



Application for Intrastate Medical Waivers to Operate Class A, B, or C Commercial Motor Vehicles

Registry of Motor Vehicles • Medical Affairs
P.O. Box 55889 • Boston, MA 02205-5889
Phone: (857) 368-8020

Medical Waivers for the operation of commercial motor vehicles INTRASTATE ONLY (within the borders of Massachusetts only) will be issued in accordance with the provisions of 540 CMR 14.04 (1)(d).

The Registrar may issue an intrastate waiver for the following conditions ONLY:

- 1. A VISION IMPAIRMENT if:** the individual has a combined horizontal peripheral field of vision of not less than 120 degrees, provided the individual also has a distant visual acuity of at least 20/40 (Snellen) in either eye, with or without corrective lenses, and the ability to distinguish the colors red, green, and amber;
- 2. A DIABETIC CONDITION if:** the individual submits a written statement from his or her physician (defined on reverse side of this application) which: provides specific reasons why the individual is not at risk or is no longer at risk of suffering hypoglycemic spells or episodes; and recommends a specific date for the Registry to re-evaluate the individual's ability to operate a commercial motor vehicle safely;
- 3. A CARDIOVASCULAR CONDITION if:** the individual does not have an implanted cardiac defibrillator for a "sudden death" event and does not have Class III or Class IV heart disease according to the American Heart Association functional guidelines for classifying heart disease; and
- 4. A LOSS OR IMPAIRMENT OF LIMB** so long as such loss or impairment of limb is not likely to interfere with the safe operation of a commercial motor vehicle.
- 5. A HEARING IMPAIRMENT if:** the certifying physician states the condition will not interfere with the safe operation of a commercial vehicle. For vehicles with air brakes, an applicant must be able to hear the air compressor cutting out and detect an actual air leak in the braking system- a safety precaution in case the gauges have malfunctioned. Therefore, a profoundly deaf person would not pass this portion of the test and would be restricted to a commercial vehicle without airbrakes.

Individuals with these specified conditions may obtain an intrastate waiver provided that the condition will not interfere with the safe operation of a commercial motor vehicle, as certified by their physician.

Please note: Applicants who need to pass the Commercial Driver Road Test may request a reasonable accommodation limited to additional time to perform the pre-trip inspection and maneuvers. The request for a reasonable accommodation must be from a physician, written on the physician's letterhead, describing the medical need of additional time. ONLY accommodations for additional time will be granted. All applicants must pass all aspects of the Commercial Driver Road Examination.

Intrastate waivers shall NOT be applicable to SCHOOL BUS operator certificates.

The following documentation **MUST** be submitted with this completed application, certified by your medical professional, to the Medical Affairs Division:

- 1. A copy of the results of a recent DOT medical examination performed pursuant to 49 CFR 391.43, upon which the examining physician has indicated that you are only qualified to operate a commercial motor vehicle with an intrastate medical waiver; and**
- 2. A letter from your employer acknowledging that you have a medical waiver and that you drive commercially as a requirement of employment within the borders of Massachusetts only.**

A. Applicant Information

Last Name				First Name				Middle Name				Suffix	
Date of Birth (MM/DD/YYYY)			License #			Class	Endorsements			Expiration (MM/DD/YYYY)			

Residential Address

Street Apt. # City State Zip Code

Employer/Company Name

Company Address

Street City State Zip Code

Telephone #

I hold a valid Massachusetts Operator's License, Class _____, am engaged only in intrastate commerce within the borders of Massachusetts, and hereby apply to the Registry of Motor Vehicles for a waiver to operate Commercial Motor Vehicles of this class.

I certify under the penalty of perjury that the information I have provided is true and correct.

Applicant's Signature: _____ Date: _____

B. Authorization for Release of Medical Information

I hereby authorize the physician completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the Registry of Motor Vehicles.

Applicant's Signature: _____ Date: _____

C. Physician Certification (Physician must complete the relevant section 1 through 5 below and complete the remainder of the application in full.)

This part of the application must be fully completed by a physician: a medical doctor who is licensed to practice in the Commonwealth of Massachusetts.

- Vision Impairments:** Combined Horizontal Peripheral Field of Vision (record in degrees):
Distant Visual Acuity (Snellen): Left Eye (OS) 20/___ Right Eye (OD) 20/ ___
(If the applicant uses corrective lenses for driving please specify visual acuity above as corrected with Rx).
Does the applicant use corrective lenses for driving? Yes No
Is the applicant able to distinguish the colors red, green, and amber? Yes No
- Cardiovascular Conditions:** Does the applicant have an implanted cardiac defibrillator? Yes No
Was the defibrillator implanted for a 'sudden death' event? Yes No
OR
Was the defibrillator implanted as a preventive measure? Yes No
Does the applicant have AHA functional Class III or Class IV heart disease (see attached guidelines)? Yes No
Specify AHA functional Class and symptoms: (see attached guidelines)
Other comments: _____

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3. **Diabetic Conditions:** Has the applicant ever had a hypoglycemic episode or spell? Yes No
 The applicant is not at risk or is no longer a risk of suffering hypoglycemic episodes or spells for the following specific reasons:

Recommended date for the RMV to re-evaluate the applicant's ability to operate a commercial motor vehicle safely intrastate only:

(MM/DD/YYYY)

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4. **Loss or Impairment of Limb:** Specify limb(s) affected and nature of impairment:

5. **Hearing Impairment:** Specify degree of impairment and include any pertinent comments:

Please check one of the following categories:

I hereby certify that in my professional opinion and to a reasonable degree of medical certainty,

The applicant named above is medically qualified to operate a commercial motor vehicle safely.

The applicant named above is NOT medically qualified to operate a commercial motor vehicle safely.

Physician's Name (Print)	NPI #	Telephone #	Board of Registration in Medicine #r #
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Street Address

Street	City	State	Zip Code
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Signature: _____ Date: _____

Classification Guidelines:

AMERICAN ASSOCIATION FUNCTIONAL CLASSIFICATION SYSTEM

- CLASS I Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause fatigue, palpitation, dyspnea, or anginal pain.
- CLASS II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity result in fatigue, palpitation, dyspnea, or anginal pain.
- CLASS III Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain.
- CLASS IV Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased