a history of migraines whose condition does not interfere with the health and safety of the driver and public may be certified for a maximum of how long?

a. Two years
b. Five years
c. One year
d. Six months

153. What ancillary information documentation must you obtain, and include in your medical examiner report, for a CMV driver who is diagnosed with Meniere’s disease and who is currently on medication treatment?

a. Audiometric test
b. Clearance from a neurologist
c. None of the above
d. All of the above
154. A potential driver is examined and is shown to have a blood pressure of 165/90 mm Hg. What is the next step for the medical examiner in this instance?

   a. Immediately disqualify the driver.
   b. Refer the driver to the nearest Emergency Department.
   c. Document the driver’s blood pressure with the FMCSA.
   d. Perform a second measurement of the driver’s blood pressure later in the exam.

155. A driver presents with a hernia. Can the driver be certified?

   a. No, the driver cannot be certified.
   b. Yes, after a one-year waiting period.
   c. Yes, if the hernia does not cause discomfort or interfere with driving.
   d. Yes, after a thirty-day waiting period.

156. What ancillary information documentation is/are required to be included in the medical examination of a driver who has an implantable cardiac defibrillator (ICD)?

   a. Echocardiogram and ETT.
   b. A cardiologist clearance report.
   c. Cardiovascular specialist report.
   d. None of the above.

157. A 37-year-old CMV driver presents for examination. He has the fourth finger missing from his right hand. He provides a medical report confirming a strong right-hand grasp. Does this person require a Skill Performance Evaluation (SPE) Certificate by FMCSA to complete the qualifying procedure under CFR 391.41, and why?

   a. No, as long as there is a medical report confirming no interference with hand grasp power a SPE certificate is not required for impairment / loss of a finger.
   b. Yes, a medical report confirming strong right-hand grasp does not exempt from a SPE certificate.
   c. Yes, an impaired or missing finger requires a SPE certificate regardless of whether it affects hand grasp power or not.
   d. No, this person is medically not qualified to be a CMV driver.
158. A driver presents for a DOT exam, having been evaluated by an optometrist for monocular vision. As the medical examiner, you can accept the completed the Vision Evaluation Report, Form MCSA–5871, as long as it was completed and dated within the last:

a. 30 days.
b. 45 days.
c. 90 days.
d. 1 year.

159. In the event that a driver is disqualified, it is the responsibility of the medical examiner to do which of the following?

a. Provide the driver with a rationale for disqualification.
b. Provide instructions on how the driver may be qualified.
c. Both A and B.
d. Neither A nor B.

160. A driver who is being treated for ADHD with a central nervous system stimulant may be certified following:

a. A six-month waiting period.
b. There is no waiting period.
c. A one-year waiting period.
d. None of the above

161. In the event that a dipstick urinalysis of a driver has positive results, which of the following should happen?

a. The driver should not be certified.
b. The driver should have a second examination in two months.
c. There should be additional evaluation.
d. None of the above
162. Xanthosis refers to:
   a. Yellowish discoloration of the skin.
   b. Hyperemic conjunctivae.
   c. Excessively long digits.
   d. Hyperlipidemia.

163. A 50-year-old male CMV driver has chronic kidney failure for which he undergoes hemodialysis three times each week. His treating physician provided him with a medical report indicating that he can work normally except on the days he is undergoing dialysis. He is also suffering from hypertension. This CMV driver would be:
   a. Qualified normally for 2 years.
   b. Disqualified.
   c. Qualified for 1 year.
   d. Qualified for 6 months.

164. A 56-year-old male driver applying for a new certificate admitted that he suffered a myocardial infarction 3 months before. He provides you with a clearance certificate by a cardiologist. He also informs you that he is not feeling any chest pain post MI. Is this information sufficient to determine his health history?
   a. No, need information on post-MI LVEF, ETT, ECG, and tolerance to medication.
   b. No, need information on ECG and on tolerance to medication.
   c. Yes, no other information is needed.
   d. No, need information on post-MI ETT and tolerance to medication.

165. A driver with a history of an allergy-related life-threatening condition, such as angioedema, is required by federal guidelines to have a certification of no more than:
   a. Five months.
   b. Eight months.
   c. One year.
   d. Two years
166. A driver with diabetes mellitus should also be examined for which of the following?

a. Migraines.
b. Autonomic neuropathy.
c. Restless leg syndrome.
d. All of the above.

167. In the event that a medical examiner examines a driver and finds the driver to have high blood pressure, the medical examiner should:

a. Refer the driver to a specialist.
b. Diagnose the driver.
c. Prescribe medication to treat the condition.
d. None of the above.

168. When examining a driver’s vision, which of the following should be permitted?

a. The Snellen chart should be illuminated with white light.
b. The chart should be twenty feet away from the driver.
c. The driver should wear corrective lenses, if necessary.
d. All of the above.

169. Select the correct statement(s):

a. The Medical Examiner's Certificate, Form MCSA-5876, expires at midnight on the date written on the form.
b. There is no grace period for the expiration date of The Medical Examiner's Certificate, Form MCSA-5876.
c. The medical examiner is required to report the results of all examinations conducted on the CMV Driver Medical Examination Results Form, MCSA-5850, through the individual National Registry account by midnight (local time) of the next calendar day following the examination.
d. All of the above are accurate.

170. What is the waiting period following a Transient Ischemic Attack (TIA) before certification can be considered?

a. 3 months.
b. 6 months.
c. 12 months.
d. 24 months.
171. While evaluating a school bus driver’s gait, the examiner notes a slightly antalgic gait favoring the right leg and hip. The driver does not indicate any musculoskeletal problems in the health history. How should the examiner proceed?

a. Stop the examination and disqualify the driver.
b. Complete the examination and certify for 3 months if muscle strength is normal.
c. Review the medical history and ask the driver if any recent illness or injury.
d. Determination Pending until medically cleared by orthopedist.

172. The medical examiner must consider the essential job functions of the commercial driver as:

a. Light duty according to the occupational classification of jobs.
b. Different for motor coach drivers than for commercial hauling drivers.
c. The same degree of work effort and intensity for all drivers, no exceptions.
d. Are determined by the size of the vehicle they drive.

173. Which of the following medical conditions, is regulation and non-discretionary for the medical examiner per FMCSA standards for driver qualification determination:

a. Hearing Loss > 40 dB on average for 500, 1000 and 2000 Hz in both ears.
b. Grade 3 Hypertension untreated.
c. Asthma requiring daily medication and an inhaler.
d. Obstructive Sleep Apnea prescribed a dental appliance.

174. A driver states that she has exercise-induced asthma well controlled by using an albuterol inhaler before she does any aerobic activity. Her pulmonary function (forced expiratory volume in the first second of expiration (FEV1)) must be greater than _____% of predicted FEV1 to qualify.

a. 55%
b. 60%
c. 65%
d. 68%
175. Mr. Smith is a 55 year-old driver who presents for a recertification examination. He has a 40-year smoking history and continues to smoke despite repeated efforts to quit; however, he has cut back to only one pack a day. He has a productive cough in the morning and a chronic lingering cough throughout the day. His vision testing, hearing testing, and urinalysis results are all acceptable. Pulmonary Function Test (PFT) results: forced expiratory volume in the first second of expiration (FEV1) 64% of predicted FEV1 & FEV1/forced vital capacity (FVC) ratio 66%. He exhibits a barrel chest appearance and auscultation of his lungs reveals expiratory wheezes and rails over the lower lobes of both lungs, with decreased diaphragm excursion. He becomes mildly dyspneic when performing muscle testing during the examination. No clubbing or cyanosis is noted. The remainder of the physical examination was unremarkable. According to medical guidance, what do Mr. Smith’s PFT test results indicate doing next?

a. Temporarily disqualify and refer to PCP for smoking cessation and schedule follow-up re-examination in 3 months
b. Refer to specialist for arterial blood gas and evaluation
c. Meets qualifications; certify 2 years
d. Meets qualifications; certify 1 year

176. When a driver with diabetes is started on insulin for the first time, what is the waiting period before the driver can be certified?

a. One month.
b. Three months.
c. Six months.
d. There is no defined waiting period.

177. The medical examiner notes that the driver is taking Metformin for the treatment of diabetes, disulfiram (Antabuse) for chronic alcohol use, and rosuvastatin (Crestor) to reduce serum cholesterol levels. He reports no side effects from any of the medications. The rest of the examination is unremarkable. The examiner should:

a. Disqualify the driver and refer to a DOT substance abuse professional
b. Request clearance from the treating clinician for all medication due to potential side effects.
c. Certify the driver for 1 year as conditions are chronic and stable
d. Determination Pending to obtain medical records

178. During the examination, all systems were found to be normal. The CME measures the driver’s peripheral horizontal vision at 70 degrees on the left and 80 degrees on the right. The examiner should?

a. Qualify the driver for 2 years.
b. Require the driver to obtain a vision exemption because of the limitation in the driver’s left peripheral field.
c. Disqualify the driver.
d. Have the driver consult with an Ophthalmologist to determine if the driver’s peripheral vision meets minimum standards.
179. A motor carrier calls to request a copy of one of its driver’s Medical Examination Report Form. What is the next step?

a. Fax a copy of the driver’s MERF to the employer and record the transmittal.
b. Scan and email a copy of the MERF to the employer, making sure to include the FMCSA on the email.
c. Call the FMCSA to request a release of the driver’s MERF.
d. Contact the driver and obtain a signed release of medical information prior to sending the form to the employer.

180. A medical examiner observes that a driver has a blood pressure of 160/94. The driver has no prior knowledge of high blood pressure and has not been prescribed medication. He states recent blood pressure at the primary care provider was “in the 130s”. The remainder of his exam is unremarkable. Which of the following is the appropriate subsequent action for the medical examiner?

a. Certify for 3 months
b. Disqualify the driver for high blood pressure
c. Request driver come back the next day to take a second measurement
d. Repeat the blood pressure and if it is normal issue a 2-year certification

181. Which of the following is correct?

a. By regulation, a driver with insulin-treated diabetes who has a diagnosis of severe non-proliferative diabetic retinopathy must be permanently disqualified from operating a commercial motor vehicle.
b. By regulation, a driver with insulin-treated diabetes who has a diagnosis of proliferative diabetic retinopathy must be permanently disqualified from operating a commercial motor vehicle.
c. Per guidance, a driver with non-insulin-treated diabetes who has a diagnosis of proliferative diabetic retinopathy should be disqualified.
d. All of the above are correct.

182. What differentiates whether certification is required for interstate versus Intrastate?

a. The carrier’s job description for the driver
b. The origination and/or destination of the commerce or goods
c. The state in which the driver’s CDL is issued
d. The driver’s medical history
183. By marking the SPE option, you certify that the driver:
   a. Fails to meet one or more of the limb requirements
   b. Meets all other physical requirements
   c. Must have both a valid SPE certificate and Medical Examiner’s Certificate to drive
   d. All of the above

184. Which of the following are NOT acceptable for commercial driving?
   a. Telescopic lenses for stable macular degeneration
   b. Previous cataract treatment with intraocular lens placement
   c. Ophthalmic preparations (drops, ointments) well tolerated
   d. None of the above are acceptable for commercial driving

185. A driver with a known history of COPD is found to have an FVC of less than 60% of the predicted value on pulmonary function testing. A reasonable next step is to order a:
   b. Arterial Blood Gas.
   c. Echocardiogram.
   d. Exercise stress test.

186. A driver has been diagnosed with an acute pulmonary embolism and is appropriately anticoagulated. How long must you wait following the PE event before certifying the driver, assuming there has been no recurrence?
   a. One month.
   b. Two months.
   c. Three months.
   d. Six months.

187. A driver sustained a closed head injury in a motor vehicle accident. There was loss of consciousness for approximately 15 seconds. A CT scan of his head was normal. His course was not complicated by the development of seizures. How much time must elapse before this driver can be certified to drive a CMV in interstate commerce?
   a. There is no applicable waiting period.
   b. Three months.
   c. One year.
   d. Two years.
188. What is your next step if the driver fails the forced whisper test?

a. Disqualify the driver.

b. Have an audiometric test performed.

c. Recommend the driver apply for a federal hearing exemption.

d. Place the driver in determination pending and have him return in one week to repeat the forced whisper test.

189. A driver presents for a certification exam and notes that he chews tobacco. On examination you find several oral lesions. You should:

a. Disqualify the driver.

b. Place the driver in determination pending.

c. Certify the driver, recommending a referral to a dentist and noting this on the chart.

d. Certify the driver only if he agrees to stop chewing tobacco.

190. On dipstick urinalysis performed as part of the DOT exam, a driver is found to have 1+ proteinuria. A reasonable next test would be:

a. Fingerstick glucose.

b. Serum creatinine.

c. Complete Blood Count.

d. Urine culture.

191. A driver with no prior medical history and on no medications, is found to have moderate glycosuria on urine dipstick. What is your next step?

a. Referral to endocrinologist.

b. Referral to primary care provider.

c. Obtain a hemoglobin A1C.

d. Perform a fingerstick glucose.

192. How often is a driver with stage 3 hypertension recertified?

a. Every 3 months.

b. Every 6 months.

c. Every 12 months.

d. Every 2 years.
193. On an exercise tolerance test the driver should be able to exercise to a workload capacity of at least:

a. 4 Metabolic Equivalents.
b. 6 Metabolic Equivalents.
c. 8 Metabolic Equivalents.
d. 10 Metabolic Equivalents.

194. A driver sustained a shoulder injury at work two years earlier. He has developed significant pain in the shoulder which is severely limiting use of the arm. He is now presenting for his certification exam. You should:

a. Have the driver apply for a Skill Performance Certificate.
b. Certify the driver for only 3 months.
c. Disqualify the driver.
d. Certify the driver, but with work restrictions.

195. Which of the following clinical symptoms poses a significant risk to public safety when present in a Commercial Motor Vehicle driver?

a. Vertigo.
b. Cough.
c. Nausea.
d. All of the above.

196. Which of the following lab values warrants disqualification?

a. Serum Sodium = 128 mEq/L.
c. Serum creatinine = 9 mg/dL.
d. Serum potassium = 3.1 mEq/L

197. A driver with a recent myocardial infarction requires which of the following tests?

a. Echocardiogram.
b. Holter monitor (or equivalent).
c. Coronary CT scan.
d. Any one of the above.
198. Which of the following medications is considered potentially disqualifying?

   a. Diphenhydramine.
   b. Prednisone.
   c. Insulin.
   d. Verapamil.

199. A driver is found to have leukocytes on a urine dipstick. As the medical examiner, you should:

   a. Disqualify the driver.
   b. Obtain a urine culture.
   c. Refer the driver to his primary care provider.
   d. Give the driver a prescription for antibiotics.

200. A Romberg test is used to investigate the cause of:

   a. Ataxia.
   b. Paresthesias.
   c. Hyperesthesia.
   d. Diplopia.

201. Which of the following must be included on the Medical Examination Report Form?

   a. The Medical Examiner’s office address.
   b. The Medical Examiner’s phone number.
   c. The Medical Examiner’s state license.
   d. All of the above.
202. On an exercise tolerance test, the driver must attain a heart rate of what level (assuming he is not taking a beta-blocker):

a. At least 50% of predicted maximum  
b. At least 65% of predicted maximum  
c. At least 75% of predicted maximum  
d. At least 85% of predicted maximum

203. On examination of a driver, you note xanthelasma palpebrarum. Which of the following tests should be obtained?

a. Serum lipids and cholesterol.  
b. Blood pressure in both arms.  
c. Serum creatinine.  
d. Chest X-ray.

204. Which of the following is a concern for sudden incapacitation in a driver who describes right upper quadrant abdominal pain?

a. Hepatitis.  
b. Cholelithiasis.  
c. Gastritis.  
d. Pancreatitis.

205. A driver reports recently completing a drug rehabilitation program. Which of the following is needed before you can certify this driver?

a. Clearance by a substance abuse professional.  
b. A six month waiting period.  
c. Evaluation and clearance by a board-certified psychiatrist.  
d. All of the above.

206. A driver with a history of diabetes complains of tingling and numbness in his left lower extremity. What test would you perform?

a. Monofilament testing.  
b. Electromyography.  
c. X-ray of the foot and lower leg.  
d. Serum B12.
207. The examiner should not certify a driver who exhibits which of the following results on an arterial blood gas:

a. PaO2 less than 65 mm Hg at altitudes below 5,000 feet.
b. PaO2 less than 60 mm Hg at altitudes above 5,000 feet.
c. PaCO2 greater than 45 mm Hg at any altitude.
d. All of the above are disqualifying.

208. Which of the following is NOT documented on the medical evaluation report form?

a. Driver height.
b. Driver weight.
c. Driver respiratory rate.
d. All of the above are documented.

209. A male driver is found to have a grip strength of 8 lbs. Do you certify this driver?

a. Yes.
b. No.

210. A driver is found to have anisocoria. He passes the vision test and the rest of the exam is normal. Can you certify this driver?

a. Yes.
b. No.

211. Which of the following is true regarding the audiometric test used for the hearing qualification?

a. The audiometric test results are for an audiometer calibrated to the International Organization for Standardization (ISO) standard.
b. If a driver uses a hearing aid to pass the hearing test, then the test must be repeated using a backup hearing aid.
c. The audiometric test must be performed inside a sound-proof enclosure.
d. The hearing requirement for an audiometric test is based on hearing loss only at the 500 Hz, 1,000 Hz, and 2,000 Hz frequencies.
212. A driver has been taking cyclobenzaprine twice daily and ibuprofen every six hours for several months to control back pain. The medications work, allowing him to perform his duties comfortably, but lately he has been complaining of dizziness. Which of the following physical exam tests is indicated?

   a. Dix-Hallpike maneuver.
   b. Epley maneuver.
   c. Romberg test.
   d. Orthostatic vital signs.

213. As part of the DOT exam, the medical examiner must obtain a urine dipstick for glucose. If the result reveals moderate glycosuria, the reasonable next step is for the examiner to:

   a. Obtain a blood glucose test.
   b. Disqualify the driver.
   c. Obtain a Hemoglobin A1C.
   d. Refer the driver to an endocrinologist.

214. The CAGE questionnaire asks the following questions:

   • Have you ever felt you needed to Cut down on your drinking?
   • Have people Annoyed you by criticizing your drinking?
   • Have you ever felt Guilty about drinking?
   • Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?

How many “yes” responses suggest that the possibility of alcoholism should be investigated further?

   a. One.
   b. Two.
   c. Three.
   d. Four.

215. Examination of which of the following is not part of the DOT medical exam?

   a. Abdomen
   b. Eye
   c. Breast
   d. Tympanic membrane
216. Which standard or guideline allows Medical Examiner discretion?
   a. Blood pressure.
   b. Epilepsy.
   c. Hearing.

217. A driver has one ear canal completely plugged with wax but both ears pass the hearing standard. The medical exam is otherwise normal. What is the next step?
   a. Certify the driver for one year.
   b. Certify the driver for 2 years.
   c. Put the exam in Determination Pending until wax is removed.
   d. Temporarily qualify the driver and refer to a specialist.

218. A driver had to use a hearing aid to pass the hearing standard. What should the examiner advise the driver?
   a. Carry an extra hearing aid.
   b. Carry extra batteries.
   c. Wash out the ear canal prior to the next medical exam.
   d. Driver should obtain a hearing exemption.

219. The driver admits during the examination that he drinks frequently, usually only on the weekends, maybe a total 12 to 14 beers each week to help him unwind. The examiner provides a "CAGE" questionnaire and the driver scores a 1 on the questionnaire. The rest of the examination is unremarkable. The examiner should:
   a. Disqualify the driver until evaluated by a Substance Abuse Professional.
   b. Certify the driver for 1 year if he agrees to attend AA meetings.
   c. Certify the driver for 1 year with a clearance from his PCP.
   d. Certify the driver for 2 years.

