

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Name (<i>Last, First, Middle</i>)	2. Date of Birth (<i>Month, Day, Year</i>)	3. Title of Position
4. Home Address (<i>Number, Street or RFD, City, State and Zip Code</i>)	5. Employing Agency	

6. Have you ever had or have you now: (*Place check at left of each item.*)

YES	NO		YES	NO	
		Poor vision in one or both eyes			Arthritis, rheumatism, swollen or painful joints
		Eye disease			Loss of hand, arm, foot, or leg
		Poor hearing in one or both ears			Deformity of hand, arm, foot, or leg
		Diabetes			Nervous or mental trouble of any kind
		Palpitation, chest pain, or shortness of breath			Blackouts or epilepsy
		Dizziness or fainting spells			Sugar or albumin in urine
		Frequent or severe headaches			Excessive drinking habit (Alcohol)
		High or low blood pressure			Other serious defects or diseases
		Drug or narcotic habit			

7. If your answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving? YES NO

(B) Do you wear a hearing aid? YES NO

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees, whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees. Based on

the information provided, employees may be referred for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Certification: I certify that my answers to the above are full and true, and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.	9. Signature	10. Date Signed (<i>Month, Day, Year</i>)
---	--------------	--

REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

- 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.
- 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed.
- 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official	Date Signed (<i>Month, Day, Year</i>)
----------------------------------	--



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
830 Chalkstone Avenue
Providence, RI 02908-4799

650/111

Dear Healthcare Provider,

Your patient, _____, is/has applied to be a volunteer driver for the Providence VA Medical Center. He/she operates car/vans and transports passengers. We are asking the volunteers to obtain a list of diagnoses and the medication(s) they are on from their Healthcare Providers. We ask that you review the attached exclusionary criteria for the volunteer driver and sign below.

Thank you in advance for our assistance.

Joyce Simon, NP
Employee Health

Diagnosis: _____

Medication	Dose	Frequency

I have reviewed the exclusionary criteria for volunteer drivers and to my knowledge this patient is able to operate a car/van safely.

Date: _____

Printed Name: _____

Signature: _____

DRIVERS
Volunteers and Employees
Exclusionary Criteria

1. Less than 20/40 vision uncorrected in each eye. NOTE: Both eyes are a requirement to drive.
2. Insulin Dependent Diabetes
3. History of substance abuse unless followed in a treatment program and abstinence is documented for one year
4. History of syncope, except postural hypotension is found to be the cause
5. Driver test under observation on grounds to confirm the physical ability to control the vehicle
6. History of ventricular arrhythmia excluding random PVCs
7. Complete heart block or documented new bundle branch block
8. Critical aortic stenosis (to be evaluated by a cardiologist)
9. Ejection fraction of less than 40%
10. Hearing loss of more than average of 40dB in the best ear at 500, 1000 and 2000 HZ
11. Limited range of motion of head and neck precluding ability to see from side to side (a minimum of 45 degrees)
12. Neuromuscular impairments (ability to coordinate all four extremities)
13. Hypertension of greater than 180/105
14. History of stroke
15. Severe COPD (FEV1 of less than 60%)
16. Narcolepsy/sleep apnea (unless adequately treated as confirmed by sleep study)
17. Unstable or active Meniere's Disease
18. IACD
19. Pacemaker (unless documentation is provided q six months that pacemaker is functioning adequately)
20. Ischemia (on medication) during cardiac stress test



CORRECTED COPY
DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 13-2003-001
In Reply Refer To: 136

