



COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

Challenges in Verifying the Authenticity of Commercial Drivers' Medical Certificates

Prepared for

*The Honorable James L. Oberstar
Chairman*

*By the Committee on Transportation and Infrastructure
Oversight and Investigations Majority Staff*

For Release on Delivery
July 24, 2008
2:00 p.m.

EXECUTIVE SUMMARY

In 2007, the National Highway Traffic Safety Administration (NHTSA) reported that “heart attack or other physical impairment of ability to act” was a critical factor in 3 percent, or approximately 4,000 of all serious truck crashes.¹

The Federal Motor Carrier Safety Administration (FMCSA) requires Interstate Commercial Drivers to pass a comprehensive physical exam before obtaining a commercial drivers license and at least every 2 years thereafter. The medical examiner provides the driver with a “medical card” as proof that the driver has met the medical requirements. The driver must carry this card at all times and produce it upon request by a State or Federal inspector. Some States also require the card as proof prior to issuing a Commercial Drivers License (CDL).

Medical oversight of commercial drivers has been on the National Transportation Safety Board’s (NTSB) “Most Wanted” list since 2003. One of the eight related recommendations for improvement is, “Enforcement authorities can identify invalid medical certification during safety inspections and routine stops.”

To determine whether and to what extent drivers are carrying invalid medical cards, Majority Committee staff collected a sample of 614 medical certificates from commercial drivers during roadside inspections. We attempted to first validate the existence of each medical examiner through extensive searches of State licensing databases and the Internet. We were unable to validate the medical examiner information for 23 certificates, or 4 percent of our sample.

We then sent a copy of the relevant certificates to every medical examiner we were able to positively identify. We asked that they compare

the card to data in their files and confirm a match. We received 441 responses (75 percent of the total mailing). Of these, 404 (92 percent) confirmed that the certificates were “valid,” 7 (2 percent) stated that the certificates were “invalid,” indicating that they had been forged or altered, 4 (1 percent) were unable to determine if the certificates were valid, and 23 (5 percent) were returned by the Postal Service as undeliverable.

The 23 “unidentifiable” certificates and 7 “invalid” certificates represented 5 percent of our sample.

Based on our experiences conducting the survey and validating the results, we concluded that opportunity exists for a commercial driver to fabricate or adulterate a certificate with little risk of detection. No practicable mechanism currently exists for inspectors to determine whether a certificate is valid. Furthermore, inspectors have limited tools to punish drivers for not maintaining a valid medical certificate. Not having a certificate; or possessing an expired or false certificate are not out-of-service violations.

We concluded that these factors may be enabling drivers with serious and potentially disqualifying medical conditions to avoid appropriate medical oversight.

Our survey found that 67 percent of the medical exams were conducted by Medical Doctors and Doctors of Osteopathy. Doctors of Chiropractic conducted 16 percent of exams, 10 percent were conducted by Advanced Practice Nurses, and 8 percent were performed by Physician’s Assistants.

The results of our survey cannot be generalized to the commercial driver or the medical examiner population as a whole.

We are making five recommendations.

¹ DOT, FMCSA, Large Truck Crash Causation Study, Publication No.: FMCSA-RRA-07-017 (July 2007).

**CHALLENGES IN VERIFYING THE AUTHENTICITY OF COMMERCIAL DRIVERS’
MEDICAL CERTIFICATES
TABLE OF CONTENTS**

Purpose.....1

Background on Medical Oversight of Commercial Drivers.....1

Survey Scope and Methodology.....3

 Survey Methodology3

 Survey Limitations.....4

Findings.....4

 Information on Medical Examiner
 Professional Background.....5

 Other Survey Findings.....7

Conclusions and Recommendations.....8

Acknowledgements and Report Information.....10

APPENDICES

Appendix I. Example of Mailing.....11

Appendix II. Summary Information on Invalid Medical Certificates.....14

PURPOSE

One of NTSB's eight recommendations to the Federal Motor Carrier Safety Administration (FMCSA) is to enable enforcement authorities to identify invalid medical certification during safety inspections and routine stops. In recent comments on FMCSA's Notice of Proposed Rulemaking (NPRM), which will require commercial driver-applicants to provide a copy of their medical certificate to the state licensing agency, NTSB also expressed concern that, "because the certificate form is not a controlled document, has no standard appearance, and may be freely reproduced, a means is needed for the State Drivers Licensing Agency (SDLA) to verify that forms submitted by drivers are issued in accordance with existing regulations."²

Majority Committee staff conducted this review to identify the extent to which drivers are carrying invalid cards and what challenges enforcement authorities and SDLAs face in determining the validity of commercial drivers' medical certificates.