220. A driver exhibits clubbing of the fingers. The examiner should consider:
   a. Certification for 1 year if the rest of the examination is normal.
   b. Referral to a pulmonary specialist prior to certification.
   c. Obtaining an ETT prior to certification.
   d. Obtaining a PFT prior to certification.
221. A driver is prescribed "Bentyl" for his Irritable Bowel Syndrome. He reports that the condition is well managed and he has had no difficulty driving over the past few years. The examiner should:

a. Disqualify the drive because Bentyl is a disqualifying medication.
b. Obtain clearance from the treating provider.
c. Certify the driver for 1 year.
d. Certify the driver for 2 years.

222. When asked to differentiate traffic signal green, red, and amber using colored cards, the driver can differentiate which color is which, but reports that the red card actually appears "greenish grey" and green card appears "grayish". What is the next step?

a. Disqualify the driver.
b. Certify the driver for 2 years.
c. Refer the driver to a vision specialist for color deficiency evaluation.
d. Take the driver to a traffic signal to verify passage of the vision standard.

223. Of the following medical conditions, which one is most likely to cause a restriction of peripheral vision:

a. Macular degeneration.
b. Cataracts.
c. Glaucoma.
d. Diabetic retinopathy.

224. A driver reports a history of previously being treated for alcoholism. He continues to attend AA meetings, and reports being in remission for over 5 years. He does not take any medication to control his alcoholism. His examination is free of any signs of alcoholism and is otherwise unremarkable. The examiner provides a CAGE questionnaire and the driver scores a 0 out of 4. The best certification decision would be to:

a. Certify the driver for 1 year.
b. Certify the driver for 2 years.
c. Temporarily disqualify the driver until that have been to a SAP.
d. Temporarily disqualify the driver until you receive clearance from their PCP.

225. All of the following meet the FMCSA definition of epilepsy except:

a. 2 or more unprovoked seizures.
b. 2 or more provoked seizures.
c. 2 or more unprovoked seizures controlled by medication.
d. A clinical diagnosis of epilepsy from a neurologist.
226. A 43-year old male driver reports for a re-certification examination. His previous certification was good for 2 years. His history is benign. Further questioning reveals an appendectomy 8 years ago, and no current medications. His examination is as follows:

Visual Acuity: 20/30 left; 20/20 right; 20/20 both

Able to distinguish signal red, amber, green

Lateral Horizontal Vision: 80 degrees left, 80 degrees right.

Whisper test: 5 ft. right; 4 ft. left

BP 148/88; pulse: 86

UA: Specific Gravity: 1.010; Protein: trace; Blood: Negative; Sugar: Negative.

The rest of the examination is unremarkable.

The examiners best decision would be to:

a. Disqualify the driver.
b. Certify the driver with a 1-time 3-month certificate.
c. Certify the driver for 1 year.
d. Certify the driver for 2 years.

227. A 35-year-old right-handed female driver reports for a recertification. She reports in her history that she has recently been diagnosed with Carpal Tunnel Syndrome in her left wrist. Additionally, she reports using a brace at night, taking NSAIDS as needed, and seeing her PCP and a physical therapist for treatment. She has no current restrictions from work. Her grip strength in her right and left hand is 5/5.

The rest of her examination is unremarkable. The best next step is:

a. Disqualify the driver and require her to apply for an SPE.
b. Certify the driver but require more frequent monitoring.
c. Disqualify the driver pending an orthopedic evaluation.
d. Order a Nerve Conduction Test to determine severity.

228. A driver complains of painless gradual loss of night vision, peripheral vision, and decreased color discrimination. Distance visual acuity has not changed. The most likely cause is:

a. Macular degeneration.
b. Cataracts.
c. Glaucoma.
d. Retinopathy.

229. Which is NOT an appropriate Hours of Service regulation for CMV drivers?

a. Must carry driving logs for last 7 days.
b. Must carry driving logs for last 48 hours.
c. 60 hours/7 day schedule.
d. 70 hours/8 day schedule.
230. A driver complains of loss of central vision and difficulty recovering from bright lights such as headlights at night. The most likely cause is:
   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. Retinopathy.

231. The primary mission to reduce crashes, injuries, and fatalities involving large trucks and buses is associated with:
   a. The US Department Of Transportation.
   b. The FMCSA.
   c. The FMCSA Office of Medical Programs.
   d. The FMCSA National Registry of Certified Medical Examiners

232. A driver living in a state where recreational marijuana use is legal admits to using marijuana. Which of the following is correct?
   a. Medical Examiners are not to issue a Medical Examiner's Certificate to anyone who currently uses marijuana.
   b. Medical Examiners may issue a Medical Examiner's Certificate once it has been determined that marijuana use ended, that the driver is not currently under the influence of marijuana, and it is not expected that the driver will use marijuana in the future.
   c. Medical Examiners may issue up to a 2-year Medical Certificate to those who no longer and are not expected to use marijuana.
   d. All of the above are correct.

233. A driver complains of slow progressive diminished distance visual acuity and glare particularly at night from oncoming headlights and decreased contrast. The most likely cause is:
   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. Retinopathy.

234. A driver with diabetes reports partial loss of central vision, color discrimination, and obscured vision in other vision fields. The most likely cause is:
   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. Retinopathy.

235. A driver with a current medical certificate that does not expire for another year had an injury that interfered with his ability to drive. What is the next step?
   a. The driver can return to duty once healed.
   b. The driver can return to duty once released by the treating physician.
   c. The motor carrier may require the driver to return to the ME for evaluation.
   d. The driver must return to the ME for a medical examination.
236. A driver admits to regularly taking his wife’s hydrocodone. The best next step would be:
   a. Refer the driver for an SAP evaluation.
   b. Counsel driver on risks of taking hydrocodone and having a random drug test.
   c. Advise the driver not to take his wife’s prescription for hydrocodone.
   d. Refer the driver to his PCP for a prescription.

237. During the ear and hearing portion of the examination, the medical examiner must always:
   a. Use the whisper test to test hearing.
   b. Complete testing for both ears even if one passed.
   c. Use a pure tone audiometer.
   d. Use OSI hearing values.

238. Functional evaluation of hand function in a CMV driver is based upon:
   a. Grip and hand strength.
   b. Prehension and power grasping.
   c. Power grasping and finger strength.
   d. Hand grip and power grasping.

239. A driver cannot be considered for an SPE if:
   a. The deficit is fixed.
   b. The deficit is of an extremity.
   c. The deficit is of the torso.
   d. The deficit resulted from illicit drug or alcohol use.

240. Which of the following antidepressants is usually disqualifying?
   a. Elavil (Amitriptyline).
   b. Wellbutrin.
   c. Effexor.
   d. Zoloft.

241. A driver is missing all digits of his right foot. He demonstrates good plantar and dorsiflexion. The next step is:
   a. Obtain a copy of the drivers driving record to determine if he has safely operated a CMV.
   b. Counsel the driver regarding a Skill Performance Evaluation (SPE).
   c. Refer the driver to a physiatrist for additional testing and evaluation.
   d. Certify for a period of 2 years.
242. Who gets the original copy of the exam report form that is used during medical exam?
   a. The Driver.
   b. The Motor Carrier.
   c. The Medical Examiner.
   d. It doesn’t matter.

243. A driver currently does not meet the visual acuity requirement but states that he is going to have Lasik surgery in the next month. What is the next best step?
   a. Complete the physical exam and disqualify the driver.
   b. Complete the physical exam and qualify the driver for one year.
   c. Discontinue the physical exam and tell the driver to return after Lasik surgery.
   d. Complete the physical exam and qualify the driver for one month with instructions to return after Lasik surgery.

244. Which of the following findings on examination of a driver’s leg may warrant further investigation (ie. past medical records or further testing)?
   a. Varicosities.
   b. Acrochordons.
   c. Hemangioma.
   d. Nevus.

245. A driver with known history of essential hypertension presents for certification three months after having sustained an ischemic stroke. When evaluating this driver, the examiner must consider that:
   a. After undergoing a stroke, the greatest period of recurrence of a stroke occurs within the first 12 months.
   b. If the driver has fully recovered, the driver is stable to be certified to drive a Commercial Motor Vehicle if the blood pressure is normal.
   c. The greatest likelihood of a seizure related to the stroke occurs 3 – 6 months after the stroke.
   d. The driver must have a recent MRI of the brain before being cleared to operate a Commercial Motor Vehicle.

246. You are evaluating a driver for certification and review his Polysomnography from 18 months earlier. His apnea-hypopnea index was 60. His Epworth Sleepiness Scale is 16. The driver has not been compliant with his prescribed CPAP for over one year. The examiner should:
   a. Certify this driver for one year advising that he must be compliant with his CPAP.
   b. Not certify this driver until he has documented compliance with CPAP.
   c. Certify this driver for two years but require a new sleep study for the next certification examination.
   d. Place the driver in determination pending to obtain a Chest X-ray.
246. You are evaluating a driver for certification and review his Polysomnography from 18 months earlier. His apnea-hypopnea index was 60. His Epworth Sleepiness Scale is 16. The driver has not been compliant with his prescribed CPAP for over one year. The examiner should:

a. Certify this driver for one year advising that he must be compliant with his CPAP.

b. *Not certify this driver until he has documented compliance with CPAP.

c. Certify this driver for two years but require a new sleep study for the next certification examination.

d. Place the driver in determination pending to obtain a Chest X-ray.

247. A driver presents for certification having recently started on a new brand of contact lenses. While wearing the contacts, the driver exhibits a visual acuity of 20/30 OS, 20/30 OD, and 20/30 OU. The driver is otherwise completely healthy. The next step for the examiner is to:

a. Certify the driver for one year, marking “wearing corrective lenses” checkbox on both the Medical Examination Report form and the medical examiner’s certificate.

b. Advise the driver to carry a spare set of eyeglasses.

c. Disqualify the driver.

d. Request ophthalmologist or optometrist eye evaluation.

248. Which of the following gastrointestinal diagnosis is most likely to warrant a review of medical records and possible further investigation?

a. Cirrhosis.

b. Irritable bowel syndrome.

c. Barret’s esophagus.

d. Gastro-esophageal reflux disease.

249. A driver was recently diagnosed with optic neuritis and started on high-dose prednisone. On examination, performed without correction, she is found to have a visual acuity of 20/50 OS, 20/40 OD, and 20/50 OU. The examiner’s next step is to:

a. Ask about the driver’s use of corrective lenses.

b. Decline to certify the driver since high dose prednisone is disqualifying.

c. Refer the driver for completion of the Vision Evaluation Report form.

d. Decline to certify the driver because optic neuritis is disqualifying.

250. A driver presents for a DOT exam. She is four months post-partum and describes symptoms of her heart racing, intolerance to hot and cold, and change in bowel habits. Which of the following tests is a reasonable consideration?

a. Thyroid panel.

b. Cortisol level.

c. CTA of the abdomen.

d. Liver function tests.

251. Which of the following findings on exam is least likely to compromise safe operation of a Commercial Motor Vehicle:

a. Cranial Nerve III palsy.

b. Anisocoria.

c. Horner’s syndrome.

d. Nystagmus.
252. Pick the correct shoulder range of motion with its normal value:

a. Shoulder extension: 20 degrees.
b. Shoulder forward flexion: 70 degrees
c. Shoulder Internal rotation: 80 degrees.
d. Shoulder adduction: 60 degrees.

253. A driver recently has had wrist surgery and now presents for a certification exam. The grip strength on the left wrist is 80 pounds; on the right it is 10 pounds. Which of the following is correct?

a. The driver may be certified because the FMCSA has not established any regulatory thresholds for grip strength.
b. The driver may be certified since grip strength on the left is adequate.
c. The driver should be put in Determination Pending to allow for clearance by a physical therapist or orthopedist.
d. The driver should be disqualified.

254. Which of the following medications require regular measurement of serum levels?

255. Digoxin.
256. Tegretol.
257. Lithium.
258. All of the above.

255. A driver is prescribed Citalopram (Celexa) and melatonin by his primary care physician to treat insomnia. Which of the following is accurate?

a. This driver cannot be certified as melatonin is disqualifying.
b. This driver cannot be certified as citalopram is disqualifying.
c. The driver may be certified if he can arrange for and commit to eight hours of sleep after taking the medications.
d. Insomnia is disqualifying.

256. A driver has been using contact lenses for several years, but lately has developed severe irritation with their use. He states he can only wear the contact lenses for 2 to 3 hours at a time. The driver was able to meet the vision standard while wearing the contact lenses, but unable to do so without them. Examination reveals conjunctival injection. What is the next step for the examiner?

a. Disqualify the driver.
b. Ask if the driver has eye glasses and test visual acuity wearing the eye glasses.
c. Refer the driver for completion of the Vision Evaluation Report Form.
d. Prescribe steroid eye drops and certify the driver for three months.
257. A driver has a strong family history of hyperlipidemia. She is very concerned about her health so she is careful to eat a healthy diet, runs daily, and takes niacin. She describes occasional hot flashes that she attributes to her peri-menopausal state. How should the examiner proceed?

- a. Request copies of her lipid profile and exercise stress test.
- b. Disqualify the driver unless she agrees to discontinue the niacin.
- c. Encourage the driver to continue her current healthy lifestyle.
- d. Recommend that she obtain a thyroid profile.

258. Which of the following diagnosis should be of most concern to an examiner?

- a. Essential hypertension.
- b. Bipolar disorder.
- c. Lumbar radiculopathy.
- d. Carpal tunnel syndrome.

259. The occurrence of which of the following meets the criteria for a severe hypoglycemic episode?

- a. The assistance of others is required.
- b. Diaphoresis.
- c. Vertigo.
- d. All of the above.

260. A driver admits to drinking two beers each night and a six-pack on weekends. He has a history of a DUI 10 years ago. The examiner’s next step is:

- a. Refer for an SAP evaluation.
- b. Perform CAGE questionnaire.
- c. Disqualify the driver.
- d. Certify the driver for 6 months and recommend enrolling in AA.

261. A driver describes the onset of recent vertigo and his speech is found to be slightly garbled. Which of the following tests would be most relevant?

- a. Proprioception.
- b. Romberg test.
- c. Lower extremity reflexes.
- d. Upper extremity reflexes.
262. A driver is 35 years old and has a long-standing diagnosis of attention deficit hyperactivity disorder. He has been on the same prescribed CNS stimulant for 14 years at the same dose. He is now presenting for his first certification. The examiner should:

   a. Disqualify the driver because the manifestations of ADHD compromise safe operation of a commercial vehicle.
   b. Disqualify the driver because the effects of CNS stimulants compromise safe operation of a commercial vehicle.
   c. Certify the driver because CNS psycho-stimulants do not compromise safe operation of a CMV.
   d. Refer for federal exemption.

263. Of the following medications, which is of greatest concern to the examiner when certifying a commercial motor vehicle driver:

   a. Diphenhydramine.
   b. Enalapril.
   c. Ibuprofen.
   d. Hydrochlorothiazide.

264. Which of the following is an indication for a federal DOT drug test?

   a. Pre-employment.
   b. Post-accident.
   c. Reasonable suspicion by a company official.
   d. All of the above.

265. A driver presents for a certification exam having undergone a Percutaneous Coronary Intervention 3 days earlier. He did not have a myocardial infarction; the PCI was performed to evaluate an abnormal stress test. The patient’s cardiologist has written a letter indicating the driver is stable to drive. How should the examiner proceed upon the driver’s arrival for the exam?

   a. Tell the driver to return for his exam one week following PCI.
   b. Proceed with the certification examination.
   c. Request an echocardiogram.
   d. Request an exercise stress test.
Questions with Correct Answers Highlighted
QUESTIONS WITH ANSWERS

1. What minimum PaO2 level is necessary if the driver has an ABG due to a chronic respiratory disorder?

   a. 70 mm Hg  
   b. 55 mm Hg  
   c. 60 mm Hg  
   d. 65 mm Hg

   Correct answer is “D”. To be qualified, the driver should meet a minimum arterial blood gas (PaO2) greater than 65.

2. A driver first perceives a whispered voice at 5 feet in his right ear and 4 feet in his left ear. All other aspects of his physical examination are unremarkable. The examiner should:

   a. Disqualify the driver because he “failed” the whispered voice test.  
   b. **Certify the driver for 2 years.**  
   c. Certify the driver for 1 year.  
   d. Require an audiometric test to determine the extent of hearing loss in his left ear.

   Correct answer is “B”. The driver is qualified to drive without restriction as long as he is able to perceive a whispered voice at 5 feet in 1 ear.

3. A driver reports for an examination 6 weeks after suffering a mild heart attack and presents a note from his cardiologist stating that he is able to return to work immediately without restriction. Included within the note, the cardiologist provides recent testing information showing that the driver had an ETT that showed he was able to reach 12 METS during the test. His echocardiogram showed an ejection fraction of 65%. The examination of the driver is unremarkable. The examiner should:

   a. **Disqualify the driver.**  
   b. Qualify the driver for 1 year.  
   c. Qualify the driver for 2 years.  
   d. Consult with the cardiologist to determine if the driver suffers from angina.

   Correct answer is “A”. The driver has not completed the required 2-month waiting period, but all other requirements for medical clearance and required testing have been met. The driver would be certified for 1 year at the completion of the waiting period. The date of the certification would be from the date of the original examination.
4. A driver provides an audiometric test documenting the following:

1. 500 Hz: 35 Right ear; 40 Left ear
2. 1000 Hz: 40 Right ear; 45 Left ear
3. 2000 Hz: 40 Right ear; 45 Left ear
4. 4000 Hz: 50 Right ear; 50 Left ear

The medical examiner should:

a. Disqualify the driver because he does not meet minimum hearing requirements to drive.
b. **Certify the driver for 2 years.**
c. Certify the driver for 1 year.
d. Require the driver to obtain a hearing exemption.

Correct answer is “B”. The examiner would average the results from 500 Hz, 1000 Hz and 2000 Hz. This average is 38.33 in the Right and 43.33 in the Left ear. A driver must have an average hearing loss of less than or equal to 40 in the better ear. This does not have to be met in both ears.

5. During the examination of a commercial driver, the examiner notices that the driver’s peripheral vision is 70 degrees to the left and 80 degrees to the right. The examiner should:

a. **Qualify the driver for 2 years.**
b. Require the driver to obtain a vision exemption because of the limitation in the driver’s left peripheral field.
c. Disqualify the driver.
d. Have the driver consult with an Ophthalmologist to determine if the driver’s peripheral vision meets minimum standards.

Correct answer is “A”. A driver must exhibit a minimum peripheral vision of 70 degrees bilaterally.
6. During examination, the medical examiner notices that the driver is distant, lacks eye contact and shows absolutely no emotional response during the exam. The examiner’s best response should be:

a. Provide the driver with a “CAGE” questionnaire to determine if he suffers from alcoholism.
b. **Disqualify the driver and refer him to a mental health professional prior to consideration for certification.**
c. Certify the driver with a 1-time, 3-month certificate to determine if there is any effect on the driver’s ability to drive a CMV.
d. Require a skill performance evaluation to ascertain if the driver has any limitations with driving.

Correct answer is “B”. The driver exhibits what may be considered a “flat affect” which is seen in schizophrenia and in severe depression. The driver should be evaluated by a mental health expert to make a diagnosis prior to certification.

