RoadReadyMed

DOT Medical Clearance Request

Multiple Sclerosis (MS)

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 history of **Multiple Sclerosis (MS)**. 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 — Multiple Sclerosis (MS)

Note: Under the 2024 FMCSA Handbook, MS is evaluated on a case-by-case basis. The diagnosis alone does not automatically preclude certification. The medical examiner will assess the nature, severity, and progression of the individual's specific symptoms and their impact on the ability to safely operate a commercial motor vehicle.

For certification, please confirm:

- **Disease course:** relapsing-remitting, secondary progressive, primary progressive, or clinically isolated syndrome
- Current relapse or exacerbation status — whether the driver is in remission or currently experiencing an active relapse
- Whether the driver has any limb weakness, spasticity, tremor, or lack of coordination that would impair the ability to control an oversized steering wheel, shift gears, operate pedals, or safely enter and exit the cab
- Whether the driver has any visual disturbances including partial or complete vision loss, prolonged double vision, or blurry vision that would affect the ability to safely drive
- Whether the driver experiences significant fatigue, dizziness, or cognitive impairment that would interfere with sustained alertness required for commercial driving
- Treatment has been shown to be adequate, effective, safe, and stable with no medication side effects that would impair safe driving

The following are disqualifying:

- Active relapse or exacerbation at the time of examination
- Limb weakness, spasticity, or tremor sufficient to impair the physical control of a commercial motor vehicle
- Visual impairment that does not meet FMCSA vision standards (20/40 acuity in at least one eye, 70-degree field of vision)
- Unsteady gait or significant loss of coordination that impairs the ability to safely enter, exit, or operate a CMV
- Cognitive impairment, significant fatigue, or dizziness that impairs sustained alertness or judgment sufficient for commercial driving
- Medication side effects that interfere with safe vehicle operation

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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**