The staff was also interested in identifying the professional backgrounds of the medical examiners performing these examinations. This task was done for informational purposes only and the Committee currently has no position on which medical professions are qualified to conduct Department of Transportation (DOT) physicals.

The sample we collected of 614 medical certificates is not representative of the entire population of commercial drivers and we are not drawing inferences for the industry as a whole. However, we believe our sample size, supported by the findings of the NTSB and GAO, provide a sufficient basis for the recommendations we are making in this report.

BACKGROUND ON MEDICAL OVERSIGHT OF COMMERCIAL DRIVERS

As a result of a 1999 bus crash that killed 22 people in Louisiana, NTSB made eight safety recommendations to the FMCSA to improve the medical certification process in 2001.³ In 2003, NTSB added preventing medically unqualified drivers from operating commercial motor vehicles to its list of "Most Wanted" transportation safety improvements. Over the past several years, NTSB has continued to voice concern regarding what it considers significant flaws in the medical certification process for commercial drivers. While NTSB has found FMCSA's responses to three of its recommendations "acceptable," all eight recommendations remain open, and NTSB still considers FMCSA's overall response to the issue "unacceptable."⁴

According to FMCSA, there are approximately 5 million current CDL holders, although all may not be currently operating commercial vehicles. FMCSA requires drivers to pass a prescribed DOT-physical exam, using the "Medical Examination Report for Commercial Driver Fitness Determination,"⁵ as a qualification for operating a commercial vehicle in an interstate capacity.

² Docket No. FMCSA-1997-2210-169 (February 13, 2007).

³ "Motorcoach Run-Off-The-Road Accident, New Orleans, Louisiana." NTSB/HAR-01/01.

⁴ NTSB, "Most Wanted List, Transportation Safety Improvements 2008," (November 2007).

⁵ Otherwise referred to as the "DOT Long Form," or "Examination Report." This is available for public access on FMCSA's website.

Commercial drivers must carry a valid medical certificate at all times, which certifies that they have been examined and are medically fit to operate a commercial vehicle. The certificate must be signed by a medical examiner and include: the date of the exam, the examiner's name, license number, phone number, and the certificate expiration date (generally 2 years from the date of the exam, or sooner if the patient has a medical condition which requires more frequent monitoring). The examiner is required to maintain one copy of the certificate, and furnish one each to the driver and the driver's employer (49 CFR §391.43).⁶ Currently, 24 States require that the driver present a valid medical certificate and/or the examination form as a precondition for obtaining a CDL.⁷ The remaining States require CDL applicants to self-certify that they meet Federal medical requirements.⁸

FMCSA defines a medical examiner as, "a person who is licensed, certified, and/or registered, in accordance with applicable State laws and regulations, to perform physical examinations."⁹ This list includes, but is not limited to, Doctors of Medicine (MD), Doctors of Osteopathy (DO), Physician Assistants (PA), Advanced Practice Nurses (APN), and Doctors of Chiropractic (DC).¹⁰ Examiners are not trained on how to conduct DOT physicals; and no registry currently exists of medical professionals who have been certified as qualified to conduct these exams. FMCSA's website suggests drivers use the Internet and Yellow Pages to locate a medical examiner.

A medical certificate is typically a card-sized document (see Figure 1), although it can be as large as a standard sheet of paper. The medical examiner and driver typically hand-write entries into the required fields, though some examiners have certificates with their information preprinted. The card template can be downloaded from FMCSA's website.

Figure 1. Medical Certificate Template from FMCSA's Website

MEDICAL EXAMINER'S CERTIFICATE		
I certify that I have examined _____ In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:		
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)	
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)	
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.		
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		

⁶ Some medical examiners provide the employer's copy to the driver with the understanding that they will give it to their employer.

⁷ GAO Report 08-826, June 2008.

⁸ According to State responses to Committee's request for information on their CDL requirements.

⁹ 49 CFR §390.5.

¹⁰ Some State laws restrict which professions can perform a physical exam.

SURVEY SCOPE AND METHODOLOGY

In March 2007, the Committee initiated an investigation of FMCSA's commercial driver medical oversight program and its vulnerabilities. The Committee requested that the Government Accountability Office (GAO) assist the Committee by conducting a match of current Commercial Driver's License (CDL) holders with Federal medical disability databases in order to identify potential abuses. We also asked GAO to work with Committee staff to develop a methodology for investigating the validity of a sample of medical certificates. In November 2007, Committee staff consulted with GAO's survey design staff to identify the survey methodology that would best fulfill our goal. The Committee conducted data collection, the survey mailing, and validation between June 2007 and June 2008.

Survey Methodology

The staff designed the survey to be conducted in three phases (collection, validation, and verification). The first phase involved collection of medical certificates. Committee staff worked in conjunction with three States that expressed a willingness to cooperate with the project (California, Illinois, and Ohio). Committee staff worked with State law enforcement officials and transportation departments to collect or arrange for the collection of the certificates during their routine inspections of commercial vehicles. Drivers were asked for their certificates and CDL during the inspection and inspectors or committee staff made a photocopy or scanned the card electronically into a laptop computer. The Committee collected a combined total of 614 medical certificates in California, Illinois, and Ohio between June 2007 and November 2007. The size of our sample was limited by Committee time and resources.

In California, the State Highway Patrol copied 261 certificates between two weigh stations over a 2-day period in June 2007. In Illinois, State DOT officers and inspectors and Committee staff collected 223 certificates at several weigh stations during a 3-day period in September 2007. And in Ohio, 130 certificates and copies of the driver's CDL were collected by Committee staff in conjunction with the State Highway Patrol at one weigh station over a 4-day period in November 2007. Each certificate was assigned a unique randomly-generated number. We filed each certificate in numerical order by State and created an Excel database to manage and track each phase of the survey.

The second phase of the survey required Committee staff to "validate" the information on the medical examiner identified on each certificate. To do this, Committee staff attempted to positively identify the existence and address of medical examiners listed on the collected medical certificates by locating their data in State professional licensing databases using the professional licensing number and/or the examiner's name. Staff then located a business address for each medical examiner via an Internet search of the examiner name and telephone number. We were ultimately able to validate 591 of the examiners identified on the 614 cards.

In the "verification" phase, the Committee mailed a copy of the medical certificate and a letter signed by Chairman Oberstar requesting that they certify that the information on the enclosed medical certificate matched the information contained in their files and that the signature was valid. We asked that they initial each field where the data matched that in their files—for example, the date of the exam, the expiration date of the card, the license number, etc. We also asked for an

explanation of fields that did not match their records. We enclosed a self-addressed, stamped envelope for them to return the certificate(s).¹¹ (A sample package is included in Appendix I.)

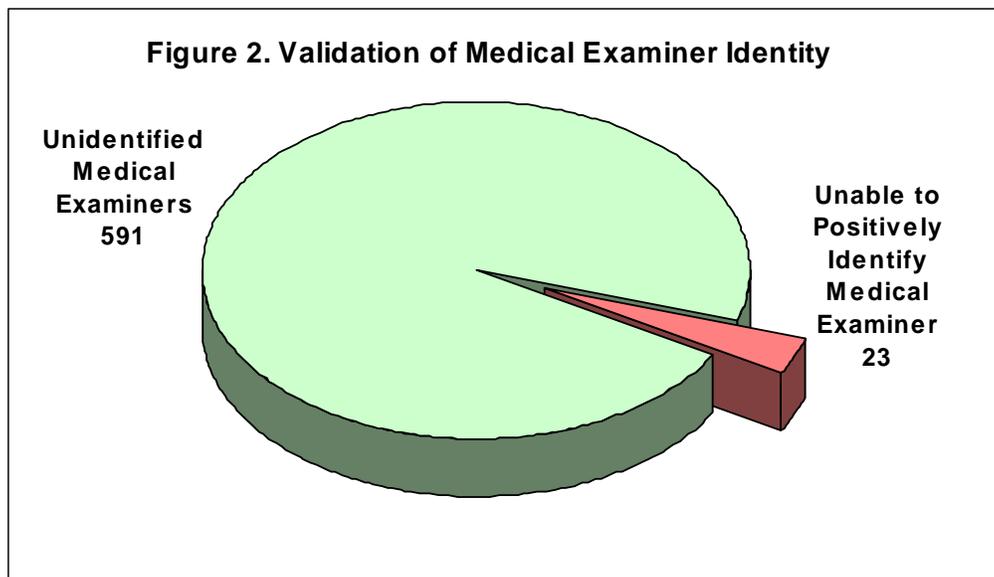
Our mailing response rate was 75 percent, which we believed to be sufficient to be representative of the total mailed sample. As examiner responses were returned, we determined how each should be classified and entered any comments in the Excel database. We filed the returned, initialed, certificates with the original copies.

Survey Limitations

Committee staff acknowledge that the ability to make inferences from our data about the general population of interstate commercial drivers or medical examiners who conduct DOT physical exams is limited by our survey design and sampling methods. A representative data sampling was not possible due to staff resources. The Committee conducted this study in order to gain an understanding of potential issues in the medical certification process and challenges presented to state authorities in verifying medical certificates. Results presented in this report should not be extrapolated beyond the 614 drivers in our sample.

FINDINGS

Of the 614 medical certificates that were collected, Committee staff could not positively validate the existence of 23 examiners (4 percent) because the examiner's name and/or license number could not be positively identified through State licensing databases or Internet searches. We did not include these in our mailed sample.

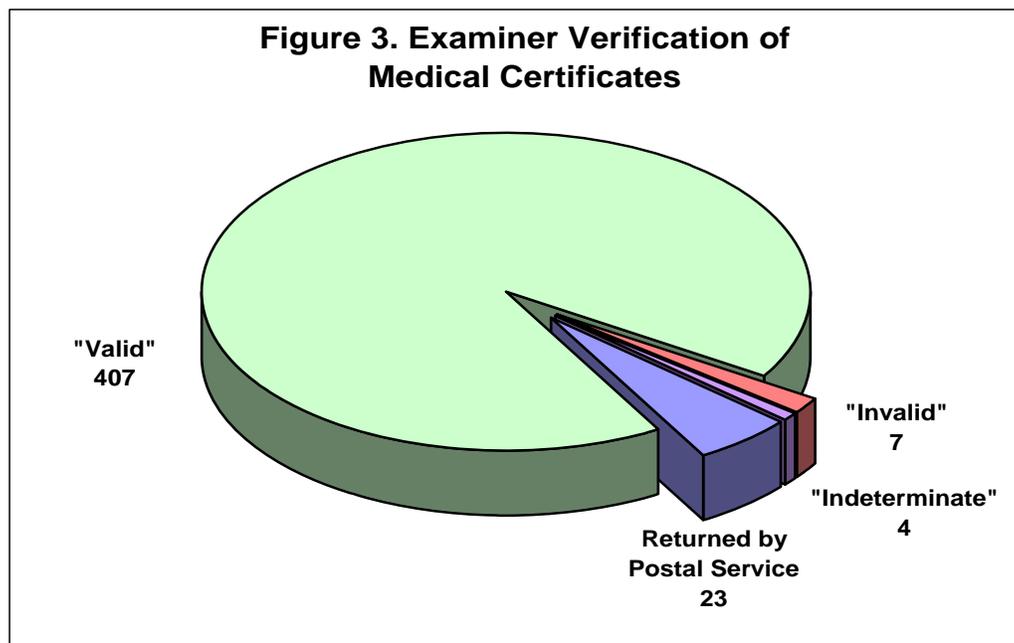


The third phase of the survey was “verification,” in which we mailed copies of the certificates to the examiners who “signed” the medical certificates certifying the individual as

¹¹ In some cases, a medical examiner had performed exams on more than one individual in our sample. Where practicable, we enclosed all exams from that examiner in a single mailing.

medically qualified to operate a commercial vehicle. We asked that they compare the information on the certificate to their own records and verify that the information matched. Of the 591 that were successfully mailed, we received responses from 441 examiners (75 percent).

Of the 441 respondents, 407 (92 percent) were “valid” certificates, meaning the examiner was able to match the certificate to his or her records on file. Seven medical examiners (2 percent) indicated that the certificates were “invalid,” whereby the medical examiner indicated that his or her signature was forged, the dates had been altered, or they had no record of the patient in their files. The Postal Service returned 23 as “undeliverable” (5 percent) and 4 were indeterminate (1 percent).¹² Details on the “invalid” responses are included in Appendix II.