7. A driver admits to the use of marijuana for the treatment of his glaucoma, which is legal in the State in which he lives. He provides medical documentation for the glaucoma indicating he is able to drive a truck. He began using the marijuana about three months ago. His current medical card has no limitations listed and is for 2 years. His certification examination is within normal limits. The medical examiner should:

a. **Disqualify the driver.**
b. Perform a urine drug collection and provide the release from the testing provider.
c. Certify the driver for 1 year.
d. Certify the driver for 2 years.

Correct answer is “A”. Use of marijuana is prohibited by Federal law while driving a CMV and trumps State law in this matter.

8. A driver has a blood pressure of 136/92 mm Hg. This is:

a. Within normal limits and would not affect the driver’s certification.
b. **Stage 1 Hypertension.**
c. Stage 2 Hypertension.
d. Stage 3 Hypertension.

Correct answer is “B”. This is Stage 1 Hypertension, which is defined as 140-159/90 - 99.
9. A driver is taking Celexa for the treatment of what he calls a “mild depression.” He reports he has not considered or attempted suicide. The examiner should?

   a. **Certify only after obtaining written clearance for the depression and the medication from the treating provider.**
   b. Certify the driver for a period of 1 year.
   c. Certify the driver for a period of 2 years.
   d. Disqualify the driver until he is no longer requiring medication for the treatment of depression.

   Correct answer is “A”. Medical clearance is recommended for all mental health disorders. Celexa is an SSRI or 2nd Generation anti-depressant and is acceptable.

10. For a driver with insulin-treated diabetes mellitus, the medical examiner can only accept Form MCSA-5870 if it has been properly completed within the last:

   a. 25 days.
   b. 30 days.
   c. **45 days.**
   d. 60 days.

   Correct answer is “C”. The medical examiner must receive the form and begin the medical examination no later than 45 days after the date signed on the form; however, the medical certification determination does not need to be completed within 45 days.

11. What minimum PaO2 level on an ABG performed for a chronic respiratory disorder is necessary to certify a commercial driver?

   a. 55 mm Hg.
   b. 60 mm Hg.
   c. **65 mm Hg.**
   d. 70 mm Hg.

   Correct answer is “C”. Blood oxygen saturation must be a minimum of 65 mm Hg for the driver to certify.
12. A driver is taking Topamax for the treatment of migraine headaches. He reports good management of his headaches and they never seem to interfere with his driving ability with the medication. The medical examiner should?

a. **Obtain medical clearance for the condition and the medication.**
b. Disqualify the driver because he is taking an anti-seizure medication.
c. Certify the driver for 1 year.
d. Certify the driver for 2 years.

Correct answer is “A”. Topamax is a medication that is used for seizure control. The examiner should confirm with the prescribing provider that the driver does not take it to control seizures, and he is capable of driving a CMV.

13. A 26 year-old driver presents for a first-time certification. He has a long-standing history of ADHD and is taking methylphenidate. You have verified his diagnosis and obtained clearance from his treating psychiatrist. As the certified examiner, you:

a. Should disqualify the driver, explaining that use of such stimulants is cause for disqualification.
b. May certify for a maximum of 6 months.
c. **May certify for a maximum of 12 months.**
d. May certify for a maximum of 2 years.

14. A driver has a blood pressure of 168/112 mm Hg confirmed during the examination. The driver should be:

a. **Disqualified.**
b. Certified for 6 months.
c. Certified for 1 year.
d. Certified for 2 years.

Correct answer is “A”. This is Stage 3 hypertension. The driver is disqualified until his blood pressure is less than 140/90 mm Hg at which time he will have a maximum certification of 6 months.
15. For how long would a driver be certified if he is taking Micardis HCT for hypertension, and has a confirmed blood pressure of 148/96 mm Hg at the time of the examination?
   a. 3 months
   b. 6 months
   c. 1 year
   d. 2 years

Correct answer is “A”. Because the driver has a history of hypertension (he is taking medication), and he had Stage 1 hypertension during his exam, he would be provided a 1-time, 3-month certificate in order to lower his blood pressure to an acceptable level during that time.

16. During the examination, a driver is found to have a positive “Babinski” reflex. The examiner should:
   a. Certify the driver for 1 year.
   b. Certify the driver for 2 years.
   c. Council the driver to obtain an SPE.
   d. Do not certify the driver until s/he has a neurological consultation.

Correct answer is “D”. A positive Babinski reflex is indicative of abnormalities in the motor control pathways leading from the cerebral cortex and is widely used as a diagnostic aide in disorders of the central nervous system. The examiner should obtain clearance from a neurologist prior to reconsidering the driver for certification.

17. All of the following are required components of all DOT medical examinations EXCEPT?
   a. Vision
   b. Hearing
   c. Blood Pressure
   d. Ophthalmoscopic examination

Correct answer is “D”. There are four required components of every examination: vision, hearing, blood pressure and urinalysis. Ophthalmoscopic examination is not required but may be done if deemed necessary.
18. A driver reports in his history that he was treated for epilepsy 14 years ago but stopped taking anti-epileptic medication on his own since his move to your area 11 years ago. He has not seen a neurologist nor a health care provider in over 10 years and reports no seizures during this period. The examiner should:

   a. Request medical clearance, and if obtained the driver may be certified for 1 year.
   b. Request medical clearance, and if obtained the driver may be certified for 2 years.
   c. Refer the driver to the epilepsy/seizure exemption program.
   d. **Disqualify the driver.**

Comment: Even though the driver reports exceeding the 10-year waiting period, it was not under medical supervision and the driver discontinued medication use and treatment outside of medical oversight. Since the driver cannot a documented medical history this driver does not meet the non-discretionary epilepsy standard until it is established that the driver is 10 years seizure-free while off anti-convulsants.

19. A driver reports for a re-certification examination 8 weeks after having triple coronary artery bypass surgery. He presents a note from his treating provider stating that he is able to return to driving without restriction. Additionally, the note mentions that the driver’s results of his ETT were normal, and his echo showed a left ventricular ejection fraction of 75%. The examiner should:

   a. **Disqualify the driver until he has completed the required waiting period.**
   b. **Disqualify the driver because his ejection fraction is too low.**
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.

Correct answer “A”. Following CABG, there is a 3-month waiting period. Since the driver is only at 8 weeks post-op, he would have to wait 4 more weeks until he can certify. Once he completes his waiting period, he would be certified for 1 year from the date of the original examination.
20. What is the maximum number of hours a CMV driver can drive in 7 consecutive days?
   a. 50.
   b. **60.**
   c. 70.
   d. 80.

Correct answer “B”. 60-70 Hour Limit: A driver may not drive after 60/70 hours of duty in 7/8 consecutive days. Many versions of the NRCME exam will have one question about the 60/70 rule.

21. A blood pressure of 166/92 mm Hg would be?
   a. Considered normal
   b. Stage 1 hypertension.
   c. **Stage 2 hypertension.**
   d. Stage 3 hypertension.

Correct answer is “C”. The driver has Stage 2 hypertension (160 - 179/100 - 109).

22. Lasegue’s sign tests for:
   a. **Lumbosacral radicular irritation.**
   b. Early peritonitis.
   c. Benign vertigo, as opposed to a central etiology.
   d. Amblyopia.

Lasegue’s sign or straight leg raising test is a neurodynamic exam to assess nerve root irritation in the lumbosacral area.

23. The driver uses hearing aids during the whisper test. He is able to hear at 5 feet on the right and 4 feet on the left.
   a. Send the driver for an audiometric test.
   b. Disqualify the driver.
   c. Certify the driver for 1 year.
   d. **Certify the driver for 2 years.**

Correct answer is “D”. The driver is able to use hearing aids during the whisper test (and this should be marked on the form). A driver must only qualify in 1 ear to certify and there is no limitation of certification time.
24. The minimum acceptable spirometry values required to certify a driver are:

   a. FEV1 70%, FVC 65%, FEV1/FVC ratio 65%
   b. **FEV1 65%, FVC 60%, FEV1/FVC ratio 65%**
   c. FEV1 65%, FVC 65%, FEV1/FVC ratio 65%
   d. FEV1 60%, FVC 60%, FEV1/FVC ratio 60%

Correct answer is “B”. The minimum acceptable values are 65%, 60%, and 65% (FEV1, FVC, FEV1/FVC ratio).

25. A driver presenting to your office marks down that he is taking “nitroglycerin” for angina and he has been doing so for a few years. Upon questioning he indicates that he has needed more nitroglycerin recently because his episodes have become more frequent. Your best course of action is to:

   a. Council the driver to increase his dose of medication.
   b. Certify the driver for 1 year.
   c. Provide a 1-time, 3-month certificate to monitor his condition.
   d. **Disqualify the driver and refer him to his cardiologist for further evaluation.**

Correct answer is “D”. Disqualify the driver because his angina is not stable.

26. The longest the medical examiner would certify a driver with a history of Stage 3 hypertension is:

   a. 3 months
   b. **6 months**
   c. 12 months
   d. 24 months

Correct answer is “B”. The driver may only be certified for a maximum of 6 months for the rest of his/her driving career.

27. A driver is taking Wellbutrin to help him stop smoking. He has provided a note from his PCP stating that he has no side effects and confirms that he is taking the medication for smoking cessation. The examiner would?

   a. **Certify the driver for 2 years.**
   b. Certify the driver for 1 year.
   c. Disqualify the driver because the medication is not allowed.
   d. Council the driver to only take the medication at night.

Correct answer is “A”. The driver is not being treated for a psychiatric condition such as anxiety or depression, and he has clearance. He would be able to be certified for 2 years.
28. During the history, the driver admits to taking Benadryl for seasonal allergies. The examiner should?

a. **Counsel the driver to not take the medication for 12 hours prior to driving.**

b. Obtain medical clearance from the driver’s PCP that he/she can drive.

c. Disqualify the driver until he/she is no longer taking Benadryl.

d. Provide a 1-time, 3-month certificate to determine the medication’s effect on the driver.

Correct answer is “A”. Counsel the driver concerning use of over-the-counter anti-histamines, and anti-tussives (both cause drowsiness and should not be taken while driving) and about the 12-hour rule.

29. A driver has a history of a moderate Traumatic Brain Injury that occurred 3 years ago as a result of a car accident. He reports he has fully recovered and provides a note from his neurologist stating that he suffered no seizures and that he is able to return to driving. He does not list any medications in his history. The examiner should:

a. Disqualify the driver.

b. Require the driver to take a “Folstein’s mini mental state exam.”

c. **Certify the driver for one year.**

d. Certify the driver for two years.

Correct answer is “C”. The driver suffered no seizures from the TBI, has completed the required waiting period (2 years), and has medical clearance. If the rest of the examination is unremarkable, the driver could be certified for 1 year.
30. A driver reports a suicide attempt 10 months earlier, following the break-up of his marriage. He noted seeing a psychiatrist and he takes Citalopram daily and he reports he feels fine now and is moving on with his life. He provides a release from his doctor that he may return to work without restrictions. The medical examiner should:

a. **Disqualify the driver.**
b. Require a CAGE questionnaire.
c. **Certify the driver for 1 year.**
d. Certify the driver for 2 years.

Correct answer is “A”. The driver is disqualified because he has not completed the mandatory waiting period for suicide attempt of 1 year. Once he has completed this, he may be certified for 1 year due to the continued treatment of depression (taking an SSRI).

31. The driver lists Synthroid for the treatment of hypothyroidism. He has been taking it for about 6 months and feels fine now. His examination is essentially normal. The examiner’s best course of action is to?

a. Request medical clearance for the medication prior to certification.
b. Certify the driver for 1 year.
c. **Certify the driver for 2 years.**
d. Counsel the driver that he needs to apply for an endocrine exemption.

Correct answer is “C”. The driver’s hypothyroidism is well managed and he is asymptomatic. The driver may be certified for 2 years.

32. Which of the following is correct regarding the appropriate person to complete and sign Form MCSA-5870 for a driver who has insulin-treated diabetes mellitus?

a. Only an endocrinologist can complete the form.
b. **The medical provider who manages the driver’s diabetes and prescribes insulin for the driver’s diabetes completes the form.**
c. The driver’s primary care provider of record must complete the form.
d. Any provider who has evaluated the driver within the last 12 months may complete the form.

The treating clinician completes from MCSA-5870, defined as the healthcare professional who manages, and prescribes insulin for the treatment of the driver’s diabetes.
33. A driver should not be certified when an ABG reveals a PaO2 of less than 65 at altitudes below:
   a. 2,000 feet
   b. 3,000 feet
   c. **5,000 feet**
   d. 7,000 feet

   Correct answer “C” The threshold changes to 60 mm Hg at altitudes above 5,000 feet.

34. If an individual does not meet the hearing requirements with the use of a hearing aid and requires a Federal hearing exemption, the examiner should mark on the Medical Evaluation Report Form:
   a. “Does not meet standards”.
   b. “Wearing hearing aid”.
   c. **“Accompanied by a hearing exemption”**
   d. All of the above.

   Correct answer is "C". If an individual does not meet the requirements with the use of a hearing aid and requires a Federal hearing exemption, the box for “Wearing hearing aid” should NOT be selected on either the Medical Examination Report Form, MCSA–5875, or Medical Examiner’s Certificate, Form MCSA–5876. Instead, only the box for accompanied by a hearing exemption is selected on the Medical Examination Report Form, MCSA–5875, and the Medical Examiner’s Certificate, Form MCSA–5876.

35. A driver presents for certification 6 weeks after suffering a myocardial infarction. She presents a note from her cardiologist, clearing her to drive a CMV without restrictions. Her post MI echocardiogram shows an EF of 50%. Her EKG shows no ischemia. Her ETT exceeds FMCSA standards. The medical examiner should:
   a. Certify the driver for 3 months.
   b. Certify the driver for 1 year.
   c. Certify the driver for 2 years
   d. **Disqualify the driver.**

   Correct answer is "D". The driver should be disqualified because she has not met the minimum wait time of 2 months (8 weeks) after suffering a myocardial infarction. The driver can return for certification in two more weeks.
36. A driver presents for certification. He checks "yes" for "Anxiety, depression, nervousness, and other mental health problems" for the Driver Health History portion of the Medical Examiner Report Form. He clarifies he has depression which is controlled with medications and electroconvulsive therapy (ECT). Following ECT, the driver should be symptoms free for how long before being certified?

a. 3 months  
b. 6 months  
c. 12 months  
d. 24 months  

Correct answer is "B". Following ECT, the waiting period is 6 months. Maintenance or ongoing ECT for depression is not certifiable.

37. According to FMCSA regulations, which of the following must the medical examiner evaluate when examining a driver’s eyes?

a. Pupil reactivity  
b. Iris symmetry  
c. Conjunctival injection  
d. Corneal thickness  

Correct Answer is “A”. Pupil reactivity (the only option that is included on the Medical Exam Report Form for physical examination of the eyes). This is a cranial nerve test. A positive finding indicates a significant neurological problem that must be worked up or have an explanation that clarifies whether or not the driver has a condition that may interfere with the ability to safely operate a CMV.

38. According to FMCSA regulation and guidance, medical qualification for two years can be given to a driver who has:

a. An SPE certificate for a left below the knee amputation (BKA)  
b. Hypertension  
c. A recent diagnosis of Lewy body dementia  
d. Documented medical marijuana use for pain control  

Correct Answer is “A”. In order to obtain the SPE certificate, the driver had to demonstrate the ability to perform all tasks for the CMV job description.
39. During his visit to the medical examiner, a driver complains of severe pain in his finger for the last two weeks after it was punctured. The exam reveals an infected, swollen finger. After the ME inquires, the driver states that the pain is made worse when he grips the steering wheel. Which of the following should the ME do next?

a. Obtain a hand X-ray  
   b. Assess capillary refill in the hand  
   c. Obtain a culture and sensitivity  
   d. **Assess the driver’s grip strength**

Correct Answer “D”. The condition does not present a safety risk unless it interferes with the ability of the driver to hold and control the steering wheel. The purpose of this question is to remind you to think like a medical examiner while taking the NRCME exam, not a primary care provider. Your focus is on DOT certification, not treatment of the infected finger. There will be questions like this on the exam.

40. A new driver who had a myocardial infarction six months ago is certified after completing an acceptable exercise tolerance test and is cleared by a cardiologist. According to FMCSA guidelines, which of the following is recommended regarding recertification and exercise tolerance test monitoring intervals?

<table>
<thead>
<tr>
<th>Recertification</th>
<th>Exercise Tolerance Test</th>
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<tbody>
<tr>
<td>a. <strong>Every year</strong></td>
<td>Every year</td>
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<tr>
<td>b. <strong>Every two years</strong></td>
<td>Every year</td>
</tr>
<tr>
<td>c. <strong>Every year</strong></td>
<td><strong>Every two years</strong></td>
</tr>
<tr>
<td>d. Every two years</td>
<td>Every two years</td>
</tr>
</tbody>
</table>

Correct Answer “C”. According to FMCSA medical guidelines, when an MI is part of the medical history, there is a significant increased risk of another MI to occur within six months to 1 year; therefore, a maximum of one-year certification is the guideline. MI guidelines also recommend exercise tolerance testing at least every two years to demonstrate continued ability to safely operate a CMV.
41. Which of the following is true of The Romberg sign:
   
   a. It is a test of proprioception.
   b. A positive test is an inability to maintain an erect posture over 60 seconds with eyes closed.
   c. BOTH of the above are correct.
   d. NEITHER of the above are correct.

   Correct answer is “C”. This is an example of questions asked on the NRCME exam regarding general fund of knowledge. The NRCME exam often asks about the Romberg test.

42. Which of the following stages of hypertension calls for a medical certificate that expires in one year?
   
   a. Stage 1
   b. Stage 2
   c. Stage 3
   d. Stage 4

   Correct Answer “A”. Medical certificates for drivers with Stage 1 hypertension expire after a year. A first exam for Stage 2 hypertension results in a one-time, three-month medical certificate. Stage 3 corresponds to a medical certificate, good for 6 months from date of examination if the reading is less than or equal to 140/90 mm Hg. Lastly, Stage 4 hypertension doesn’t exist.

43. Which of the following is true of psychological disorders in drivers?
   
   a. Drivers with a mood disorder may, during a manic episode, exhibit grandiosity, impulsiveness, irritability, and aggressiveness
   b. Drivers with a mood disorder will exhibit quicker reaction times during a depressive episode
   c. Drivers with an active psychotic disorder will exhibit completely predictable behavior, accompanied with poor judgment
   d. Drivers with personality disorders may exhibit flexibility and adaptive behaviors with a decreased crash rate

   Correct Answer “A”. Drivers with an active psychotic disorder will exhibit unpredictable behavior, accompanied with poor judgment. Drivers with a mood disorder will exhibit slower reaction times during a depressive episode and grandiosity, impulsiveness, irritability, and aggressiveness during a manic episode. Lastly, drivers with personality disorders may exhibit inflexibility and maladaptive behaviors, along with an increased crash rate.
44. A driver without a history of hypertension is found to have a blood pressure of 145/80 mm Hg during the exam. What is the next best step?
   a. Qualify the driver for 1 year.
   b. Obtain a second blood pressure reading later during the examination.
   c. Qualify the driver for a 1 time 3-month certificate.
   d. Put the driver in Determination Pending to allow time for a hypertension evaluation by the PCP.

Correct Answer “B”. If the initial blood pressure reading of a driver is equal to or above 140/90 mm Hg, a second reading should be taken later during the exam.

45. When deciding if a commercial driver should be medically certified, what is the fundamental question a medical examiner should examine regarding cardiovascular health?
   a. Has the driver ever had a cardiovascular disease?
   b. Does his or her family have a history of cardiovascular disease?
   c. Does the driver have a cardiovascular disease that increases the risk of sudden death or incapacitation?
   d. What is the likelihood that he or she will contract a cardiovascular disease?

