RoadReadyMed

DOT Medical Clearance Request

Parkinson's Disease

In accordance with Federal Motor Carrier Safety Administration (FMCSA) guidelines, we respectfully request your professional opinion regarding this driver's ability to safely operate a commercial vehicle given their diagnosis of **Parkinson's Disease**. The medical examiner will use your clinical input to determine whether this driver's condition and treatment are unlikely to interfere with the ability to safely operate a commercial motor vehicle.

PATIENT NAME	DATE OF BIRTH

FMCSA Guidelines — Parkinson's Disease

Note: Under the 2024 FMCSA Handbook, Parkinson's disease is evaluated on a case-by-case basis. The diagnosis alone does not automatically preclude certification. The medical examiner will assess the current stage and severity of symptoms and their impact on the ability to safely control and operate a commercial motor vehicle. Given the progressive nature of the disease, the rate of progression and anticipated functional decline are also key considerations.

For certification, please confirm:

- **Current disease stage:** Hoehn and Yahr scale stage or equivalent functional classification
- Whether the driver has any tremor, bradykinesia, rigidity, or postural instability that would impair the physical ability to control an oversized steering wheel, operate pedals, shift gears, or safely enter and exit the cab
- Whether the driver experiences orthostatic hypotension, sleep disorders, or significant fatigue that would impair sustained alertness required for commercial driving
- Whether the driver has cognitive impairment, dementia, or psychiatric symptoms (depression, psychosis) that would interfere with safe driving judgment
- Treatment has been shown to be adequate, effective, safe, and stable with no medication side effects that would impair safe driving
- In your clinical opinion, the current rate of disease progression and anticipated functional status over the next 12 months is compatible with the safe operation of a commercial motor vehicle

The following are disqualifying:

- Tremor, rigidity, or bradykinesia sufficient to impair the physical control of a commercial motor vehicle
- Postural instability or balance impairment that compromises the ability to safely operate or exit a CMV
- Significant orthostatic hypotension causing dizziness or near-syncope
- Dementia, cognitive impairment, or psychosis that impairs judgment, situational awareness, or decision-making required for safe driving
- Sudden onset "off" episodes or wearing-off phenomena that cause unpredictable loss of motor function
- Medication side effects including excessive sedation, hallucinations, impulse control disorders, or orthostatic hypotension

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Commercial Driver Physical Demands

Commercial motor vehicle operation places substantial physical demands on drivers that extend well beyond the act of driving. Drivers are routinely required to load and unload cargo, couple and uncouple trailers requiring full range of motion to climb, grip, and pull, lift and install tire chains weighing between 35 and 90 pounds, and tarp open trailers requiring lifting motions of 50 to 100 pounds — often after extended periods of sitting without a stretching period. In addition to these labor demands, drivers must maintain sustained perceptual alertness, control an oversized steering wheel, operate manual transmissions, maneuver large vehicles in confined spaces, and safely enter and exit the cab, which is physically comparable to climbing a ladder. These combined physical and cognitive demands should be carefully considered when determining this driver's fitness for commercial driving duties.

Provider Certification

- ☐ **CLEARED** — The driver meets the above requirements and in my clinical opinion is medically cleared to safely operate a commercial motor vehicle.
- ☐ **NOT CLEARED** — The driver does not meet the above requirements and in my clinical opinion cannot safely operate a commercial motor vehicle at this time.
- ☐ **CLEARED WITH DISCRETION** — The driver does not meet one or more guidelines; however, in my clinical opinion the driver is safe to operate a commercial motor vehicle for the following reason(s):

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PROVIDER NAME (PRINT) | **SPECIALTY / TITLE** | **DATE**

PROVIDER SIGNATURE | **ADDRESS (CITY, STATE, ZIP)** | **PHONE / FAX**

This form must be completed and signed prior to the scheduled examination date. A physician office stamp is strongly recommended to validate the authenticity of this document. Incomplete or unstamped forms may delay the certification process. Thank you for your cooperation in supporting the safe operation of commercial motor vehicles on our nation's roadways. **RoadReadyMed.com**