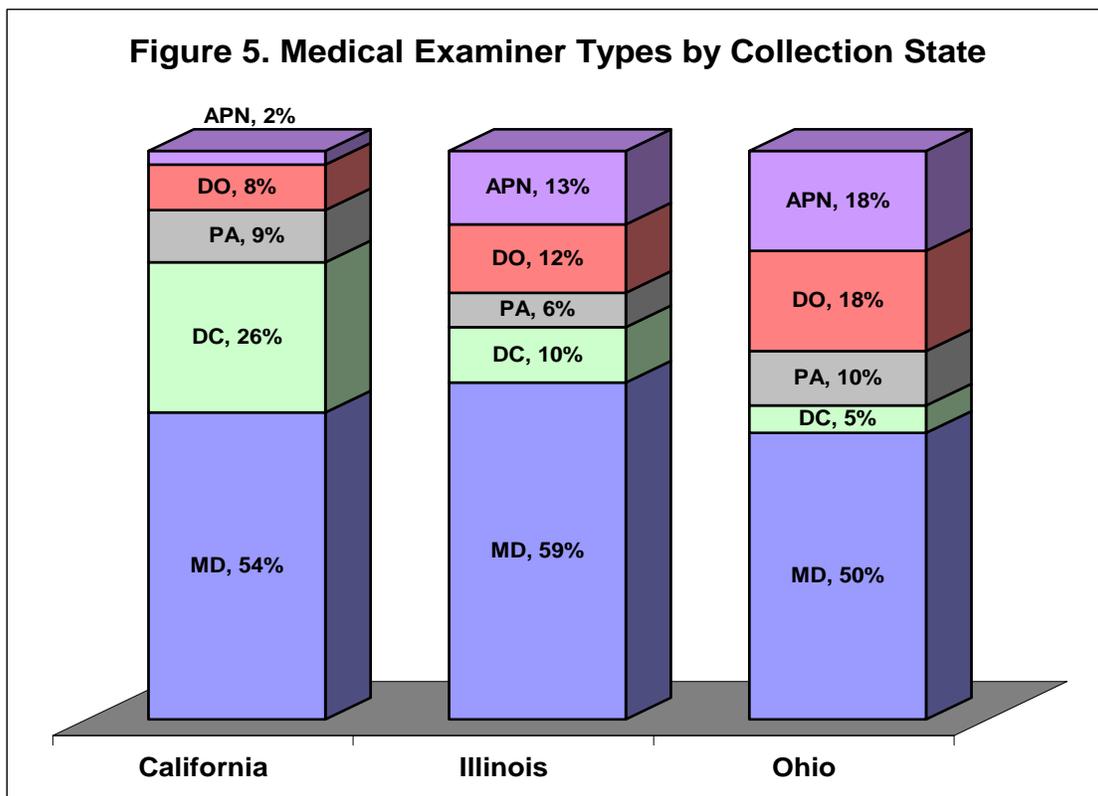
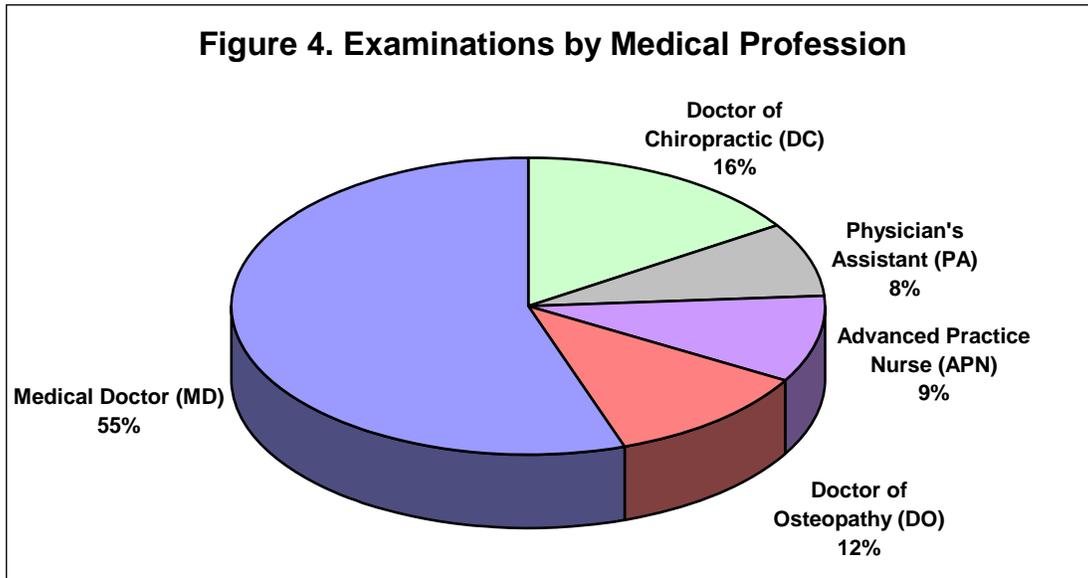
Although only 2 percent of certificates were invalid, it is likely that some or all of the certificates were also falsified where Committee staff could not verify the existence of a medical examiner through State licensing databases or through searches of the Internet. Combining the results of both phases, we identified 30 certificates that were either “unidentifiable” or invalid, representing approximately 5 percent of the original survey population (614 collected certificates). We believe this number may be slightly understated as some portion of the 23 mailings returned by the Postal Service may have included non-existent, deceased, or otherwise non-practicing medical examiners.

Information on Medical Examiner Professional Background

Our survey found that just over one-half of the DOT physicals were performed by Medical Doctors (See Figure 4). Chiropractors and Doctors of Osteopathy performed 16 percent and 12

¹² “Indeterminate” means that the addressee was no longer at the address where delivered and office staff did not have the means to otherwise verify the certificate information.

percent, respectively. As Figure 5 shows, the types of medical professionals performing the DOT physicals varied between States.



There were 536 unique medical examiners. Of these, 41 medical examiners performed physical exams on multiple commercial drivers involved in our study. One particular chiropractor in

California certified 11 drivers in the sample. A total of 25 drivers, accounting for 10 percent of the California sample, had certificates from examiners in that practice.