Correct Answer “C”. When looking at the cardiovascular health of a driver, the fundamental question is whether the driver has a cardiovascular disease that increases the risk of sudden death or incapacitation, creating a danger to the safety and health of the driver, as well as the public sharing the road. While history and family history of such diseases are important, they are not the fundamental questions necessary about which to ask.

46. If a medical examiner uses the number 1 during the physical examination, the medical examiner is indicating which of the following parts of the body system?
   a. Ears
   b. General Appearance
   c. Abdomen
   d. Heart

Correct Answer “B”. 1 refers to General Appearance, 4 refers to Ears, 6 refers to Heart, and 8 refers to Abdomen.
47. When conducting a vision examination, a driver must have at least what distant visual acuity in each eye with or without correction?

   a. 20/10
   b. 20/20
   c. 20/40
   d. 20/60

Correct Answer “C”. The driver must have at least 20/40 distant visual acuity in each eye with or without correction. 20/20 and 20/10 are higher standards than necessary.

48. Which of the following is NOT true regarding the physical examination?

   a. The individual parts of the body system are categorized numerically
   b. For each body system, mark "Yes" on the Report Form if abnormalities are detected, or "No" if the body system is normal
   c. There is a maximum height requirement
   d. The medical examiner must document all abnormal findings on the Report Form, even if they are not disqualifying

Correct Answer “C”. There is not in fact a maximum (or minimum) height (or weight) requirement for drivers. For each body system, mark “Yes” on the Report Form if abnormalities are detected or “No” if the body system is normal. The medical examiner must document all abnormal findings on the Report Form, even if they are not disqualifying. Lastly, the individual parts of the body system are categorized numerically.

49. Which of the following colors is not necessary to be able to distinguish and recognize in traffic signals and devices?

   a. Blue
   b. Green
   c. Amber
   d. Red

Correct Answer “A”. Due to specifically the colors of a stoplight and most road signs, it is necessary for a driver to be able to recognize the colors amber, red, and green. Blue is not a necessary color to recognize in traffic signals and devices.
50. A DOT driver presents for his medical exam. On his history he states that he regularly takes Dextromethorphan. This should prompt the medical examiner to:
   a. Give a one-year recertification
   b. Give a 3-month recertification
   c. Counsel the driver about consuming the medication within 12 hours of driving
   d. Disqualify

   Correct Answer “C”. This is a cough suppressant and has sedative effects. Counsel the driver about not consuming the medication within 12 hours of driving.

51. Which of the following is an assessment of L4 nerve root pathology?
   a. Plantar flexion.
   b. Patellar reflex.
   c. Hip Extension.
   d. Hand in pocket paresthesia.

   Correct Answer “B”. Patellar reflex.

52. A driver presents for his DOT physical. A lateral pulsation is palpated approximately 2 inches superior of the umbilicus. Auscultation in this area reveals an obvious bruit. What is the most important next step?
   a. Counsel on the importance of a good diet.
   b. Refer for diagnostic imaging and probable emergency care.
   c. Refer to a gastroenterologist.
   d. Give the driver a 1-year recertification.

   Correct Answer “B”. Possible Abdominal Aortic Aneurysm which is a medical emergency.
53. A driver has a limitation of 45 degrees of cervical rotation to the right and left but can view both side mirrors. What is the next best step?:
   a. Disqualify the driver.
   b. Certify the driver for 1 year.
   c. **Certify the driver for 2 years.**
   d. Disqualify the driver pending a functional evaluation.

Correct answer “C”. The FMCSA has not adopted a standard cervical range of motion guideline for drivers. However, drivers must be able to view both mirrors. If the driver can rotate the spine as needed to see both mirrors s/he can be certified for up to 2 years.

54. A driver presents with a history of an isolated TIA 6 months previously. He presents with a return to work letter from his primary care physician and his neurologist. The driver is taking Hydrochlorothiazide and Simvastatin. All other aspects of the exam and history were normal. What should the examiner do next?
   a. Certify the driver for 1 year.
   b. **Disqualify the driver.**
   c. Certify the driver for 3 months.
   d. Certify the driver for 2 years.

Correct answer “B”. There is a waiting period of one year following a TIA. If there is any presence of seizure, the driver must wait 5 years before being certified.

55. Which of the following is a criterion for certification after a myocardial infarction?
   a. EKG showing no signs of ischemia.
   b. Echocardiogram showing an EF >= 40%.
   c. ETT showing 85% of maximum predicted HR.
   d. **All of the above.**

Correct answer is “D”. All the listed choices are criteria for certification post myocardial infarction after meeting the 2-month wait time. Certification is granted for one 1 year.
56. A driver presents for initial certification. His blood pressure is 180/102 mm Hg. Treated with amlodipine 5 mg daily. Which of the following best represents the medical examiner's BP staging and certification decision?

a. Stage II hypertension Certify: 3-month card
b. Stage III hypertension Certify: Disqualify
c. Stage III hypertension Certify: 6-month card
d. Stage II hypertension Certify: 1 year

Correct answer is “B”. 180/102 is consistent with stage III hypertension (SBP of 180 is stage III, and DBP of 102 is stage II; the greater stage is obtained). Stage III hypertension is disqualified, according to FMCSA guidelines. In order to be recertified after disqualification for stage III hypertension, a driver must present evidence of good blood pressure control, i.e. <140/90. If upon returning, the BP is controlled (<140/90), the driver gets a 6-month card.

57. A driver reports that he was hospitalized recently for palpitations. He states he was diagnosed with atrial fibrillation, and was put on warfarin therapy. Which of the following is the correct certification criteria for atrial fibrillation?

a. Waiting time: 1 month INR: monthly Certify: 1 year
b. Waiting time: 1 week INR: monthly Certify: 2 years
c. Waiting time: none INR: annually Certify: 6 months
d. Waiting time: 1 year INR: weekly Certify: 1 year

Correct answer is “A”. The waiting period for atrial fibrillation is 1 month with at least monthly INR. If stable and tolerating medications without side effects, certification is granted for 1 year.

58. A driver presents for certification. She reports that she was hospitalized recently for chest pain. She states she was diagnosed with a myocardial infarction, and subsequently underwent left coronary artery balloon angioplasty. She was put on Xarelto. Which of the following best represents certification decision for this driver?

a. Waiting time: 2 months INR: none Certify: 2 years
b. Waiting time: 1 week INR: none Certify: 1 year
c. Waiting time: 2 months INR: none Certify: 1 year
 d. Waiting time: 1 year INR: monthly Certify: 2 years

Correct answer is “C”. Since the angioplasty was the result of a myocardial infarction, the waiting time is 2 months. Without an MI, the waiting time post angioplasty is 1 week. No INR monitoring is required for the newer anticoagulants (Xarelto, Eliquis, Pradaxa, etc.). A patient on warfarin requires at least monthly INRs. The maximum certification for a myocardial infarction is 1 year.
59. The driver presents for re-certification. He admits a cerebellar stroke 2 years ago that has resolved without any residual deficits. He presents clearance from his neurologist, and he is on no anti-seizure or stroke medication. He is otherwise medically fit. What is the certification decision?

- Disqualify, as he has not met the waiting period.
- **Certify for 1 year.**
- Certify for 2 years.
- Obtain head CT to rule residual deficits.

Correct answer is “B”. The waiting period for cerebellar or brain stem strokes is 1 year. The driver has met the waiting period, obtained clearance from his neurologist and is on no medications for stroke. He can be certified for 1 year.

60. A driver presents for examination following a spontaneous pneumothorax one month earlier. The records provided by the driver indicate that the pneumothorax reduced the driver’s forced vital capacity (FVC) to 58% of predicted forced vital capacity. As the medical examiner, you should:

- Certify the driver for one year.
- Certify the driver for two years.
- **Do not certify the driver.**
- Disqualify the driver for 6 months and re-evaluate at 6-month recheck.

Correct answer “C”. Do not certify. According to recommendations, this driver should not be certified until the medical examiner has verified that the recovery is complete, with X-rays, and the driver has an adequate FVC.

61. Who can perform the vision portion of the interstate CMV driver physical examination other than the medical examiner?

- Medical assistant.
- **Ophthalmologist.**
- Optometrist.
- Any of the above.

Correct answer “D”. A Medical Examiner, Medical assistant, or Ophthalmologist/Optometrist may perform the vision testing.
62. Which of the following mandates disqualification, per regulation?
   a. Idiopathic hypersomnia.
   b. Narcolepsy.
   c. ICD placement.
   d. **ALL of the above.**

   Correct answer “D”. Each of the diagnoses listed prohibit certification per federal regulations, not guidance.

63. According to regulations, which of the following can grant drivers an SPE certificate?
   a. Medical examiners.
   b. Orthopedic surgeons.
   c. Physical Medicine & Rehab physicians.
   d. **The FMCSA.**

   Correct answer “D”. Only the FMCSA can grant an SPE certificate at one of the FMCSA centers

64. As a certified medical examiner, for how long must you retain a copy of the Medical Examination Report Form for each driver?
   a. 1 year.
   b. **3 years.**
   c. 5 years.
   d. 10 years.

   Correct answer “B”. You are to retain the driver medical records for a minimum of 3 years.
65. As a medical examiner, you will need to provide a copy of the Medical Examination Report Form to a driver who is applying for, or renewing, a:

   a. Skill Performance Evaluation (SPE) certificate.
   b. Hearing exemption certificate.
   c. Seizure exemption certificate.
   d. **Any of the above.**

Correct answer “D”. Since the medical examiner does not complete any of the three certificates listed – they are approved by the FMCSA – the driver must have a copy of the Medical Examination Report Form to apply for each exemption certificate.

66. Which of the following is true of the vision requirements for commercial drivers?

   a. **The requirement for central distant visual acuity is at least 20/40 in each eye.**
   b. The requirement for distant binocular visual acuity is at least 20/50.
   c. Contact lenses may not be worn to meet distant visual acuity requirements.
   d. The driver must meet either the distant visual acuity requirement for each eye OR the binocular visual acuity requirement.

Correct answer “A”. The Snellen chart or the Titmus Vision Tester measures static central vision acuity. The requirement for central distant visual acuity is at least 20/40 in each eye and distant binocular visual acuity of at least 20/40. Test results must be recorded in Snellen-comparable values. Eyeglasses or contact lenses may be worn to meet distant visual acuity requirements. When corrective lenses are worn to meet vision qualification requirements, corrective lenses must be worn while driving.

67. Which is accurate regarding the hearing test required of commercial motor vehicle drivers?

   a. The forced whisper test must be administered first.
   b. Hearing aids cannot be used to pass the test.
   c. **If the driver perceives a forced whisper in one ear at 6 feet, he has met the hearing requirement.**
   d. If the driver attempts to meet the requirement using a hearing aid, only the audiometric test is administered.

Correct answer “C”. The required tests screen for hearing loss in the range of normal conversational tones. Two tests are used to screen hearing: a forced whisper test AND/OR an audiometric test. Either test may be administered first. Administration of the second test may be omitted when the test results of the initial test meet the hearing requirement for that test. Hearing requirements are (1) First perceive a forced whispered voice, in one ear, at not less than five feet OR (2) Have an average hearing loss, in one ear, less than or equal to 40 decibels (dB).
68. When a driver who wears a hearing aid is unable to pass a forced whisper test, referral to which of the following is required?

a. An audiologist.
b. An otolaryngologist.
c. A hearing aid center.
d. Any of the above is acceptable.

Correct answer “D”. A hearing aid may be used during forced whisper testing. When a driver who wears a hearing aid is unable to pass a forced whisper test, referral to an audiologist, otolaryngologist, or hearing aid center is required.

69. Which of the following frequencies is NOT included as part of the audiometric hearing test for commercial motor vehicle drivers?

a. 500 hertz (Hz).
b. 1,000 Hz.
c. 2,000 Hz.
d. 4,000 Hz.

Correct answer “D”. The hearing requirement for an audiometric test is based on hearing loss only at the 500 Hz, 1,000 Hz, and 2,000 Hz frequencies that are typical of normal conversation.

70. A commercial driver is taking Coumadin for a diagnosis of atrial fibrillation. As the medical examiner you explain to the driver that:

a. He cannot be certified to drive.
b. He can be certified to drive for 2 years as long as he provides documentation that his INR is therapeutic.
c. He must undergo monthly INR monitoring.
d. He can be certified to drive only if he switches to a newer anticoagulant that does not require INR monitoring.

Correct answer “C”. For a patient taking Coumadin, the maximum certification period is 1 year. Recommend to certify the driver if the driver is stabilized on medication for at least 1 month, provides a copy of the INR results at the examination, and has at least monthly INR monitoring.
71. A herniated disk at L5-S1 is most likely to affect which of the following reflexes?

a. Patellar reflex.
b. Achilles reflex.  
c. Plantar reflex.
d. NONE of the above.

Correct answer “B”.

72. A driver presents for initial certification to drive 3 months following a myocardial infarction. An in-hospital post-MI echocardiogram showing at least what left ventricular ejection fraction is sufficient for certification to drive?

a. 30%.
b. 35%.
c. 40%.
d. 45%.

Correct answer is “C”. For an initial certification following an MI, an in-hospital post-MI echocardiogram showing an LVEF greater than or equal to 40% is sufficient.

73. What is the minimum waiting period following Coronary Artery Bypass Grafting surgery?

a. One month.
b. Two months.  
c. Three months.
d. Dependent on the type of CABG performed and the number of vessels involved.

Correct answer “C”. A significant risk associated with CABG surgery is the high long-term reocclusion rate of the bypass graft. The Waiting Period is a Minimum of 3 months regardless of type of CABG surgery performed.
74. Following an uncomplicated, elective percutaneous coronary intervention procedure to treat stable angina, the post-procedure waiting period is:

a. 1 week.
b. 3 weeks.
c. 1 month.
d. 2 months.

Correct answer “A”. Following an uncomplicated, elective percutaneous coronary intervention procedure to treat stable angina, the post-procedure waiting period is 1 week. The waiting period allows for a small threat caused by acute complications at the vascular access site. Drivers undergoing PCI in the setting of an acute myocardial infarction or unstable angina should be restricted from driving duties for the longer waiting period recommended for these conditions.

75. Which cardiac condition is disqualifying?

a. Hypertrophic cardiomyopathy.
b. Mitral valve prolapse.
c. Ebstein anomaly.
d. Aortic valve repair for aortic stenosis 4 months prior to exam.

Correct Answer “A”: According to FMCSA guidance a driver with a diagnosis of Hypertrophic Cardiomyopathy may not be certified to drive. Similarly, a driver with a diagnosis of Restrictive Cardiomyopathy may not be certified to drive.

76. A driver who exhibits difficulty breathing and has a history of COPD should undergo additional pulmonary testing. A forced expiratory volume in the first second of expiration (FEV1) less than what level of predicted should prompt arterial blood gas measurements?

a. 50%.
b. 55%.
c. 65%.
d. 70%.

Correct answer is “C”. Obvious difficulty breathing in a resting position is an indicator for additional pulmonary function tests. If the forced expiratory volume in the first second of expiration (FEV1) is less than 65% of that predicted, arterial blood gas measurements should be evaluated.
77. A driver has a fixed deficit that is less than the whole hand. Which of the following is true regarding certification of this driver?

a. The driver requires a Skill Performance Evaluation (SPE) certificate.

b. As a medical examiner, you determine if the severity of a fixed deficit that is less than the whole hand is medically disqualifying unless the driver has an SPE certificate.

c. The patient requires referral to an orthopedic surgeon who understands the nature of commercial motor vehicle driving.

d. NONE of the above are correct.

Correct answer “B”. When the loss of (hand, foot, leg, or arm) or a fixed impairment to an extremity may interfere with the ability of the driver to operate a commercial motor vehicle safely, you are responsible for determining if the driver is otherwise medically fit to drive. A driver may be allowed to drive if the qualification requirements for a Skill Performance Evaluation (SPE) certificate under 49 CFR 391.49 are met. As a medical examiner, you determine if the severity of a fixed deficit that is less than the whole hand is medically disqualifying unless the driver has an SPE certificate pursuant to 49 CFR 391.49. The SPE is applicable only for fixed deficits of the extremities.

78. A urinalysis is a required part of the driver evaluations. If the UA indicates glycosuria, the medical examiner:

a. Must disqualify the driver.

b. Must not certify the driver until a repeat urinalysis in at least one week reveals resolution of glycosuria.

c. Must obtain a consultation with an endocrinologist.

d. May elect to perform a finger stick to obtain a random blood glucose.

Correct answer “D”. Glycosuria may indicate poor blood glucose control. When urinalysis shows glycosuria, you may elect to perform a finger stick test to obtain a random blood glucose.

79. You are required to perform a urinalysis (dip stick) as a part of every driver certification and recertification medical examination. An abnormal result for which of the following mandates temporary disqualification?

a. Protein.

b. Blood.

c. Glucose.

d. NONE of the above.

Correct answer “D”. Proteinuria, hematuria, or glycosuria may be an indication for further testing to rule out any underlying medical problem. You should advise the driver of any abnormal findings and when indicated, encourage the driver to seek primary care provider evaluation, particularly if an abnormal urinalysis could indicate the presence of a medical condition that if left untreated could result in a serious illness that might affect driving.
80. Each of the following mandates disqualification in a driver with a history of alcoholism EXCEPT:

a. He voluntarily attends a 12-step program to maintain his recovery.
b. He has not successfully completed counseling and/or treatment.
c. He has a current diagnosis of alcoholism.
d. ALL of the above are disqualifying.

Correct answer “A”. Ongoing voluntary attendance at self-help groups (e.g., 12-step programs) for maintenance of recovery is not disqualifying.

81. A female driver presents for re-certification who is in her fourth day of menses with heavy bleeding. Her US shows a Specific gravity of 1.020; Protein is +1; Blood is +4; Glucose is negative. All other aspects of her medical examination are within normal. The examiner should:

a. Obtain medical clearance prior to certification.
b. Disqualify the driver.
c. Certify the driver for 1 year.
d. Certify the driver for 2 years.

Correct answer “D”. The abnormality in the UA is the level of blood in the urine, which is likely a result of the driver’s menstrual cycle. Without any other identified abnormality, the driver would be certified for 2 years.

82. At initial certification, a driver is found to have a blood pressure of 165/105 mm Hg. You give him a certification for three months. Upon recheck, his blood pressure is 135/85. As medical examiner you:

a. Certify him for 6-months after performing a new DOT examination.
b. Certify him for one year from date of initial exam after performing a new DOT examination.
c. Certify him for one year after performing a new DOT examination.
d. Repeat the 3-month certification.

Correct answer is “B”. This driver has stage 2 hypertension on initial exam. He qualifies for certification as his blood pressure at recheck is below 140/90.

83. Which of the following is TRUE concerning a driver who presents for a DOT exam but does not speak English:

a. He must be disqualified after the DOT exam is performed.
b. It is not permissible to use an interpreter.
c. When determining a driver’s physical qualification, English language is not factored into the determination as long as the examiner can obtain a proper history and exam.
d. The examiner should halt the exam at the start and not perform the exam.

Per the FMCSA: Medical examiners are not required to certify the extent to which a driver understands English. However, examiners should only conduct examinations when they are confident that they can communicate with drivers to the level that allows for a thorough examination to be conducted. Examiners can turn the driver away if the level of English is not proficient enough to conduct the examination.
84. Which of the following accurately describes the FMCSA’s requirement regarding grip strength for certifying commercial drivers?

   a. The FMCSA requires Dynamometer testing to measure grip strength.
   b. The FMCSA requires Sphygmomanometer used as a screening test for grip by having the applicant repeatedly squeeze the inflated cuff while noting the maximum deflection on the gauge.
   c. The FMCSA accepts either Dynamometer testing or Sphygmomanometer testing for certification.
   d. The Federal Motor Carrier Safety Administration does not require any specific test for assessing grip power.

