

Dear Medical Examiner:

As a result of Act 18, 2003 Session Laws of Hawaii, certain insulin-using diabetic drivers who do not meet the federal minimum health standards for a commercial driver's license, will now be able to apply for a restricted (intrastate only) CDL. These drivers will need to meet the requirements for an intrastate medical waiver adopted by the director of transportation. To comply with these requirements, applicants must submit a completed Application for Intrastate Medical Waiver, DOT 2061.

We appreciate your help in fully completing all portions of the form. Please call 808-692-7656 if you have questions.

#### **INSTRUCTIONS FOR APPLICANT**

- Complete the top portion of the application.
- Provide a copy of your driver history record.
- You must have an eye examination by an ophthalmologist or an optometrist. Take the application with you to have the ophthalmologist or optometrist complete Part II.
- You must be examined by an endocrinologist or an internist. Take the application with you to have the endocrinologist or internist complete Part III.
- Mail or deliver all information to the HDOT Motor Vehicle Safety Office, 601 Kamokila Boulevard, Room 511, Kapolei, HI, 96707. HDOT will complete the application process within fifteen days from the date all required information is provided by the applicant.
- If HDOT determines that you do not meet program eligibility requirements, a decision letter will be mailed to you outlining the reason that HDOT is unable to grant the waiver from the diabetes standard.
- If you are granted the waiver, you will be notified by mail and your certificate for intrastate medical waiver will be sent to the county CDL office.
- Take the HDOT letter granting you the waiver to your medical examiner to obtain your medical certificate.
- Go to the county CDL office and present your medical certificate to obtain your certificate for intrastate medical waiver.

APPLICATION FOR INTRASTATE MEDICAL WAIVER

DOTH 2061 (12/09)

Original

Renewal

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

DLN \_\_\_\_\_ Date of birth \_\_\_\_\_

Having failed to meet the physical requirement of 49 CFR 391.41 (b) (3), I certify to operate commercial vehicles exclusively in intrastate commerce and meet all waiver requirements.

\_\_\_\_\_  
Applicant's signature

**I. DRIVING RECORD** (Attach certified copy of driver's history record)

The applicant shall not, in the three years preceding a waiver request, have:

- Suspensions or revocations of driving privilege for operation of any motor vehicle, not including withdrawals due to non-payment of fines;
- Involvement in a reportable accident for which a citation for a moving violation was issued;
- Convictions for a disqualifying offense under Section 286-240, Hawaii Revised Statutes or more than one serious traffic violation as defined in Section 286-231, Hawaii Revised Statutes; or
- More than two convictions for any other moving traffic violations.

**II. MEDICAL EVALUATION BY OPHTHALMOLOGIST OR OPTOMETRIST**

Applicant does not have active or untreated proliferative diabetic retinopathy and has stable visual acuity (at least 20/40 [Snellen] in each eye separately), with or without corrective lenses.

Date _____	Name of certifying ophthalmologist or optometrist _____	Signature _____	State license number _____
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**III. MEDICAL EVALUATION BY ENDOCRINOLOGIST OR INTERNIST**

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Reviewed driver's medical history, including all hospitalization reports, consultation notes, diagnostic examinations, special studies pertaining to the diabetes, and follow-up reports.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Certifies the applicant with Type 1 diabetes has been using insulin to control the applicant's diabetes two months prior to the date of the application, or if Type 2 diabetes, one month prior to the date of the application.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Ophthalmologic or optometric confirmation of stable visual acuity (at least 20/40 [Snellen] in each eye separately), with or without corrective lenses, and absence of active or untreated proliferative diabetic retinopathy.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Assessed at least one result of glycolysated hemoglobins/HbA1C during the last three months:<br>A lipid profile, urinalysis and CBC.<br>Blood pressure readings at rest, sitting and standing.<br>Elevated blood pressure, medication for hypertension or other evidence of any cardiovascular abnormality will require a maximal exercise stress EKG. |

- 5. Examination and tests to detect peripheral neuropathy and/or circulatory deficiencies of the extremities.
- 6. Certifies the applicant has not had a hypoglycemic reaction within the past three years, i.e., episode of altered consciousness requiring the assistance of another person to regain control.
- 7. Certifies the applicant has attended a comprehensive diabetes self management training program, and has demonstrated understanding of the disease and procedures which must be followed if for day to day changes in routines and for managing changes in blood sugars and other complications.
- 8. Certifies the applicant has the ability, willingness, and equipment to properly monitor and manage the diabetes. **A blood glucose monitor with electronic "memory" is required.**
- 9. Verifies the applicant can demonstrate self-blood glucose measurement capably.
- 10. Certifies the applicant's diabetic condition will not adversely affect his/her ability to operate a commercial motor vehicle.

Additional comments (Please attach a separate sheet if more space is needed.)

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Date	Name of certifying endocrinologist or internist	Signature	State license number
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**IV. MONITORING AND REEVALUATION OF APPLICANT**

The applicant agrees to perform the following monitoring and reevaluation procedures, which may be supplemented with additional conditions specified by the examining endocrinologist or internist:

1. One hour prior to driving, again within fifteen minutes of driving, and approximately every two hours while driving, drivers shall test their blood glucose concentration and record those concentrations electronically.
2. Upon request, make records of self-blood glucose concentrations available to any authorized enforcement personnel.
3. Annually, or more often as indicated by the endocrinologist or internist, submit a complete medical reevaluation including readings of glycosylated hemoglobin/HbA1C to the examining endocrinologist or internist. This requires the driver to submit any new data on the driver's medical condition, driving record or accident involvement and the glucose records. Use of a new examining health care professional will require the insulin-using driver to follow the procedures set forth for a new applicant.
4. At each visit, the endocrinologist or internist will verify that the insulin-using diabetic can demonstrate self-blood glucose measurement capably.
5. Annually, have ophthalmologic or optometric confirmation of the absence of visually significant retinal disease.
6. While driving, should circumstances preclude a particular blood glucose test, intake of an appropriate snack or other source of glucose is an acceptable alternative; however, no two consecutive tests may be replaced by the ingestion of glucose or food.
7. Carry necessary supplies in the vehicle, including as a minimum, blood sampling lancets, personal blood glucose monitor and strips, a plentiful source of rapidly absorbable glucose. All dated materials must be within their expiration dates. Drivers with Type 1 diabetes should carry a glucagon emergency kit.