Other Survey Findings

Nine medical certificates collected were found to be expired upon collection, although in most cases the medical examiners were able to verify that the certificates were legitimate. Table 1 illustrates the range of expiration lapses found in the survey, based on the collection date.

Table 1. Expired Medical Certificates

No.	State Sampled	Driver State	Expiration Date	Elapsed Time
179	Illinois	Missouri	09/03/05	24 months
194	California	California	05/19/06	12.5 months
78	Illinois	Illinois	12/02/06	9 months
108	California	Oregon	01/12/07	4.5 months
69	Illinois	Illinois	06/05/07	3 months
198	Illinois	Missouri	07/06/07	2 months
122	Ohio	Ohio	09/08/07	2 months
130	California	California	05/27/07	1 month
178	Illinois	Idaho	07/29/07	1 month

In Ohio, it was observed by Committee staff that two drivers did not have their medical certificate with them during the inspection. They were instructed to contact their employer and have them fax a copy of the driver's medical certificate to the weigh station. We do not have information on the number of drivers in the other states who did not have certificates with them. FMCSA cites that 1 in 16 commercial drivers did not have a medical certificate in their possession during a roadside inspection in 2007.¹³ The inspector has the ability to issue a citation to a driver without a certificate, though this violation does not require the inspector to take the driver out of service.

Several medical examiners contacted Committee staff as a result of receiving the mailing and raised concerns and expressed frustrations with the medical certification process. One doctor in Ohio, Robert O'Desky, DO, MS, who estimates that his practice performs at least 100 DOT-exams per week, believes certificate fraud may be widespread. "Forgery on cards is so commonplace...no one gets alarmed about it anymore." He added, "I would wager that at least once a week we run into someone who has been issued a card who has no business driving...and in most instances they have no idea that they have no business driving," citing such problems as sleep apnea and cardiovascular disease.

¹³ FMCSA Analysis and Information website, "Top 20 Driver Violations for Calendar Year 2007." <<http://www.ai.fmcsa.dot.gov>>

In addition, many medical examiners were frustrated that if a driver fails a medical exam with one doctor, they could simply go to another examiner who they felt would be more apt to certify them, and no authority would be aware of this. This concern of “examiner hopping” was shared by the American College of Occupational and Examiner Medicine in their comments on the NPRM,¹⁴ stating that the rule would do little to prevent this from happening.

CONCLUSIONS AND RECOMMENDATIONS

Based on this exercise, Committee staff concluded that several inherent weaknesses exist in the medical certificate verification process. These include:

- An absence of controls over the medical certificate itself make it relatively easy for a motivated commercial driver to circumvent the physical examination requirement. The driver can download the template off of FMCSA’s website, enter the name and license number of a medical examiner – either fictitious or real – and forge a signature. In most cases, the certificates that were determined to be invalid in our survey or where we found that the examiner did not exist looked no more suspicious than the ones that were confirmed to be valid. The Federal Aviation Administration (FAA) makes it very difficult for pilots to fabricate a medical certificate by strictly controlling access to the physical certificates. The only individuals who have access to the certificates are Aviation Medical Examiners, who are trained, tested, and certified by FAA.
- Although FMCSA offers a prototype of a medical certificate on its website, there is no requirement that it be used. This can result in a multitude of different certificate designs making identification of fraudulent certificates more difficult.
- Currently, there is no database or central repository which would allow inspectors to verify the legitimacy of a medical certificate. The process an inspector would need to use to validate a medical certificate obtained during a roadside inspection is cumbersome and in many cases, impractical. Assuming the inspector can even read the certificate – many are handwritten and illegible – he or she would need to call or send a fax to the examiner and request verification. This requires reaching the examiner, which is unlikely if the inspection is occurring outside regular business hours. If the examiner *is* available, the inspector would need to provide proof of identification and convince the examiner that he or she is authorized to obtain this information. Inspectors told Committee staff that given their limited resources, they are more likely to put a higher emphasis on other components of the roadside inspection, including the inspection of the commercial vehicle and reviewing the driver’s hours of service logs.
- Few incentives exist to obtain a legitimate medical certificate. Because so few attempts are made to authenticate a certificate, there is little risk that a driver will be caught if he or she forges or adulterates a certificate. And there is no real disincentive to fabricating or adulterating a certificate. Even if an inspector is able to confirm that a medical certificate is

¹⁴ Docket No. FMCSA-1997-2210-0178 (February 15, 2007).

expired, forged, or that the driver simply does not have a certificate, it is not an out-of-service offense. The inspector can cite this failure in the inspection report, but cannot detain the driver, unless he or she obviously poses a safety threat. FMCSA says that inspectors will cite medical card violations in inspection reports, which it uses to identify high-risk carriers; however, FMCSA conducts so few compliance reviews each year that higher priority violations—such as accidents or equipment violations—outweigh risk associated with medical card violations in targeting companies for reviews.