Correct answer “D”. The Federal Motor Carrier Safety Administration does not require any specific test for assessing grip power. The driver must have sufficient grasp and prehension to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

85. FMCSA guidance recommends drivers NOT be certified with the following conditions EXCEPT:

   a. Uncontrolled vertigo.
   b. Meniere’s disease.
   c. Labyrinthine fistula.
   d. Otitis Media.

Correct answer “D”. Otitis media is not disqualifying.

86. A driver with a history of congestive heart failure is asymptomatic at time of presentation for certification. What minimum left ventricular ejection fraction is required for certification?

   a. 40%
   b. 45%
   c. 50%
   d. 55%

Correct answer “A”. The minimum LVEF for certification is 40% in a patient with known Congestive Heart Failure.
87. A driver presents for certification and notes that he is recently had a surgical repair of an aneurysm in his left leg. What is the minimum waiting period following surgical repair of an aneurysm?

   a. 1 month
   b. **3 months**
   c. 6 months.
   d. 1 year.

Correct answer “B”. Aneurysms can develop in visceral and peripheral arteries and venous vessels. Rupture of any of these aneurysms can lead to gradual or sudden incapacitation and death. Much of the information on aortic aneurysms is applicable to aneurysms in other arteries. The waiting period is a minimum 3 months post-surgical repair of an aneurysm.

88. Which of the following is true regarding the FMCSA Blood Pressure regulations for commercial motor vehicle drivers?

   a. Only BP readings taken during the driver physical or follow-up examinations may be used for certification decisions.
   b. A BP greater than 145/89 mm Hg should be confirmed with a second measurement taken later during the examination.
   c. Trained assistive personnel may take and record the BP.
   d. **All of the above are correct.**

Correct answer “D”. Trained assistive personnel may take and record the BP and pulse. When BP, pulse rate, or both are significant factors in your decision not to certify a driver, it is prudent for you to measure the readings yourself. However, the Medical Examiner must sign the Medical Examination Report form. By signing the Medical Examination Report form, you are taking responsibility for and attesting to the validity of all documented test results.

89. As part of the evaluation of a driver presenting for initial certification, as the medical examiner, you must perform testing for:

   a. Alcohol.
   b. Marijuana.
   c. Opiates.
   d. **NONE of the above.**

Correct answer “D”. Testing for controlled substances is not a part of the physical qualifications for the driver examination process. Testing for controlled substances falls under a different regulation. However, if you suspect a need for drug/alcohol testing, contact the Federal Motor Carrier Safety Administration, or the motor carrier directly, for information on controlled substances and alcohol testing under Part 382 of the Federal Motor Carrier Safety Regulations.
90. Select the correct statement regarding evaluation and certification of a commercial motor vehicle driver:

a. There are no work restrictions permitted. The commercial driver must be able to perform all job-related tasks, including lifting, to be certified.

b. The SPE program is intended only for individuals with fixed deficits of the extremities (not for individuals with progressive diseases).

c. A new, complete DOT exam must be performed in order to issue a new Medical Examiner’s Certificate.

d. **ALL of the above are correct.**

Correct answer “D”. Each answer listed is correct.

91. Which of the following is NOT a mission of the FMCSA?

a. Develop and enforce data-driven regulations that balance motor carrier (truck and bus companies) safety with industry efficiency.

b. Target educational messages to carriers, commercial drivers, and the public.

c. Partner with stakeholders including Federal, State, and local enforcement agencies, the motor carrier industry, safety groups, and organized labor on efforts to reduce bus and truck-related crashes.

d. **Oversee the prosecution of criminally negligent cases of motor carrier safety breaches.**

92. In which of the following cases should you mark an exam as "incomplete examination"?

a. When you do not have enough information to make a decision.

b. When you have scheduled a follow up appointment for the to return with additional lab tests.

c. When one provider begins an exam that will be completed by another provider.

d. **When the driver leaves before you have completed the exam and made a decision.**
93. It is the responsibility of the Motor Carrier to make sure that commercial motor vehicle drivers meet each of the following requirements EXCEPT:
   a. Be at least 21 years old.
   b. Speak and read English well enough to understand highway/traffic signals and converse with law enforcement.
   c. Have a current Medical Examiner's Certificate on file.
   d. **Provide their full Medical Examination Report Form to the motor carrier.**

94. What HgbA1C level is indicative of a diagnosis of diabetes?
   a. 4.8%
   b. **6.5%**
   c. 7.9%
   d. 10%

95. A driver presents for her first DOT medical exam. She is 48 years old and starting truck-driving school as a second career. She has no previous diagnosis of HTN, but her blood pressure today is 176/124 mm Hg. What time period is appropriate for certification?
   a. 1 year.
   b. 6 months.
   c. 1-time certification for 3 months.
   d. **Disqualify. Refer for treatment.**

   Correct answer is “D”. This driver exhibits stage 3 hypertension (the diastolic BP is over 110 mm Hg), which mandates disqualification.

96. A Driver has no previous diagnosis of hypertension. Today his blood pressure is 146/88 mm Hg. What certificate time should be given?
   a. 2 years.
   b. **1 year.**
   c. 6 months.
   d. Defer and refer for treatment.
97. A Driver has been taking medication for hypertension for 3 years. He is inconsistent about taking the medication. Today his blood pressure is 146/96 mm Hg. What should be done?

a. Disqualify.
b. Certify for 6 months.
c. **Give a 1-time certificate for 3 months.**
d. Certify for 1 year.

Correct answer is “C”. The one-time 3-month certificate offers the driver a chance to obtain appropriate treatment to bring his blood pressure below 140/90 mm Hg at the next appointment.

98. What is the maximum certification period for Obstructive Sleep Apnea?

a. 6 months.
b. **12 months.**
c. 18 months.
d. 24 months.

99. A Driver sustained a myocardial infarction one month ago. He is following up with his primary care physician again in 1 week. He is unsure of his prescriptions, but is asymptomatic. Should he be certified today?

a. Yes. Give him a 6-month certificate.
b. Not until you check his medication. Then, yes.
c. **No. There is a minimum wait period of 2 months and specific criteria that must be met thereafter before certification.**
d. No. He must wait 6 months at the minimum before being evaluated further.
100. A driver had heart surgery 6 months ago. He reports recovering well and is asymptomatic. Documentation from his physician shows he is indeed recovering well and tolerating his medication. Surgery included installation of an implantable cardioverter defibrillator. Can he be qualified today?

a. Yes, he is stable.
b. No. More information is needed on his exercise tolerance.
c. No. An ICD is disqualifying.
d. No. He has not yet met an adequate waiting period.

101. A driver denies using illegal drugs, but he looks haggard and has fresh needle sticks on his forearm. Can you order lab testing for drugs?

a. No. Drug testing is beyond the scope of the DOT medical exam.
b. Only if you call the employer and have them do a reasonable suspicion DOT drug test.
c. Yes. This is outside of standard DOT drug testing, but a non-DOT drug test can be ordered. Refusal to test is a failure.

102. What is the maximum allowable BMI to qualify driver?

a. 40.
b. 50.
c. 55.
d. There is no standard.

The FMCSA provides no definitive guidance regarding criteria that mandate screening for obstructive sleep apnea nor any OSA risk factor thresholds that mandate disqualification.
103. A driver has a long history of major depression. His only current medication is Paxil, and he reports no side effects. Three months ago, he attempted to commit suicide by hanging, but was unsuccessful. Physically, all is within standards. Can he be qualified?

a. No. Paxil is disqualifying.
b. Yes. This scenario is not disqualifying.
c. No. The waiting period following a suicide attempt is 2 months minimum.
d. No. The waiting period following a suicide attempt is 1 year minimum.

104. A driver's exam is unremarkable except for a recent history of panic attacks. These are under control with Xanax. She reports no side effects. What certification is appropriate?

a. 2 years.
b. Xanax required annual recertification. 1 year.
c. Xanax is potentially dangerous. 6 months is appropriate.
d. Xanax is generally considered to increase crash risk. Use your clinical judgment, but use of benzodiazepines is typically disqualifying. Additional consultation with treating physician may be needed.

105. What is the minimum gross vehicle weight that will require a DOT medical exam for the driver?

a. 16,501 pounds.
b. 10,001 pounds.
c. 26,001 pounds.
d. 22,501 pounds.

106. Drugs with no known medical use and a high potential for abuse fall into what category?

a. Class C.
b. **Schedule I.**
c. Class F.
d. Schedule V.
107. Marijuana is what listed as which of the following?

a. Schedule 1 drug.
b. Schedule 2 drug.
c. Schedule V drug
d. It used to be considered a Schedule 1 drug. It is no longer a listed drug.

108. A driver is 35 years of age. He has a diagnosis of Ankylosing Spondylitis since he was 19. He has fusion throughout his spine, excluding the upper cervical spine. Neck rotation is limited to 15 degrees bilaterally. His neck is permanently flexed 25 degrees forward and he can only extend it 10 degrees. Agility is greatly diminished and he cannot climb well. He now presents for recertification, but notes he primarily does an administrative desk job. Based on this, what is the proper course of action?

a. Disqualify.
b. Certify for 1 year.
c. Order a Skill Performance Evaluation.
d. Certify for 6 months.

Correct answer is “A”. This driver is unable to safely fulfill the duties of a commercial motor vehicle driver, such as using the side mirrors. Remember, certification is for all duties of a driver. There are not work restrictions offered.

109. Transient Ischemic Attacks are a major concern. They can be one of the earliest signs of cerebrovascular disease. Symptoms usually only last 10-20 minutes. All of the following are symptoms that may present in the history as a result of a TIA, EXCEPT:

a. Sudden temporary tingling, numbness, or weakness.
b. Confusion.
c. Sudden visual changes.
d. Sciatica.

110. A driver with a history of a TIA should be removed from the road for what minimum waiting period?

a. 2 months.
b. 6 months.
c. 1 year.
d. 2 years.
111. Epilepsy is a major concern due to risk of seizure or loss of consciousness. How many unprovoked seizures are required for a diagnosis of epilepsy?
   a. One.
   b. **Two.**
   c. There is no single definition; diagnosis is made on a case-by-case basis.

112. After a diagnosis of Meniere’s disease, what is the recommendation for certification of a driver?
   a. Certification if no reported dizziness or vertigo.
   b. Certification after a 1 year waiting period if hearing standards are met and there are no symptoms of vertigo.
   c. Certification after a 2-month waiting period free of symptoms of vertigo.
   d. **Meniere’s disease is progressive and considered completely disabling. Disqualify.**

113. Which of these is intrastate (as opposed to interstate) commerce?
   a. A UPS driver delivers packages from far and wide within a single city.
   b. A semi driver drives a long-haul route from Florida to Texas.
   c. A commercial driver makes a run from New Orleans, LA to Monroe, LA, but passes through Mississippi on the route.
   d. **ALL of the above are examples of interstate commerce, not intrastate.**

   Correct answer is “D”. The U.S. Department of Transportation regulates interstate commerce, which is defined as trade, traffic or transportation involving the crossing of a state or national boundary. The vehicle and its contents must cross or there must be the intent to cross a boundary: (1) Between a place in a state and a place outside that state (including a place outside of the United States); (2) Between two places in a state, through another state, or a place outside of the United States; (3) Between two places in the state as part of trade, traffic or transportation originating or terminating outside the state or the United States. In the case of answer A, the contents are traveling across state lines.
114. Which of the following diagnoses is NOT always disqualifying?

a. Narcolepsy.
b. Bipolar Disorder.
c. Meniere's disease.
d. Current Alcoholism.

115. An obese driver's urinalysis shows 500mg/dL of glucose. He claims he is not diabetic, but it is simply because the 20-ounce bottle of soda he drank in the hour before the test. What should be done?

a. Obtain a finger stick glucose.
b. Certify for 1 year and recheck at that time.
c. Use determination pending and have the patient return for a repeat glucose dipstick within 45 days.
d. Disqualify.

116. When clinical signs exist indicating a driver may not have disclosed use of a scheduled drug or substance, the medical examiner:

a. May request a non-Department of Transportation drug test.
b. Must refer for a DOT drug test
c. Must obtain consultation from a substance abuse professional
d. Must obtain clearance from the driver’s primary care provider.

The medical examiner may request a non-Department of Transportation drug test to aid in the physical qualification determination, including when signs exist indicating the individual may not have disclosed use of a scheduled drug or substance. Use of a substance abuse professional is not required as part of a non-Department of Transportation drug test.

117. Who can grant a waiver or exemption?

a. The Medical Examiner.
b. The FMCSA.
c. A Board-Certified Specialist in the field of the relevant disease.
d. Any of the above.
118. If a driver has had a cortical stroke, what is the minimum waiting period before he/she may possibly be certified to drive?

a. **5 years, as potential for seizure is a concern.**
b. 1 year if there is no seizure.
c. 6 months.
d. 6 months once off anticoagulants.

119. Both Schizophreniform and Bipolar Disorders can be disqualifying. Which of the following conditions is NOT a reason in and of itself to disqualify?

a. Substantially compromised judgment.
b. **Swings in energy levels and mood.**
c. Attention difficulties.
d. Personality disorder that is repeatedly manifested by overt inappropriate acts.

120. What are the FMCSA guidelines for certification of a driver on Coumadin and compliant with INR monitoring?

a. Disqualify.
b. Use clinical judgment, based upon the underlying disease.
c. **Certify for a maximum of 1 year.**
d. Certify for a maximum of 6 months.

121. If a driver is only taking over-the-counter medications, what are the possible ramifications?

a. OTC medications are not considered in the certification decision.
b. OTC are considered whether or not to qualify the driver, but cannot limit the certification.
c. **OTC medications can affect the decision to certify, time limit, or disqualify as determined by the clinical judgment of the medical examiner.**
122. Exercise tolerance tests are needed to assess the driver after a cardiovascular incident or to assess for cardiac abnormalities. If ordered this test, there are specific measures that need to be met. Which of these is NOT one of them?

a. Exercise to a workload capacity greater than 6 Metabolic Equivalents (METs) through Bruce protocol stage II or equivalent.
b. Attain a heart rate greater than or equal to 85% of predicted maximum (unless on beta blockers).
c. Have a rise in systolic blood pressure greater than or equal to 20 mm Hg without angina.
d. **Have no increase in diastolic pressure.**

123. Which of the following are not required for the urinalysis portion of the DOT medical exam?

a. Specific Gravity.
b. Blood.
c. **Ketones.**
d. Protein.

124. If a dipstick urinalysis shows findings that are abnormal, but do not immediately threaten the driver or the public, such as mild proteinuria, which is the most reasonable course of action?

a. Disqualify until further testing is done.
b. **Encourage the driver to seek further care from his primary care provider and document the findings for him/her to take to the PCP.**
c. Make a note in the medical examination report form, but take no other action until the next DOT exam.

125. What is the advised minimum waiting period following coronary artery bypass surgery?

a. 1 month.
b. 2 months.
c. **3 months.**
d. This is disqualifying.

Correct answer is “C”.
126. Severe traumatic brain injuries are disqualifying. How is a "severe TBI" defined?

   a. Injury penetrates the dura and/or causes loss of consciousness > 24 hours.
   b. Injury causes loss of consciousness longer than 6 hours.
   c. Physically or chemically induced brain injury causing motor or sensory loss.
   d. Injury to the head resulting in permanent neurologic deficit.

Correct answer is “A”.

127. A vehicle that is used to transport a minimum of which of the following number of persons (including the driver) would be defined as a commercial motor vehicle for interstate commerce?

   a. 4 for compensation, 10 not for compensation.
   b. 6 for compensation, 8 not for compensation.
   c. 9 for compensation, 16 not for compensation.

Correct answer is “C”. A Commercial motor vehicle is defined as any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle: (1) Has a combined gross vehicle weight or weight rating of 10,001 pounds or more; (2) Is designed or used to transport more than eight passengers (including the driver) for compensation; or Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or Transports hazardous materials in quantities that require placards under the hazardous materials regulations.

128. A bipolar driver has been stable for 5 years without any manic or major depressive episodes. Paperwork from his mental health provider confirms this. He is treated with lithium. What is the best certification period?

   a. Disqualify due to lithium treatment.
   b. 3 months.
   c. 1 year.
   d. 2 years.

Correct answer is “C”. Lithium therapy has not been shown to interfere with safe driving. For stable bipolar disorder, guidance recommends a one-year certification.
129. Which of the following is NOT included on the Medical Examiner’s Certificate?
   a. The expiration date of the Medical Examiner’s NRCME certification.
   b. The medical examiner’s signature.
   c. The driver’s signature.
   d. A place to denote that a drive requires a Skill Performance Evaluation certificate.

   There is a field entitled "Medical Examiner’s Certificate Expiration Date" which refers to the expiration date of the MEC, NOT the examiner’s certification.

130. The Role of the Medical Examiner specifically includes:
   a. Assessing the Driver for medical fitness to safely perform all driver duties.
   b. Refilling medications required by the driver for safe driving.
   c. Addressing new health concerns of the driver.
   d. ALL of the above.

   Correct answer is “A”. The Medical Examiner can diagnose and treat if within his/her scope of practice, but it is a separate role. These roles can be referred.

131. It is generally accepted that a HgbA1C above what level indicates poor control of diabetes?
   a. 7%.
   b. 10%.
   c. 12%
   d. 13%

   Correct answer is “B”.

132. Central vision loss is a finding suggestive of:
   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. All of the above.

   Correct answer is “A”. Central vision loss results from degeneration of the fovea – the central pit of the retina, where visual acuity is sharpest. The most common cause is age-related macular degeneration, which is also the leading cause of blindness in older adults.
133. On examination, the medical examiner palpates an enlarged liver on a driver and find signs suggestive of early hepatic failure. The medical examiner should:

   a. Order an abdominal ultrasound as a first step.
   b. Order an abdominal CT scan as a first step.
   c. Order a set of Liver Function Tests as a first step.
   d. **Refer the driver to his Primary Care Provider.**

Correct answer is “D”. The medical examiner’s responsibility is to determine a driver’s fitness to operate a commercial vehicle. It is not to diagnose or prescribe medication. This is an important concept in the context of the NRCME exam as it will likely be asked several different ways. Questions are often asked about a disease which may be complex or unfamiliar to the examinee, causing confusion regarding diagnostic steps. In fact, the answer is simply to refer the patient to the PCP or specialist and not initiate a diagnostic work-up.

134. A 20-year-old person approaches you and asks you to perform a medical examination for him as he is planning to apply for an interstate CMV driver job advertised by a local transportation company. According to the FMCSA standards, a person under 21 is not eligible to work as an interstate CMV driver; however, you can still perform the examination because:

   a. The person is only applying for the job and not yet employed.
   b. There’s no indication that he intends to work as an interstate CMV driver.
   c. **It is not your responsibility to ensure that the person meets the age requirements.**
   d. From his physical appearance he seems quite healthy.

Correct answer is “C” - It is not your responsibility to ensure that the person meets the age requirements. Per the FMCSA, it is the responsibility of the motor carrier to ensure that their interstate CMV drivers meet the age requirements. As a certified medical examiner, you can perform the driver physical examination for any person who requests it.

