Endocrinologist Quarterly Evaluation Checklist

Federal Diabetes Exemption Program

Driver Identifying Information

Name: First	MI]	Last		-
Address:						
DOB (MM/DD/YYYY):	//					
This applicant was grante commercial motor vehicle and reporting is a conditio 391.41(b)(3).	(CMV) in inte	erstate con	merce. Qua	rterly med	lical monit	
Date of evaluation (MM/DI	D/YYYY):	//	/			
PLEASE CHECK / FILL IN	N REQUESTE	D INFORM	ATION.			
1. \Box I am board- <u>certified</u> i	n endocrinolog	y.				
□ I am board- <u>eligible</u> ir	endocrinology	/.				
If neither, do not conti	nue your ass	sessment.	Applicants	must be	evaluated	by an

2. I have reviewed the patient's daily glucose logs (from his/her glucose monitoring device). \Box YES \Box NO

3. I have compared monitoring dates to his/her driving log to ensure that the individual is checking glucose levels prior to operating a CMV as required. \square NO

 \Box YES If **NO**, please comment:

endocrinologist who is board-certified or board-eligible.

4. I certify that this individual's glucose levels have been maintained in the range of 100 to 400 mg/dl while driving a CMV.

> \Box YES \square NO $\square N/A$

5. I certify that this individual continues to maintain a stable insulin regimen and that his/her quarterly glycosylated hemoglobin (A1C) result continues to reflect stable control of his/her insulin-treated diabetes mellitus (ITDM).

 \Box YES \square NO

FMCSA defines a severe hypoglycemic reaction as one that results in: Seizure, or Loss of consciousness, or Requiring assistance of another person, or Period of impaired cognitive function that occurred without warning.					
	n the last 3 months , while being treated for diabetes, has the patient had a severe ypoglycemic episode? \Box YES \Box NO				
	If yes, provide information on each hypoglycemic episode: Date(s):				
	Include additional information about each episode including symptoms of hypoglycemic reaction, treatment, and suspected cause:				
	Was the patient hospitalized? VES NO				
	If yes, provide brief summary of hospitalization:				
	Has the patient's treatment regimen changed since the last hypoglycemic episode?				
	Briefly explain changes:				

Please send this completed quarterly endocrinology checklist to:

Diabetes Exemption Program 1200 New Jersey Ave., SE Room W64-224 Washington, DC 20590

If you have questions or need additional information, please call (703) 448-3094.