The Federal Aviation Administration Application for an Airman Medical Certificate requires applicants to sign a declaration stating, “I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me.” This statement is adjacent to a notice stating, “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or who makes any false, fictitious, or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years, or both,” (18 U.S.C., Sec. 1001).

To address these shortcomings, Committee staff recommends that FMCSA be directed to take the following actions:

1. Complete its rulemaking linking medical certification to the commercial licensing process. While there are flaws in the proposed rule, it will provide inspectors with the ability to confirm whether a driver has a medical certificate that is current on file with the State. The NPRM does not, however, allow authorities to confirm that the certificate provided to the State is valid. The Louisiana Department of Public Safety commented on this problem in the proposed rulemaking by saying, “This proposal in no way “validates” a medical. The fact that the certification is completed does not mean the driver is qualified . . . or the person who completes it is actually a medical person...”¹⁵
2. Develop a standard medical certificate template that is distinctly different in design and appearance than the current template available on its website. FMCSA should not put this template in the public domain.
3. Expedite its rulemaking establishing the National Registry of Certified Medical Examiners. Once established, FMCSA will be able to control access to the standard certificate template by making it available only to examiners in the National Register, similar to the FAA model. The new standard medical certificate should not be introduced until these controls are in place.
4. Pursue NTSB’s recommendation to create a central repository for medical examiners to report the results of their examinations. The benefits of this would be two-fold: 1) it would eliminate SDLA reliance on drivers to provide proof that they meet FMCSA’s medical requirements; and 2) examiners conducting DOT-physicals could verify whether an individual has previously been denied a medical certificate.

¹⁵ Docket No. FMCSA-1997-2210-0178 (January 17, 2007).

5. Amend the medical certification template to include a declaration regarding the truthfulness of all statements and answers provided to the medical examiner during the DOT medical examination and require the driver's signature acknowledging the potential penalties that could be incurred for violating the False Statements Act (18 U.S.C., Sec. 1001).

ACKNOWLEDGEMENTS AND REPORT INFORMATION

This report was compiled at the request of the Chairman of the Committee on Transportation and Infrastructure, James L. Oberstar. The findings include the results of data collected by Majority Committee staff in conjunction with state officials. This report reflects source data and information contained in a variety of studies, agency documents and reports, Government databases, media accounts, Federal statutes and regulation, and other source material which is referenced accordingly throughout this report. Additional copies of this report may be obtained from the Committee's website at <http://transportation.house.gov> or by contacting the Committee's communications office at 202-225-6260.

The Committee wishes to thank the individuals and agencies that provided information and assisted Committee staff in conducting the survey: The California Highway Patrol, the Illinois Department of Transportation and State Police, the Ohio Department of Transportation and the Ohio State Highway Patrol. We also want to thank staff from the Government Accountability Office who advised us on survey methodology and the Congressional Research Service who helped us analyze our results.



U.S. House of Representatives
Committee on Transportation and Infrastructure

Washington, DC 20515

James L. Oberstar
Chairman

John L. Mica
Ranking Republican Member

May 2, 2008

David Heysfeld, Chief of Staff
Ward W. McCarragher, Chief Counsel

James W. Coon II, Republican Chief of Staff

Larry [REDACTED], MD
[REDACTED] SW
[REDACTED], AL 350 [REDACTED]

Dear Dr. [REDACTED]

Based on investigations of accidents involving commercial motor vehicle drivers with serious medical conditions, the National Transportation Safety Board (“NTSB”) has determined that serious flaws exist in the medical certification process for commercial vehicle drivers.¹ These flaws can lead to increased highway fatalities and injuries for commercial vehicle drivers, their passengers, and the motoring public. The U.S. House of Representatives’ Committee on Transportation and Infrastructure is evaluating the medical oversight program for commercial drivers in the hopes of making our roadways safer. We are asking that you take a few minutes to cooperate with this effort.

The current Federal Motor Carrier Safety Administration (“FMCSA”) regulations require Interstate commercial drivers to have on their person a copy of a signed medical certificate verifying that they have been deemed medically fit to operate a commercial vehicle.² In most cases, however, enforcement authorities cannot determine the validity of a medical certificate during safety inspections and routine stops because of the absence of procedures or information to validate the medical certificate. In 2003, the NTSB added a recommendation to its “Most Wanted List” of transportation safety improvements that FMCSA develop a program to enable law enforcement to authenticate medical certificates during safety inspections and routine stops. To date, NTSB finds FMCSA’s response to this recommendation “unacceptable”.³

In September 2007, Transportation and Infrastructure Committee staff, in conjunction with the State highway patrol and the department of transportation, collected a sample of Department of Transportation (“DOT”) medical certificates from commercial drivers during routine roadside inspections in Illinois. One or more of those certificates indicated that you, or a medical professional from your practice, performed a DOT medical examination and declared (via signature)

¹ “Highway Accident Report: Motorcoach Run-Off-The-Road, New Orleans, Louisiana, May 9, 1999;” adopted on 8/28/2001; NTSB Report Number: HAR-01-01.