135. A number of requirements must be met in order for a driver to pass a vision exam and be certified. Which of the following would prevent a driver from being certified by a medical examiner?

   a. Binocular acuity of at least 20/40
   b. Distant visual acuity of at least 20/40 in each eye
   c. Horizontal field of vision of at least 70° measured in each eye
   d. **Inability to distinguish among traffic devices showing red, amber, and green colors**

Correct answer is “D”. Inability to distinguish among traffic devices showing red, amber, and green colors. The color vision requirement is met by the ability to recognize and distinguish among red, amber, and green, the standard colors of traffic control signals and devices. True color perception is not required. A driver who lacks the ability to distinguish between red, amber, and green cannot be certified.
136. If a medical examiner has a reasonable suspicion that a driver has violated federal guidelines regarding alcohol consumption, the driver:

a. Must be disqualified.
b. May be certified following residential substance abuse treatment.
c. May be certified following a one-month waiting period.
d. **Must submit to alcohol testing.**

Correct answer is “D”. Must submit to alcohol testing. If a medical examiner has a reasonable suspicion that a driver has violated federal guidelines regarding alcohol consumption, the driver must submit to alcohol testing.

137. When a medical examiner performs a forced whisper test, he/she should avoid using only words that begin with only what letter?

a. B
b. T
c. P
d. S

Correct answer is “D”. When a medical examiner performs a forced whisper test, he/she should stand at a distance of no less than five feet and whisper a sequence of letters and numbers. The medical examiner should avoid repeatedly using words that begin with an “S” sound.
138. Drug testing is the responsibility of which of the following?

a. The state in which a driver resides.
b. The Department of Transportation.
c. The driver.
d. The employer.

Correct answer is “D”. Employer responsibilities include: implementing and conducting drug and alcohol testing programs, providing a list of substance abuse professionals (SAPs), ensuring that the driver who is returning to a safety-sensitive position has complied with SAP recommendations, and conducting follow-up testing to monitor that the driver is compliant with DOT alcohol conduct guidelines and abstaining from unauthorized drug use.

139. A driver presents who has suffered a stroke. The driver has brainstem vascular lesions. Can the driver be certified?

a. The driver cannot be certified.
b. The driver can be certified after a one-year waiting period.
c. The driver can be certified after a one-month waiting period.
d. The driver can be certified with no restrictions.

Correct answer is “B”. A driver who has suffered a stroke may or may not be at increased risk for seizures, depending on the location of the lesions. A driver with brainstem vascular lesions is not at an increased risk for seizures, and may be certified following a one-year waiting period.

140. A driver who has been diagnosed with depression and is prescribed lithium may be certified if:

a. The driver is asymptomatic.
b. Has no impairment that interferes with safe driving.
c. Has lithium levels that are maintained in the therapeutic range.
d. All of the above.

Correct answer is “D”. Studies show there is little evidence to link lithium to driving accidents. A driver who currently takes lithium should be certified provided that: the driver is asymptomatic, the driver has no impairment that interferes with safe driving, and the driver has lithium levels that are maintained in the therapeutic range.
141. A 44-year-old male presents for examination. He has undergone a surgery for repair of a 5.0 cm abdominal aortic aneurysm 1 year ago. He provides a clearance report by a cardiovascular specialist indicating he is asymptomatic. Is this person qualified? If yes, for how long?

a. Yes, for 6 months.
b. No.
c. Yes, for one year.
d. Yes, for two years.

Correct answer is “C”. Per FMCSA’s guidelines, persons who have undergone repair of an abdominal aortic aneurysm may be certified annually if more than three months have passed since surgery, they are asymptomatic, and are cleared by a cardiovascular specialist.

142. A 41-year-old male presents for examination. He has a history of thoracic aortic aneurysm which is reported by his treating cardiovascular specialist to be 2.9 cm. How would you handle this case and what is the medical certification period for this medical history?

a. Request a cardiologist report; biennial certification.
b. Query and evaluate digestive system disorders; annual certification.
c. Disqualify the person.
d. Query and evaluate for other associated cardiovascular diseases; annual certification.

Correct answer is “D”. Per FMCSA’s guidelines, persons with a thoracic aortic aneurysm of less than 3.5 cm may be certified annually after thorough evaluation and ruling out of any associated cardiovascular diseases.

143. A driver with a prosthetic valve who also has LV dysfunction may not be certified if he/she has ejection fraction of less than what?

a. 80%
b. 75%
c. 50%
d. 40%

Correct answer is “D”. A driver with a prosthetic valve and LV dysfunction of less than 40% may not be certified.
144. A driver presents with atrial fibrillation. The major risk associated with this condition is which of the following?

   a. Blindness
   b. Aortic Dissection
   c. Dementia
   d. Stroke

Correct answer is “D”. The major risk associated with atrial fibrillation is an embolus, which can lead to stroke. The most effective means to treating the condition is anticoagulant therapy.

145. A driver who admits to using controlled substances also attends a self-help program, such as Alcoholics Anonymous. How should this driver’s case be handled?

   a. The self-help group cannot substitute for completion of an SAP-required drug rehabilitation program.
   b. The driver should be reported to the appropriate authorities.
   c. The driver should be certified without any restrictions.
   d. The driver should be certified after six months of attending the self-help group.

Correct answer is “A”. For drivers who use narcotics or habit-forming drugs, certification may require successful completion of a substance abuse professional (SAP)-required drug rehabilitation program. Participation in a self-help program cannot be substituted for completion of an SAP-required drug rehabilitation program. Voluntary, ongoing participation in a self-help program to support recovery is not disqualifying.

146. If a driver tests positive on a DOT drug test for the use of a controlled substance, he/she must do all of the following EXCEPT before the driver can be a candidate for recertification?

   a. Write a personal statement regarding his/her history of drug use
   b. Be evaluated by a substance abuse professional
   c. Have a negative result on a return-to-duty drug test
   d. Comply with recommended rehabilitation

Correct answer is “A”. A driver who tests positive for the use of a controlled substance can be considered for recertification. The driver must meet certain conditions. In order to be a candidate for recertification, the driver must be evaluated by a substance abuse professional, have a negative result on a return-to-duty drug test, and comply with recommended rehabilitation.
147. What responsibility does a medical examiner have to a driver who requires contact lenses to pass the vision exam?

a. To inform the driver to keep a pair of glasses while driving.
b. To disqualify the driver.
c. To refer the driver to an optometrist.
d. To certify the driver after a six-month waiting period.

Correct answer is “A”. One of the responsibilities of the medical examiner is to provide health education counseling. In the case of drivers who wear contact lenses, this includes advising the driver to keep a pair of glasses in the vehicle while driving.

148. A driver with a heart transplant must be reexamined and recertified by a cardiovascular specialist how often?

a. Every three months
b. Every two months
c. Every six months
d. Every two years

Correct answer is “C”. A driver who has had a heart transplant may be certified by a medical examiner if certain requirements are met. Upon certification, a driver with a heart transplant must be reexamined and recertified every six months by a cardiovascular specialist.
149. When examining a driver’s hearing, a forced whisper test must be performed from a distance of:

   a. Two feet.
   b. Thee feet.  \[\text{Correct answer is “C”}\]
   c. Five feet.
   d. Four yards.

Correct answer is “C”. When a medical examiner performs a forced whisper test, the test must be conducted from a distance of no less than five feet. The distance must be measured and marked before the exam.

150. If a driver is tested and has high blood pressure during the medical exam, but had blood pressure within the normal range at prior recent visits with his primary care provider, may the prior blood pressure be used?

   a. Yes, with approval from the driver’s regular physician
   b. Yes, with a two-month certification
   c. No, only the information from the driving exam may be used
   d. None of the above

Correct answer is “C”. Only blood pressures obtained during the medical examiner visit for the driver’s qualification may be used. Results from prior exams, even if they are recent, are not allowed to be used.

151. Can a driver who has a history of childhood febrile seizures be certified?

   a. No, the driver cannot be certified.
   b. Yes, if there were no seizures after the age of two.
   c. Yes, provided the seizures were limited to childhood.
   d. Yes, following a one-year waiting period.

Correct answer is “C”. Childhood febrile seizures are relatively common and, in many cases, so mild that the child is not aware of them. An adult who suffered childhood febrile seizures can be certified as a driver, provided the seizures were limited to childhood.
152. A driver with a history of migraines whose condition does not interfere with the health and safety of the driver and public may be certified for a maximum of how long?

a. Two years  
b. Five years  
c. One year  
d. Six months

Correct answer is “A”. If there are no extenuating circumstances, such as impaired vision or cognitive function, a driver with a history of migraines may be certified for a maximum of two years.

153. What ancillary information documentation must you obtain, and include in your medical examiner report, for a CMV driver who is diagnosed with Meniere’s disease and who is currently on medication treatment?

a. Audiometric test  
b. Clearance from a neurologist  
c. None of the above  
d. All of the above

Correct answer is “C”. This is the correct answer because according to the recommendations of the Conference of Neurological Disorders and Commercial Drivers, persons with Meniere’s disease must be disqualified from being CMV drivers. Meniere’s disease is characterized by sensory-neural hearing loss, tinnitus, pressure sensations within the ear, and severe attacks of vertigo. The conference concludes that the condition is of sufficient severity and unpredictability that would render a person unqualified to drive.

154. A potential driver is examined and is shown to have a blood pressure of 165/90 mm Hg. What is the next step for the medical examiner in this instance?

a. Immediately disqualify the driver.  
b. Refer the driver to the nearest Emergency Department.  
c. Document the driver’s blood pressure with the FMCSA.  
d. Perform a second measurement of the driver’s blood pressure later in the exam.

Correct answer is “D”. In the event that a driver is shown to have a BP over 140/90 mm Hg, a second measurement should be taken later in the exam. An initially high BP can be due to multiple factors. It could be due to problems with the technique of the examiner, “white coat syndrome,” or numerous other factors.
155. A driver presents with a hernia. Can the driver be certified?

   a. No, the driver cannot be certified.
   b. Yes, after a one-year waiting period.
   c. Yes, if the hernia does not cause discomfort or interfere with driving.
   d. Yes, after a thirty-day waiting period.

Correct answer is “C”. In general, a hernia should not interfere with a driver’s ability to operate a commercial vehicle. In some cases, additional tests may be required, but generally speaking, a driver with a hernia can be certified as long as the hernia does not cause discomfort or interfere with the driver’s ability to operate a motor vehicle.

156. What ancillary information documentation is/are required to be included in the medical examination of a driver who has an implantable cardiac defibrillator (ICD)?

   a. Echocardiogram and ETT.
   b. A cardiologist clearance report.
   c. Cardiovascular specialist report.
   d. None of the above.

Correct answer is “D”. This is the correct answer because according to FMCSA guidelines, persons with ICDs are not to be qualified as interstate CMV drivers. These persons are at high risk of sudden death or incapacitation and thus, they pose a risk to public safety.
157. A 37-year-old CMV driver presents for examination. He has the fourth finger missing from his right hand. He provides a medical report confirming a strong right-hand grasp. Does this person require a Skill Performance Evaluation (SPE) Certificate by FMCSA to complete the qualifying procedure under CFR 391.41, and why?

a. No, as long as there is a medical report confirming no interference with hand grasp power, a SPE certificate is not required for impairment / loss of a finger.

b. Yes, a medical report confirming strong right-hand grasp does not exempt from a SPE certificate.

c. Yes, an impaired or missing finger requires a SPE certificate regardless of whether it affects hand grasp power or not.

d. No, this person is medically not qualified to be a CMV driver.

Correct answer is “A”. This is the correct answer because according to CFR 391.41, persons with an impairment of a hand or finger that does not interfere with prehension and grasping power may be qualified. In this case, the presence of a medical report confirming the prehension power is valid evidence for the medical examiner and does not prompt for a SPE certificate.

158. A driver presents for a DOT exam, having been evaluated by an optometrist for monocular vision. As the medical examiner, you can accept the completed the Vision Evaluation Report, Form MCSA–5871, as long as it was completed and dated within the last:

a. 30 days.

b. 45 days. **Correct**

c. 90 days.

d. 1 year.

159. In the event that a driver is disqualified, it is the responsibility of the medical examiner to do which of the following?

a. Provide the driver with a rationale for disqualification.

b. Provide instructions on how the driver may be qualified.

c. Both A and B. **Correct**

d. Neither A nor B.

Correct answer is “C”. There are multiple reasons that a driver can be disqualified. In the event that a driver is disqualified, a medical examiner is required to provide both a rationale for disqualification and instructions on how the driver may become qualified.
160. A driver who is being treated for ADHD with a central nervous system stimulant may be certified following:

a. A six-month waiting period.
b. **There is no waiting period.**
c. A one-year waiting period.
d. None of the above

Correct answer is “B”. Provided the medication has been proven to be safe and effective with no side-effects for the driver, a driver who takes a central nervous system stimulant may be certified without a waiting period.

161. In the event that a dipstick urinalysis of a driver has positive results, which of the following should happen?

a. The driver should not be certified.
b. The driver should have a second examination in two months.
c. **There should be additional evaluation.**
d. None of the above

Correct answer is “C”. Dipstick urinalysis tests for specific gravity and measures blood, protein, and glucose in the urine. Should any of the tests have positive results, additional evaluation may be required.

162. Xanthosis refers to:

a. **Yellowish discoloration of the skin.**
b. Hyperemic conjunctivae.
c. Excessively long digits.
d. Hyperlipidemia.

Xanthosis is a yellowish discoloration of degenerating tissues.
163. A 50-year-old male CMV driver has chronic kidney failure for which he undergoes hemodialysis three times each week. His treating physician provided him with a medical report indicating that he can work normally except on the days he is undergoing dialysis. He is also suffering from hypertension. This CMV driver would be:

   a. Qualified normally for 2 years.
   b. **Disqualified**.
   c. Qualified for 1 year.
   d. Qualified for 6 months.

Correct answer is “B”. According to the FMCSA, drivers with stage 5 chronic kidney disease, requiring dialysis, should be disqualified. The hypertension condition of the driver in this case does not imply any exemption, because of the severity of the kidney disease. In general, persons who undergo dialysis are prone to fatigue and sleepiness, which jeopardize their ability to drive safely.

164. A 56-year-old male driver applying for a new certificate admitted that he suffered a myocardial infarction 3 months before. He provides you with a clearance certificate by a cardiologist. He also informs you that he is not feeling any chest pain post MI. Is this information sufficient to determine his health history?

   a. No, need information on post-MI LVEF, ETT, ECG, and tolerance to medication.
   b. No, need information on ECG and on tolerance to medication.
   c. Yes, no other information is needed.
   d. No, need information on post-MI ETT and tolerance to medication.

Correct answer is “A”. According to FMCSA guidelines a person who has had an MI at least 2 months before and who is asymptomatic, must still demonstrate an LVEF > 40%, normal ETT, no ischemic changes on ECG and good tolerance to medications before she/he can be certified.

165. A driver with a history of an allergy-related life-threatening condition, such as angioedema, is required by federal guidelines to have a certification of no more than:

   a. Five months.
   b. Eight months.
   c. One year.
   d. **Two years**.

Correct answer is “D”. An individual with an allergy-related life-threatening condition can be certified for a maximum of two years. Individuals with a history of an allergy-related life-threatening condition must have undertaken preventive measures in order to be considered medically qualified.
166. A driver with diabetes mellitus should also be examined for which of the following?

a. Migraines.
b. Autonomic neuropathy.
c. Restless leg syndrome.
d. All of the above.

Correct answer is “B”. There are a number of conditions that frequently coexist with diabetes mellitus. Therefore, if a driver presents with that condition, the medical examiner should also evaluate the driver for the following: coronary heart disease, cerebrovascular disease, nephropathy, and autonomic neuropathy.

167. In the event that a medical examiner examines a driver and finds the driver to have high blood pressure, the medical examiner should:

a. Refer the driver to a specialist.
b. Diagnose the driver.
c. Prescribe medication to treat the condition.
d. None of the above.

Correct answer is “A”. The medical examiner’s responsibility is to determine a driver’s fitness to operate a commercial vehicle. It is not to diagnose or prescribe medication. If a driver is tested and found to have high blood pressure, the medical examiner should refer him/her to a specialist for treatment.

168. When examining a driver’s vision, which of the following should be permitted?

a. The Snellen chart should be illuminated with white light.
b. The chart should be twenty feet away from the driver.
c. The driver should wear corrective lenses, if necessary.
d. All of the above.

Correct answer is “D”. When examining a driver’s vision, each of the following should occur: The Snellen chart must be illuminated with white light; the chart should be twenty feet away from the driver; and if the driver normally wears corrective lenses, he/she should be permitted to wear them during the exam.
169. Select the correct statement(s):

a. The Medical Examiner's Certificate, Form MCSA-5876, expires at midnight on the date written on the form.
b. There is no grace period for the expiration date of The Medical Examiner's Certificate, Form MCSA-5876.
c. The medical examiner is required to report the results of all examinations conducted on the CMV Driver Medical Examination Results Form, MCSA-5850, through the individual National Registry account by midnight (local time) of the next calendar day following the examination.
d. All of the above are accurate.

Correct answer “D”. Each requirement is correct as described.

170. What is the waiting period following a Transient Ischemic Attack (TIA) before certification can be considered?

a. 3 months.
b. 6 months.
c. 12 months. **Correct answer**
d. 24 months.

Correct answer “C”. A one year waiting period is mandated following a TIA.

171. While evaluating a school bus driver’s gait, the examiner notes a slightly antalgic gait favoring the right leg and hip. The driver does not indicate any musculoskeletal problems in the health history. How should the examiner proceed?

a. Stop the examination and disqualify the driver.
b. Complete the examination and certify for 3 months if muscle strength is normal.
c. Review the medical history and ask the driver if any recent illness or injury.
d. **Determination Pending until medically cleared by orthopedist.**

Correct answer “D”. This is a typical exam question that does not ask about specific rules or guidance, but aims to emphasize that the medical examiner only assesses the driver for medical fitness for duty and does not diagnose and treat personal medical conditions.
172. The medical examiner must consider the essential job functions of the commercial driver as:
   
   a. Light duty according to the occupational classification of jobs.
   b. Different for motor coach drivers than for commercial hauling drivers.
   c. The same degree of work effort and intensity for all drivers, no exceptions.
   d. Are determined by the size of the vehicle they drive.

Correct answer “C”. DOT medical exam certification is an “all or none” proposition. Light duty restrictions are not considered.

173. Which of the following medical conditions, is regulation and non-discretionary for the medical examiner per FMCSA standards for driver qualification determination:
   
   a. Hearing Loss > 40 dB on average for 500, 1000 and 2000 Hz in both ears.
   b. Grade 3 Hypertension untreated.
   c. Asthma requiring daily medication and an inhaler.
   d. Obstructive Sleep Apnea prescribed a dental appliance.

Correct answer “A”. The vision and hearing criteria are regulatory, not guidance.

174. A driver states that she has exercise-induced asthma well controlled by using an albuterol inhaler before she does any aerobic activity. Her pulmonary function (forced expiratory volume in the first second of expiration (FEV1)) must be greater than ____% of predicted FEV1 to qualify.
   
   a. 55%
   b. 60%
   c. 65%
   d. 68%

Correct answer “C”. For obstructive pulmonary disease, a minimum FEV1 of 65% of predicted is required for certification.
175. Mr. Smith is a 55 year-old driver who presents for a recertification examination. He has a 40-year smoking history and continues to smoke despite repeated efforts to quit; however, he has cut back to only one pack a day. He has a productive cough in the morning and a chronic lingering cough throughout the day. His vision testing, hearing testing, and urinalysis results are all acceptable. Pulmonary Function Test (PFT) results: forced expiratory volume in the first second of expiration (FEV1) 64% of predicted FEV1 & FEV1/forced vital capacity (FVC) ratio 66%. He exhibits a barrel chest appearance and auscultation of his lungs reveals expiratory wheezes and rails over the lower lobes of both lungs, with decreased diaphragm excursion. He becomes mildly dyspneic when performing muscle testing during the examination. No clubbing or cyanosis is noted. The remainder of the physical examination was unremarkable. According to medical guidance, what do Mr. Smith’s PFT test results indicate doing next?