April 11, 2003

PUBLIC HEALTH AND ENVIRONMENTAL HEALTH INFORMATION LETTER

CLEARANCE OF VOLUNTEERS FOR DRIVING ASSIGNMENTS

1. This Environmental Medicine Information Letter provides information to clinical and administrative staff involved in the process of clearing volunteers for driving assignments.
2. Employees of the Veterans Health Administration (VHA) transport patients in motor vehicles after appropriate medical clearance examinations. As large numbers of veteran patients are without personal transportation opportunities, VHA relies heavily on volunteers to transport them. Although the Office of Personnel Management (OPM) defined suggested content of such medical examinations (Standard Form (SF) 71), OPM did not define actual criteria for driver clearance in their Official Form (OF) 345, Physical Fitness Inquiry for Motor Vehicle Operators (see website <http://vaww.ceosh.med.va.gov/Forms/OccHealth/of-345.dot>). Rather, the elements, but not the criteria, are listed. In general, OPM does define both elements and criteria for exclusion or clearance for jobs, but did not do so in this case. Voluntary Service has published VHA Handbook 1620.2, Voluntary Service Procedures, which in part addresses the issue of Volunteer Driver Safety. "A facility and/or a Veterans Integrated Service Network (VISN) with a Volunteer Transportation Network (VTN) is required to administer physical examinations and health screenings for volunteer drivers that parallel the physical examinations and health screenings required for wage-grade van drivers, on a regular basis, at the local facility and/or VISN."
3. Because of incomplete policy development, current practices across VHA vary. In some facilities, local bargaining agreements have implemented the full Department of Transportation (DOT) programs except for the drug-testing components. In others, no written, formal program exists. As a result, safeguards in VHA for patients and employees are inconsistent and incomplete.
4. In response to concerns raised by both Veterans Service Organizations, occupational health clinicians, and recent events, a group of subject matter experts convened to re-examine Volunteer Driver physicals. Reports of volunteer applicants being declined for duties as drivers were reviewed and a survey of ten facilities identified that, on average, 80 percent were cleared to drive and 20 percent were refused clearance. Still, just as commercial standards are more stringent than those of a drivers' license for personal use, so must the physical standards for drivers involved in transporting VHA's veteran patients also derive from a stricter standard than those for private use.
5. In recognition of the existing policy gaps, a listing of potentially exclusionary factors was compiled to promote consistency and the safety of both veteran patients and volunteer drivers

ATTACHMENT A

CLARIFICATION TO OFFICE OF PERSONNEL MANAGEMENT (OPM)
OFFICIAL FORM (OF) 345

1. The following is a clarification the Office of Personnel Management (OPM) Official Form 345, Physical Fitness Inquiry for Motor Vehicle Operators, currently in wide use across the Veterans Health Administration (VHA). Follow-up physical examination, testing, or other appropriate action, including denial of driving duties, may be indicated.

NOTE: A diagnosis of any of the following medical conditions may not necessarily result in the declination of a volunteer as a driver as the qualification is made on an individual basis after a review of all appropriate medical documentation from the volunteer candidate's primary care or other provider.

2. Criteria that clinicians may consider when deciding if a volunteer is medically qualified as a driver include:

- a. **Vision.** Vision needs to be 20/40 or better in each eye with or without correction.
- b. **Hearing Loss.** Hearing loss needs to be no greater than an average of 40dB at 500, 1000, and 2000 HZ in the better ear with or without hearing aids.
- c. **Diabetes.** A clinical diagnosis of diabetes mellitus should generally not require insulin for control.
- d. **Substance Abuse.** The applicant with a history of substance abuse needs to provide documentation of being followed in a treatment program and documentation of abstinence for 1 year is provided.
- e. **Epilepsy.** There is no history or clinical diagnosis of epilepsy.
- f. **Range of Motion of Head and Neck.** There needs to be more than 45 degrees of rotation to both right and left.
- g. **Hypertension.** Hypertension needs to be under control with blood pressure no greater than 180 over 105.
- h. **Syncope.** Syncope, except when postural hypotension is found to be the cause, is absent.
- i. **Ischemia.** There is no clinical diagnosis of Ischemia, as evidenced by stress test.
- j. **Ventricular Arrhythmias.** There is no current clinical diagnosis of ventricular arrhythmias, excluding random Premature Ventricular Contractions.