² 49 CFR 391.41.

³ “Most Wanted Transportation Safety Improvements, Highway,” National Transportation Safety Board, November 2007, <http://www.nts.gov/Recs/brochures/MostWanted_2008.pdf>

Appendix I. Example of Mailing

on the driver's medical certificate that the driver was medically qualified to operate a commercial motor vehicle during the period identified on the medical certificate.

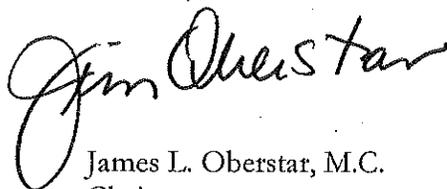
We are asking for you to verify that your name, occupation, license number, examination date, and expiration date, as it appears on the enclosed certificate(s) are consistent with the information in your files, and that the signature and expiration date on the certificate are valid.

Please review the enclosed medical certificate(s) and initial each field that is consistent with records maintained in your files. Please attach a brief type-written or legible hand-written explanation if you cannot match any of the information to your files or if any information is inconsistent with your records. Please do *not* provide any additional information pertaining to individuals' medical conditions. We are *not* attempting to verify that that the driver is medically qualified to operate a commercial motor vehicle; we are only attempting to verify that that the medical certificate is valid.

We ask that you return the information to the Committee, in the enclosed envelope, postmarked by May 19, 2008. Any information you provide will be considered confidential. Committee staff or investigators from the Government Accountability Office, which is assisting the Committee on this project, may follow-up in person or by telephone in the next few weeks to verify your responses.

Thank you in advance for your cooperation. If you have any questions you may call [REDACTED] of the Committee staff at [REDACTED]. The medical licensing board in your state has been notified of this investigation and has received a pro-forma copy of this letter.

Sincerely,



James L. Oberstar, M.C.
Chairman

I1-116

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Perry [redacted] in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving class and this person is qualified, and, if applicable, only when:

wearing corrective lenses driving within an exempt intracity zone (49 CFR 391.62),
 wearing hearing aid accompanied by a Skill Performance Evaluation Certificate (SPE)
 Qualified by operation 49 CFR 391.64 accompanied by a _____ waiver/exemption

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachments embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner: [Signature] Telephone: 205 791 [redacted] Date: 12-15-08

Medical Examiner's Name (print): Larry [redacted] MD DO Chiropractor
 Physician Assistant Practice Nurse

Medical Examiner's License or Certificate No. / Issuing State: 004 [redacted] AL

Signature of Driver: [Signature] Driver's License No. [redacted] ST TX

Address of Driver: P.O. Box [redacted] TX

Medical Certificate Expiration Date: 12/15/10

Appendix II. Summary of Invalid Records

The following medical certificates have been flagged as “invalid”. In these cases, the medical examiner responded that the certificate they were asked to validate did not match the records on file and indicated suspicious behavior on the part of the CDL holder.

No.	Driver State	Details
OH-3	Ohio	The medical examiner wrote, “I have no idea who this patient is – I do not find him in our system.”
OH-52	New Jersey	While some of the information was valid, the examiner offered, “[the] name is wrong. This is not my signature or handwriting.”
OH-91	Ohio	The Office Coordinator wrote, “We do not have any supporting documentation to verify that the above mentioned patient was seen in our office on 12/1/2006. The Ohio License Number listed on the attached form for [the Doctor] is incorrect.”
CA-254	California	The Doctor wrote, “We have no record of this patient. We have a Book for our DMV examinations and we don’t have this patient.”
IL-6	Illinois	The Doctor wrote, “This person was not seen in my facility on that day or anytime around that day. Furthermore, I do not recognize any of the handwriting on the certificate, and in particular, that is definitely not my signature as medical examiner.”
IL-41	Oklahoma	The office staff wrote, “We have no record of this DOT card. The signature is not physician’s.”
IL-78	Illinois	The medical examiner verified his own signature and confirmed that the patient was examined and certified on December 2, 2004. However, the Doctor wrote, “This DOT Card has been altered in which the Medical Certificate expiration date has been changed from 12/2/06 to 12/2/08.”