- a. Temporarily disqualify and refer to PCP for smoking cessation and schedule follow-up re-examination in 3 months
- b. **Refer to specialist for arterial blood gas and evaluation**
- c. Meets qualifications; certify 2 years
- d. Meets qualifications; certify 1 year

Correct answer “B”. FMCSA guidance says that additional testing is indicated if the FEV1 is less than 65% of the predicted value and if the FEV1/FVC ratio is less than 65%. This individual should have an arterial blood gas. Also, his results are borderline; the FMCSA also encourages erring on the side of public safety. Additional pulmonary testing is a reasonable course of action.

176. When a driver with diabetes is started on insulin for the first time, what is the waiting period before the driver can be certified?

- a. One month.
- b. Three months.
- c. Six months.
- d. **There is no defined waiting period.**

Correct answer “D”. In the 2018 Diabetes regulation allowing certification of drivers with insulin-treated diabetes mellitus, there is no defined waiting period following initiation of insulin.

177. The medical examiner notes that the driver is taking Metformin for the treatment of diabetes, disulfiram (Antabuse) for chronic alcohol use, and rosuvastatin (Crestor) to reduce serum cholesterol levels. He reports no side effects from any of the medications. The rest of the examination is unremarkable. The examiner should:

- a. **Disqualify the driver and refer to a DOT substance abuse professional**
- b. Request clearance from the treating clinician for all medication due to potential side effects.
- c. Certify the driver for 1 year as conditions are chronic and stable
- d. Determination Pending to obtain medical records

Correct answer “A”. The driver is taking Disulfiram (Antabuse) which is used to treat alcohol addiction. This indicates that the driver currently suffers from a clinical diagnosis of alcoholism.
178. During the examination, all systems were found to be normal. The CME measures the driver’s peripheral horizontal vision at 70 degrees on the left and 80 degrees on the right. The examiner should?

a. Qualify the driver for 2 years.
b. Require the driver to obtain a vision exemption because of the limitation in the left peripheral field.
c. Disqualify the driver.
d. Have the driver consult with an Ophthalmologist to determine if the driver’s peripheral vision meets minimum standards.

Correct answer “A”. The driver must exhibit a minimum peripheral vision of 70 degrees bilaterally.

179. A motor carrier calls to request a copy of one of its driver’s Medical Examination Report Form. What is the next step?

a. Fax a copy of the driver’s MERF to the employer and record the transmittal.
b. Scan and email a copy of the MERF to the employer, making sure to include the FMCSA on the email.
c. Call the FMCSA to request a release of the driver’s MERF.
d. Contact the driver and obtain a signed release of medical information prior to sending the form to the employer.

Comment: The medical exam form is considered medical information protected by HIPPA.

180. A medical examiner observes that a driver has a blood pressure of 160/94. The driver has no prior knowledge of high blood pressure and has not been prescribed medication. He states recent blood pressure at the primary care provider was “in the 130s”. The remainder of his exam is unremarkable. Which of the following is the appropriate subsequent action for the medical examiner?

a. Certify for 3 months
b. Disqualify the driver for high blood pressure
c. Request driver come back the next day to take a second measurement
d. Repeat the blood pressure and if it is normal issue a 2-year certification

Correct answer “D”. A repeat, second Blood Pressure reading is always a good approach to confirm an initial high reading.
181. Which of the following is (are) correct?

a. By regulation, a driver with insulin-treated diabetes who has a diagnosis of severe non-proliferative diabetic retinopathy must be permanently disqualified from operating a commercial motor vehicle.

b. By regulation, a driver with insulin-treated diabetes who has a diagnosis of proliferative diabetic retinopathy must be permanently disqualified from operating a commercial motor vehicle.

c. Per guidance, a driver with non-insulin-treated diabetes who has a diagnosis of proliferative diabetic retinopathy should be disqualified.

d. All of the above are correct.

Correct answer “D”

182. What differentiates whether certification is required for interstate versus Intrastate?

a. The carrier’s job description for the driver

b. The origination and/or destination of the commerce or goods

c. The state in which the driver’s CDL is issued

d. The driver’s medical history

Correct answer “B”.

183. By marking the SPE option, you certify that the driver:

a. Fails to meet one or more of the limb requirements

b. Meets all other physical requirements

c. Must have both a valid SPE certificate and Medical Examiner’s Certificate to drive

d. All of the above

Correct answer “D”. Essentially you are stating that with the exception of the medical condition to be addressed by the SPE, the driver is qualified to operate a CMV.

184. Which of the following are NOT acceptable for commercial driving?

a. **Telescopic lenses for stable macular degeneration**

b. Previous cataract treatment with intraocular lens placement

c. Ophthalmic preparations (drops, ointments) well tolerated

d. None of the above are acceptable for commercial driving

Correct answer “A”. The necessity for telescopic lenses for stable macular degeneration is disqualifying.
185. A driver with a known history of COPD is found to have an FVC of less than 60% of the predicted value on pulmonary function testing. A reasonable next step is to order a:

b. Arterial Blood Gas.
c. Echocardiogram.
d. Exercise stress test.

Screening pulse oximetry and/or arterial blood gas analysis is indicated when a driver has a condition that causes airway obstruction and pulmonary function test results are FEV1 less than 65% of the predicted value or the FEV1/FVC ratio is less than 65% or the driver has a restrictive impairment and the FVC is less than 60% of the predicted value.

186. A driver has been diagnosed with an acute pulmonary embolism and is appropriately anticoagulated. How long must you wait following the PE event before certifying the driver, assuming there has been no recurrence?

a. One month.
b. Two months.
c. Three months.
d. Six months.

A driver may be certified 3 months following a pulmonary embolism assuming that there has been no recurrence, he is asymptomatic, is appropriately anticoagulated, and has no disqualifying cardiovascular disease.

187. A driver sustained a closed head injury in a motor vehicle accident. There was loss of consciousness for approximately 15 seconds. A CT scan of his head was normal. His course was not complicated by the development of seizures. How much time must elapse before this driver can be certified to drive a CMV in interstate commerce?

a. There is no applicable waiting period.
b. Three months.
c. One year.
d. Two years.

By definition, this driver has a history of mild TBI not complicated by seizures. Therefore, no waiting period applies.
188. What is your next step if the driver fails the forced whisper test?

a. Disqualify the driver.
b. **Have an audiometric test performed.**
c. Recommend the driver apply for a federal hearing exemption.
d. Place the driver in determination pending and have him return in one week to repeat the forced whisper test.

To meet the Federal hearing standard, the driver must successfully complete one hearing test with one ear: First perceive a forced, whispered voice in one ear at not less than five feet OR on an audiometric test not have an average hearing loss in one ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz. Either test may be administered first.

189. A driver presents for a certification exam and notes that he chews tobacco. On examination you find several oral lesions. You should:

a. Disqualify the driver.
b. Place the driver in determination pending.
c. **Certify the driver, recommending a referral to a dentist and noting this on the chart.**
d. Certify the driver only if he agrees to stop chewing tobacco.

The presence of oral lesions does not compromise safe driving so you may certify the driver, but you should ensure that the driver is referred to a dentist or oral surgeon to evaluate for the possibility of oral cancer.

190. On dipstick urinalysis performed as part of the DOT exam, a driver is found to have 1+ proteinuria. A reasonable next test would be:

a. Fingerstick glucose.
b. **Serum creatinine.**
c. Complete Blood Count.
d. Urine culture.

This is another general knowledge question; the FMCSA is just making sure the examiner is aware of that the first sign of nephropathy commonly is the development of proteinuria.

191. A driver with no prior medical history and on no medications, is found to have moderate glycosuria on urine dipstick. What is your next step?

a. Referral to endocrinologist.
b. Referral to primary care provider.
c. Obtain a hemoglobin A1C.
d. **Perform a fingerstick glucose.**

Glycosuria should prompt a blood glucose test to determine if the driver actually has hyperglycemia.
192. How often is a driver with stage 3 hypertension recertified?
   a. Every 3 months.
   b. **Every 6 months.**
   c. Every 12 months.
   d. Every 2 years.

   A driver with a history of stage 3 hypertension may be certified for a maximum of 6 months.

193. On an exercise tolerance test the driver should be able to exercise to a workload capacity of at least:
   a. 4 Metabolic Equivalents.
   b. **6 Metabolic Equivalents.**
   c. 8 Metabolic Equivalents.
   d. 10 Metabolic Equivalents.

   The exercise tolerance test is the most common test used to evaluate workload capacity and detect cardiac abnormalities. Driver should be able to exercise to a workload capacity greater than 6 Metabolic Equivalents (METs) (through Bruce protocol stage II or equivalent).

194. A driver sustained a shoulder injury at work two years earlier. He has developed significant pain in the shoulder which is severely limiting use of the arm. He is now presenting for his certification exam. You should:
   a. Have the driver apply for a Skill Performance Certificate.
   b. Certify the driver for only 3 months.
   c. **Disqualify the driver.**
   d. Certify the driver, but with work restrictions.

   It would appear that the driver’s shoulder injury prevents him from safely performing all tasks of a CMV. An SPE would not have role here, as it is used for a fixed deficit of an extremity. DOT certification is an “all or none” proposition, so work restrictions have no place in DOT certification.

195. Which of the following clinical symptoms poses a significant risk to public safety when present in a Commercial Motor Vehicle driver?
   a. **Vertigo.**
   b. Cough.
   c. Nausea.
   d. All of the above.

   The presence of uncontrolled vertigo/dizziness is disqualifying.
196. Which of the following lab values warrants disqualification?

- a. Serum Sodium = 128 mEq/L.
- c. **Serum creatinine = 9 mg/dL.**
- d. Serum potassium = 3.1 mEq/L

A serum creatinine of 9 mg/dL indicates renal failure to a degree that dialysis is likely warranted. Dialysis is disqualifying, per FMCSA guidance.

197. A driver with a recent myocardial infarction requires which of the following tests?

- a. **Echocardiogram.**
- b. Holter monitor (or equivalent).
- c. Coronary CT scan.
- d. Any one of the above.

An echocardiogram demonstrating a post-MI ejection fraction of at least 40% is required for certification.

198. Which of the following medications is considered potentially disqualifying?

- a. **Diphenhydramine.**
- b. Prednisone.
- c. Insulin.
- d. Verapamil.

First generation antihistamines such as diphenhydramine are quite sedating; The driver should abstain from the medication for 12 hours prior to operating a CMV. If this is not possible, the driver should not be certified.
199. A driver is found to have leukocytes on a urine dipstick. As the medical examiner, you should:

a. Disqualify the driver.
b. Obtain a urine culture.
c. Refer the driver to his primary care provider.
d. Give the driver a prescription for antibiotics.

The purpose of questions such as this is to emphasize the role of the examiner is not to act as the driver’s PCP.

200. A Romberg test is used to investigate the cause of:

a. Ataxia.
b. Paresthesias.
c. Hyperesthesia.
d. Diplopia.

This is another example of a general knowledge question often asked on the NRCME exam. The Romberg test is a test of the body’s sense of proprioception, which requires healthy functioning of the dorsal columns of the spinal cord.

201. Which of the following must be included on the Medical Examination Report Form?

a. The Medical Examiner’s office address.
b. The Medical Examiner’s phone number.
c. The Medical Examiner’s state license.
d. All of the above.

Review the components of the MER before taking the NRCME exam.

202. On an exercise tolerance test, the driver must attain a heart rate of what level (assuming he is not taking a beta-blocker):

a. At least 50% of predicted maximum.
b. At least 65% of predicted maximum.
c. At least 75% of predicted maximum.
d. At least 85% of predicted maximum.

The acceptable threshold for an ETT is for the driver to attain a heart rate greater than or equal to 85% of predicted maximum (unless on beta blockers).
203. On examination of a driver, you note xanthelasma palpebrarum. Which of the following tests should be obtained?

a. Serum lipids and cholesterol.
   b. Blood pressure in both arms.
   c. Serum creatinine.
   d. Chest X-ray.

This is another example of a general knowledge question that the FMCSA likes to ask. Xanthelasma palpebrarum is a marker for hyperlipidemia.

204. Which of the following is a concern for sudden incapacitation in a driver who describes right upper quadrant abdominal pain?

a. Hepatitis.
   b. Cholelithiasis.
   c. Gastritis.
   d. Pancreatitis.

Gall bladder disease would be the concern.

205. A driver reports recently completing a drug rehabilitation program. Which of the following is needed before you can certify this driver?

a. Clearance by a substance abuse professional.
   b. A six month waiting period.
   c. Evaluation and clearance by a board-certified psychiatrist.
   d. All of the above.

Certification typically requires successful completion of a substance abuse professional (SAP)-required drug rehabilitation program.

206. A driver with a history of diabetes complains of tingling and numbness in his left lower extremity. What test would you perform?

a. Monofilament testing.
   b. Electromyography.
   c. X-ray of the foot and lower leg.
   d. Serum B12.

The patient likely has a diabetic peripheral neuropathy and monofilament testing is the first step to assess cutaneous sensation.
207. The examiner should not certify a driver who exhibits which of the following results on an arterial blood gas:

a. PaO2 less than 65 mm Hg at altitudes below 5,000 feet.
b. PaO2 less than 60 mm Hg at altitudes above 5,000 feet.
c. PaCO2 greater than 45 mm Hg at any altitude.
d. All of the above are disqualifying.

Each answer is disqualifying.

208. Which of the following is NOT documented on the medical evaluation report form?

a. Driver height.
b. Driver weight.
c. Driver respiratory rate.
d. All of the above are documented.

Driver weight, height, blood pressure, and heart rate are all documented on the MER.

209. A male driver is found to have a grip strength of 8 lbs. Do you certify this driver?

a. Yes.
b. No.

The FMCSA notes that grip strength must be adequate for the driver to safely perform all tasks required of a CMV driver. However, the FMCSA does not mandate any minimum threshold of grip strength. Average grip strength of a man is 105-113 lbs. Therefore, a grip strength of only 8 lbs. would have to be considered so minimal as to not allow safe driving of a CMV.

210. A driver is found to have anisocoria. He passes the vision test and the rest of the exam is normal. Can you certify this driver?

a. Yes.
b. No.

Anisocoria, or unequal pupil size, can be caused by many benign conditions. If the driver passes the vision test and the rest of the ocular exam and the neurologic exam is normal, he can be certified.
211. Which of the following is true regarding the audiometric test used for the hearing qualification?

a. The audiometric test results are for an audiometer calibrated to the International Organization for Standardization (ISO) standard.
b. If a driver uses a hearing aid to pass the hearing test, then the test must be repeated using a backup hearing aid.
c. The audiometric test must be performed inside a sound-proof enclosure.
d. **The hearing requirement for an audiometric test is based on hearing loss only at the 500 Hz, 1,000 Hz, and 2,000 Hz frequencies.**

The test results are for an audiometer calibrated to the American National Standards Institute (ANSI) standard. There is no requirement to repeat the test with a backup device. The hearing qualification requirement for the Audiometric test is that the driver has an average hearing loss (average of test results for 500 hertz (Hz), 1,000 Hz, and 2,000 Hz) in one ear less than or equal to 40 dB.

212. A driver has been taking cyclobenzaprine twice daily and ibuprofen every six hours for several months to control back pain. The medications work, allowing him to perform his duties comfortably, but lately he has been complaining of dizziness. Which of the following physical exam tests is indicated?

a. Dix-Hallpike maneuver.
b. Epley maneuver.
c. Romberg test.
d. **Orthostatic vital signs.**

The main concern here is a GI bleed from the ibuprofen.

213. As part of the DOT exam, the medical examiner must obtain a urine dipstick for glucose. If the result reveals moderate glycosuria, the reasonable next step is for the examiner to:

a. **Obtain a blood glucose test.**
b. Disqualify the driver.
c. Obtain a Hemoglobin A1C.
d. Refer the driver to an endocrinologist.

As it is quite possible for a patient to spill glucose in the urine despite having a normal serum glucose, the first step is to make sure that the driver truly has hyperglycemia before prompting further evaluation and testing.
214. The CAGE questionnaire asks the following questions:

- Have you ever felt you needed to Cut down on your drinking?
- Have people Annoyed you by criticizing your drinking?
- Have you ever felt Guilty about drinking?
- Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?

How many “yes” responses suggest that the possibility of alcoholism should be investigated further?

a. One.
b. Two.
c. Three.
d. Four.

Correct answer is “B”. 2 yes responses should indicate the possibility of a diagnosis of alcoholism.

215. Examination of which of the following is not part of the DOT medical exam?

a. Abdomen
b. Eye
c. Breast
  d. Tympanic membrane

Correct answer is “C”. A breast exam similar to a yearly female breast exam should not be confused with examination of the chest. A breast exam is not part of the medical exam. The examiner is expected to view the tympanic membrane.

216. Which standard or guideline allows Medical Examiner discretion?

a. Blood pressure.
b. Epilepsy.
c. Hearing.

Correct answer is “A”. Hypertension guidance is discretionary; it is not regulatory. The medical examiner must follow the seizure/epilepsy, hearing non-discretionary standards. There are Federal exemptions available for each of the non-discretionary standards.

217. A driver has one ear canal completely plugged with wax but both ears pass the hearing standard. The medical exam is otherwise normal. What is the next step?

a. Certify the driver for one year.
b. Certify the driver for 2 years.
c. Put the exam in Determination Pending until wax is removed.
d. Temporarily qualify the driver and refer to a specialist.

Correct answer is “C”. The ME must view the tympanic membrane and auditory canal prior to issuing a medical examiner’s certification.
218. A driver had to use a hearing aid to pass the hearing standard. What should the examiner advise the driver?

- a. Carry an extra hearing aid.
- b. **Carry extra batteries.**
- c. Wash out the ear canal prior to the next medical exam.
- d. Driver should obtain a hearing exemption

Correct answer is "B". The driver should be counseled to carry an extra hearing aid battery or power source and that he must wear the hearing aid while driving. The driver does not need a hearing exemption.

219. The driver admits during the examination that he drinks frequently, usually only on the weekends, maybe a total 12 to 14 beers each week to help him unwind. The examiner provides a "CAGE" questionnaire and the driver scores a 1 on the questionnaire. The rest of the examination is unremarkable. The examiner should:

- a. Disqualify the driver until evaluated by a Substance Abuse Professional.
- b. Certify the driver for 1 year if he agrees to attend AA meetings.
- c. Certify the driver for 1 year with a clearance from his PCP.
- d. **Certify the driver for 2 years.**

Correct answer is "D". Despite admitting to drinking up to 14 beers a week, with less than a score of 2 on the CAGE questionnaire, and showing no other clinical evidence to indicate a current active diagnosis of alcoholism, the driver would be certified for up to 2 years.

220. A driver exhibits clubbing of the fingers. The examiner should consider:

- a. Certification for 1 year if the rest of the examination is normal.
- b. **Referral to a pulmonary specialist prior to certification.**
- c. Obtaining an ETT prior to certification.
- d. Obtaining a PFT prior to certification.

Correct answer is "B". The driver shows signs of clubbing of the fingers which is most closely associated with pulmonary disease, but can be cause by other etiologies such as cardiac disease. Referral to a pulmonary specialist is the most correct answer for the purposes of the NRCME exam.

221. A driver is prescribed "Bentyl" for his Irritable Bowel Syndrome. He reports that the condition is well managed and he has had no difficulty driving over the past few years. The examiner should:

- a. Disqualify the drive because Bentyl is a disqualifying medication.
- b. Obtain clearance from the treating provider.
- c. Certify the driver for 1 year.
- d. **Certify the driver for 2 years.**

Correct answer is "D". The driver’s condition and treatment appear to be safe, stable, and not a risk to safe driving.
222. When asked to differentiate traffic signal green, red, and amber using colored cards, the driver can differentiate which color is which, but reports that the red card actually appears "greenish grey" and green card appears "grayish". What is the next step?
   a. Disqualify the driver.
   b. **Certify the driver for 2 years.**
   c. Refer the driver to a vision specialist for color deficiency evaluation.
   d. Take the driver to a traffic signal to verify passage of the vision standard.

Correct answer is “B”. To pass the color vision standard, drivers are only required to differentiate traffic signal green, red and amber. It does not matter what color they actually report seeing.

223. Of the following medical conditions, which one is most likely to cause a restriction of peripheral vision:
   a. Macular degeneration.
   b. Cataracts.
   c. **Glaucoma.**
   d. Diabetic retinopathy.

Correct answer is “C”. The classic symptom of glaucoma is limited peripheral vision.

224. A driver reports a history of previously being treated for alcoholism. He continues to attend AA meetings, and reports being in remission for over 5 years. He does not take any medication to control his alcoholism. His examination is free of any signs of alcoholism and is otherwise unremarkable. The examiner provides a CAGE questionnaire and the driver scores a 0 out of 4. The best certification decision would be to:
   a. Certify the driver for 1 year.
   b. **Certify the driver for 2 years.**
   c. Temporarily disqualify the driver until that have been to a SAP.
   d. Temporarily disqualify the driver until you receive clearance from their PCP.

Correct answer is “B”. Certify for a period of 2 years. Had there been signs of alcoholism, an SAP evaluation would have been required. Voluntary attendance at self-help meetings is not disqualifying.

225. All of the following meet the FMCSA definition of epilepsy except:
   a. 2 or more unprovoked seizures.
   b. **2 or more provoked seizures.**
   c. 2 or more unprovoked seizures controlled by medication.
   d. A clinical diagnosis of epilepsy from a neurologist.

Correct answer is “B”. Provoked seizures due to a known cause (not epilepsy) are not part of the FMCSA definition of epilepsy.
226. A 43-year old male driver reports for a re-certification examination. His previous certification was good for 2 years. His history is benign. Further questioning reveals an appendectomy 8 years ago, and no current medications. His examination is as follows:

Visual Acuity: 20/30 left; 20/20 right; 20/20 both
Able to distinguish signal red, amber, green
Lateral Horizontal Vision: 80 degrees left, 80 degrees right.
Whisper test: 5 ft. right; 4 ft. left
BP 148/88; pulse: 86
UA: Specific Gravity: 1.010; Protein: trace; Blood: Negative; Sugar: Negative.
The rest of the examination is unremarkable.
The examiners best decision would be to:
   a. Disqualify the driver.
   b. Certify the driver with a 1-time 3-month certificate.
   c. Certify the driver for 1 year.
   d. Certify the driver for 2 years.
Correct answer is "C". The driver suffers from Stage 1 hypertension. There is no previous history of hypertension, the driver may be certified for 1 year.

227. A 35-year-old right-handed female driver reports for a recertification. She reports in her history that she has recently been diagnosed with Carpal Tunnel Syndrome in her left wrist. Additionally, she reports using a brace at night, taking NSAIDS as needed, and seeing her PCP and a physical therapist for treatment. She has no current restrictions from work. Her grip strength in her right and left hand is 5/5. The rest of her examination is unremarkable. The best next step is:
   a. Disqualify the driver and require her to apply for an SPE.
   b. Certify the driver but require more frequent monitoring.
   c. Disqualify the driver pending an orthopedic evaluation.
   d. Order a Nerve Conduction Test to determine severity.
Correct answer is "B". An SPE is not available for this driver because CTS is not a "Fixed Deficit". If the driver can meet the functions of a CMV driver involving hand strength, s/he should be certified to drive but may be required to have more frequent monitoring of this potentially progressive disease.

228. A driver complains of painless gradual loss of night vision, peripheral vision, and decreased color discrimination. Distance visual acuity has not changed. The most likely cause is:
   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. Retinopathy.
Correct answer is “C”. Intraocular pressure causes progressive atrophy of nerve cells. Symptoms include redirection of visual attention, and decreased peripheral, night vision, and color discrimination for certain colors.
229. Which is NOT an appropriate Hours of Service regulation for CMV drivers?
   a. Must carry driving logs for last 7 days.
   b. **Must carry driving logs for last 48 hours.**
   c. 60 hours/7 day schedule.
   d. 70 hours/8 day schedule
   Correct answer is “B”. The driver must have the driving log for the last 7 days. Some recent versions of the NRCME exam have included a question asking this.

230. A driver complains of loss of central vision and difficulty recovering from bright lights such as headlights at night. The most likely cause is:
   a. **Macular degeneration.**
   b. Cataracts.
   c. Glaucoma.
   d. Retinopathy.
   Correct answer is “A”. Classic findings of macular degeneration.

231. The primary mission to reduce crashes, injuries, and fatalities involving large trucks and buses is associated with:
   a. The US Department Of Transportation.
   b. The **FMCSA.**
   c. The FMCSA Office of Medical Programs.
   d. The FMCSA National Registry of Certified Medical Examiners
   Correct answer is “B”. The primary mission of the FMCSA is to reduce crashes, injuries and fatalities involving large trucks and buses.

232. A driver living in a state where recreational marijuana use is legal admits to using marijuana. Which of the following is correct?
   a. Medical Examiners are not to issue a Medical Examiner's Certificate to anyone who currently uses marijuana.
   b. Medical Examiners may issue a Medical Examiner's Certificate once it has been determined that marijuana use ended, that the driver is not currently under the influence of marijuana, and it is not expected that the driver will use marijuana in the future.
   c. Medical Examiners may issue up to a 2-year Medical Certificate to those who no longer and are not expected to use marijuana.
   d. **All of the above are correct.**
   Comment: Once it has been determined that the person being examined is no longer and is not expected to return to marijuana use, the medical examiner may issue a MEC for up to two years.

233. A driver complains of slow progressive diminished distance visual acuity and glare particularly at night from oncoming headlights and decreased contrast. The most likely cause is:
   a. **Cataracts.**
   b. Macular degeneration.
   c. Glaucoma.
   d. Retinopathy.
   Correct answer is “B”. Cataract formation causes diminished visual acuity in all fields, and night glare from headlights is one of the first changes to appear. Near vision may be improved.
234. A driver with diabetes reports partial loss of central vision, color discrimination, and obscured vision in other vision fields. The most likely cause is:

   a. Macular degeneration.
   b. Cataracts.
   c. Glaucoma.
   d. **Retinopathy**.

Correct answer is “D”. Diabetes is the most common cause of retinopathy. Partial loss of central and obscured vision in other fields possible. Color discrimination also affected.

235. A driver with a current medical certificate that does not expire for another year had an injury that interfered with his ability to drive. What is the next step?

   a. The driver can return to duty once healed.
   b. The driver can return to duty once released by the treating physician.
   c. The motor carrier may require the driver to return to the ME for evaluation.
   d. **The driver must return to the ME for a medical examination**.

Correct answer is “D”. When a driver returns from an illness or injury that interferes with driving ability, the driver must undergo a medical examination even if the medical examiner’s certificate has not expired.

236. A driver admits to regularly taking his wife’s hydrocodone. The best next step would be:

   a. **Refer the driver for an SAP evaluation**.
   b. Council driver on risks of taking hydrocodone and having a random drug test.
   c. Advise the driver not to take his wife’s prescription for hydrocodone.
   d. Refer the driver to his PCP for a prescription.

Correct answer is “A”. The driver must have a prescription for narcotic use. Use of prescription medication that is not prescribed is illegal and is not allowed by federal drug and alcohol program policy. Admitting to drug use is a violation of drug policy and an SAP evaluation is required.

237. During the ear and hearing portion of the examination, the medical examiner must always:

   a. Use the whisper test to test hearing.
   b. **Complete testing for both ears even if one passed**.
   c. Use a pure tone audiometer.
   d. Use OSI hearing values.

Correct answer is “B”. If one ear passes while performing the whisper test or an audiometric test, the ME must complete that test on both ears.
238. Functional evaluation of hand function in a CMV driver is based upon:
   a. Grip and hand strength.
   b. **Prehension and power grasping.**
   c. Power grasping and finger strength.
   d. Hand grip and power grasping.

Correct answer is “B”. Evaluation of hand function is based on prehension and power grasping.

239. A driver cannot be considered for an SPE if:
   a. The deficit is fixed.
   b. The deficit is of an extremity.
   c. **The deficit is of the torso.**
   d. The deficit resulted from illicit drug or alcohol use.

Correct answer is “C”. Drivers with deficits that affect the torso or spine cannot be consider for an SPE, unless they result in a permanent disability of an extremity.

240. Which of the following antidepressants is usually disqualifying?
   a. Elavil (Amitriptyline).
   b. Wellbutrin.
   c. Effexor.
   d. Zoloft.

Correct answer is “A”. First generation antidepressants have consistently been shown to interfere with safe driving.

241. A driver is missing all digits of his right foot. He demonstrates good plantar and dorsiflexion. The next step is:
   a. Obtain a copy of the drivers driving record to determine if he has safely operated a CMV.
   b. Counsel the driver regarding a Skill Performance Evaluation (SPE).
   c. Refer the driver to a physiatrist for additional testing and evaluation.
   d. **Certify for a period of 2 years.**

Correct answer is “D”. If the driver can demonstrate sufficient power and movement even though all digits are missing on the foot, they can be certified to drive without a SPE. When less than full function is lost in the hand or foot, it is up to the medical examiner to determine if the driver can be qualified to drive or should have an SPE. In this case, the driver appears to have sufficient ability to drive.
242. Who gets the original copy of the exam report form that is used during medical exam?

a. The Driver.
b. The Motor Carrier.
c. **The Medical Examiner.**
d. It doesn’t matter.

Correct answer is “C”. The original copy of the Medical Examination Report form, which is the copy used during the examination, is kept by the medical examiner. This can be either a paper or electronic copy.

243. A driver currently does not meet the visual acuity requirement but states that he is going to have lasik surgery in the next month. What is the next best step?

a. **Complete the physical exam and disqualify the driver.**
b. Complete the physical exam and qualify the driver for one year.
c. Discontinue the physical exam and tell the driver to return after Lasik surgery.
d. Complete the physical exam and qualify the driver for one month with instructions to return after Lasik surgery.

Correct answer is “A”. The correct answer is to complete the physical exam and disqualify the driver because the vision standard is a non-discretionary standard. The driver can return after the procedure for another certification exam.

244. Which of the following findings on examination of a driver’s leg may warrant further investigation (ie. past medical records or further testing)?

a. **Varicosities.**
b. Acrochordons.
c. Hemangioma.
d. Nevus.

245. A driver with known history of essential hypertension presents for certification three months after having sustained an ischemic stroke. When evaluating this driver, the examiner must consider that:

a. **After undergoing a stroke, the greatest period of recurrence of a stroke occurs within the first 12 months.**
b. If the driver has fully recovered, the driver is stable to be certified to drive a Commercial Motor Vehicle if the blood pressure is normal.
c. The greatest likelihood of a seizure related to the stroke occurs 3 – 6 months after the stroke.
d. The driver must have a recent MRI of the brain before being cleared to operate a Commercial Motor Vehicle.
246. You are evaluating a driver for certification and review his Polysomnography from 18 months earlier. His apnea-hypopnea index was 60. His Epworth Sleepiness Scale is 16. The driver has not been compliant with his prescribed CPAP for over one year. The examiner should:

a. Certify this driver for one year advising that he must be compliant with his CPAP.
b. **Not certify this driver until he has documented compliance with CPAP.**
c. Certify this driver for two years but require a new sleep study for the next certification examination.
d. Place the driver in determination pending to obtain a Chest X-ray.

This driver has severe OSA and should not be operating a CMV until he has proven compliance with his prescribed CPAP.

247. A driver presents for certification having recently started on a new brand of contact lenses. While wearing the contacts, the driver exhibits a visual acuity of 20/30 OS, 20/30 OD, and 20/30 OU. The driver is otherwise completely healthy. The next step for the examiner is to:

a. Certify the driver for one year, marking “wearing corrective lenses” checkbox on both the Medical Examination Report form and the medical examiner's certificate.
b. **Advise the driver to carry a spare set of eyeglasses.**
c. Disqualify the driver.
d. Request ophthalmologist or optometrist eye evaluation.

This driver can be certified for two years. The examiner must advise any driver who uses contact lenses to carry a spare set of glasses.

248. Which of the following gastrointestinal diagnosis is most likely to warrant a review of medical records and possible further investigation?

a. **Cirrhosis.**
b. Irritable bowel syndrome.
c. Barret’s esophagus.
d. Gastro-esophageal reflux disease.

249. A driver was recently diagnosed with optic neuritis and started on high-dose prednisone. On examination, performed without correction, she is found to have a visual acuity of 20/50 OS, 20/40 OD, and 20/50 OU. The examiner’s next step is to:

a. **Ask about the driver’s use of corrective lenses.**
b. Decline to certify the driver since high dose prednisone is disqualifying.
c. Refer the driver for completion of the Vision Evaluation Report form.
d. Decline to certify the driver because optic neuritis is disqualifying.

If this driver can meet the vision standard using corrective lenses, the driver may be considered for certification.
250. A driver presents for a DOT exam. She is four months post-partum and describes symptoms of her heart racing, intolerance to hot and cold, and change in bowel habits. Which of the following tests is a reasonable consideration?

- **Thyroid panel.**
- Cortisol level.
- CTA of the abdomen.
- Liver function tests.

The symptoms are suggestive of postpartum thyroiditis. This question is an example of the general medical questions on the NRCME exam that are not related directly to FMCSA regulations but test your fund of knowledge.

251. Which of the following findings on exam is least likely to compromise safe operation of a Commercial Motor Vehicle:

- Cranial Nerve III palsy.
- **Anisocoria.**
- Horner’s syndrome.
- Nystagmus.

252. Pick the correct shoulder range of motion with its normal value:

- Shoulder extension: 20 degrees.
- Shoulder forward flexion: 70 degrees.
- **Shoulder Internal rotation: 80 degrees.**
- Shoulder adduction: 60 degrees.

Some versions of the NRCME exam will have one or two questions asking you to identify an abnormal shoulder range of motion.

253. A driver recently has had wrist surgery and now presents for a certification exam. The grip strength on the left wrist is 80 pounds; on the right it is 10 pounds. Which of the following is correct?

- The driver may be certified because the FMCSA has not established any regulatory thresholds for grip strength.
- The driver may be certified since grip strength on the left is adequate.
- The driver should be put in Determination Pending to allow for clearance by a physical therapist or orthopedist.
- **The driver should be disqualified.**

While it is true that the FMCSA has not defined any regulatory minimum thresholds for grip strength, the driver must exhibit adequate grip strength to safely perform all tasks of a commercial motor vehicle driver. The average healthy grip strength for men is a squeeze of about 73 pounds while women typically measure around 44 pounds. This driver falls far short of the mark.
254. Which of the following medications require regular measurement of serum levels?

a. Digoxin.
b. Tegretol.
c. Lithium.
d. All of the above.

255. A driver is prescribed Citalopram (Celexa) and melatonin by his primary care physician to treat insomnia. Which of the following is accurate?

a. This driver cannot be certified as melatonin is disqualifying.
b. This driver cannot be certified as citalopram is disqualifying.
c. The driver may be certified if he can arrange for and commit to eight hours of sleep after taking the medications.
d. Insomnia is disqualifying.

256. A driver has been using contact lenses for several years, but lately has developed severe irritation with their use. He states he can only wear the contact lenses for 2 to 3 hours at a time. The driver was able to meet the vision standard while wearing the contact lenses, but unable to do so without them. Examination reveals conjunctival injection. What is the next step for the examiner?

a. Disqualify the driver.
b. Ask if the driver has eye glasses and test visual acuity wearing the eye glasses.
c. Refer the driver for completion of the Vision Evaluation Report Form.
d. Prescribe steroid eye drops and certify the driver for three months.

257. A driver has a strong family history of hyperlipidemia. She is very concerned about her health so she is careful to eat a healthy diet, runs daily, and takes niacin. She describes occasional hot flashes that she attributes to her peri-menopausal state. How should the examiner proceed?

a. Request copies of her lipid profile and exercise stress test.
b. Disqualify the driver unless she agrees to discontinue the niacin.
c. Encourage the driver to continue her current healthy lifestyle.
d. Recommend that she obtain a thyroid profile.

258. Which of the following diagnosis should be of most concern to an examiner?

a. Essential hypertension.
b. Bipolar disorder.
c. Lumbar radiculopathy.
d. Carpal tunnel syndrome.
259. The occurrence of which of the following meets the criteria for a severe hypoglycemic episode?

a. The assistance of others is required.
b. Diaphoresis.
c. Vertigo.
d. All of the above.

260. A driver admits to drinking two beers each night and a six-pack on weekends. He has a history of a DUI 10 years ago. The examiner’s next step is:

a. Refer for an SAP evaluation.
b. Perform CAGE questionnaire.
c. Disqualify the driver.
d. Certify the driver for 6 months and recommend enrolling in AA.

The key here is the “next step”. While you may end up referring for an SAP evaluation, your first job is to establish if the driver has a diagnosis of alcoholism, which is often performed by using a questionnaire such as CAGE.

261. A driver describes the onset of recent vertigo and his speech is found to be slightly garbled. Which of the following tests would be most relevant?

a. Proprioception.
b. Romberg test.
c. Lower extremity reflexes.
d. Upper extremity reflexes.
262. A driver is 35 years old and has a long-standing diagnosis of attention deficit hyperactivity disorder. He has been on the same prescribed CNS stimulant for 14 years at the same dose. He is now presenting for his first certification. The examiner should:

a. Disqualify the driver because the manifestations of ADHD compromise safe operation of a commercial vehicle.
b. Disqualify the driver because the effects of CNS stimulants compromise safe operation of a commercial vehicle.
c. **Certify the driver because CNS psycho-stimulants do not compromise safe operation of a CMV.**
d. Refer for federal exemption.

263. Of the following medications, which is of greatest concern to the examiner when certifying a commercial motor vehicle driver:

a. **Diphenhydramine.**
b. Enalapril.
c. Ibuprofen.
d. Hydrochlorothiazide.

Correct answer is “A”. First-generation antihistamines are sedating. The driver should abstain from medication for 12 hours prior to operating a vehicle.

264. Which of the following is an indication for a federal DOT drug test?

a. Pre-employment.
b. Post-accident.
c. Reasonable suspicion by a company official.
d. **All of the above.**

265. A driver presents for a certification exam having undergone a Percutaneous Coronary Intervention 3 days earlier. He did not have a myocardial infarction; the PCI was performed to evaluate an abnormal stress test. The patient’s cardiologist has written a letter indicating the driver is stable to drive. How should the examiner proceed upon the driver’s arrival for the exam?

a. Tell the driver to return for his exam one week following PCI.
b. **Proceed with the certification examination.**
c. Request an echocardiogram.
d. Request an exercise stress test.

Correct answer is “B”. The examiner should always complete the certification examination before making a determination.