

**North Carolina Medical Review Unit  
Commercial Driver's License  
Waiver Program**

**Purpose:** The purpose of the North Carolina medical waiver program is to ensure that each NC intrastate commercial driver's license holder is able to safely operate a commercial motor vehicle even though the driver has a medical impairment.

The North Carolina Division of Motor of Vehicles, Medical Review Unit evaluates drivers whom otherwise would not be approved to drive a commercial motor vehicle based on Federal Motor Carrier Safety Regulations, but could safely operate a commercial motor vehicle if their condition is stable and they are monitored regularly. The NC Waiver Program is designed only for NC intrastate drivers. Drivers who intend to drive interstate may contact the Federal Motor Carrier Safety Administration regarding their exemption programs. Their website is <https://www.fmcsa.dot.gov>.

**Waiver Program Options:**

Currently, North Carolina approves three waivers for intrastate drivers (i.e. only drives within North Carolina) that would otherwise qualify for a DOT medical certificate and have completed a DOT physical examination within the last year. Waivers may be granted for up to, but no more than two years.

**(1) Insulin Dependent Diabetes**

- State diabetes waiver is valid for a maximum of one year
- North Carolina Division of Motor Vehicles requires that all **intrastate CDL** drivers with insulin dependent diabetes obtain a diabetes waiver as a condition for a NC commercial driver's license.
- Drivers must submit the following forms to the medical review unit
  - CDL Waiver Cover Sheet
  - Copy of a current DOT [Medical Examination Report Form](#) (MCSA-5875) for Commercial Driver Certification (DOT Physical)
  - Vehicle Driving Condition Report (VDCR)
  - Vision Report (DL-77)
  - State Diabetes Medical Evaluation Form (Initial and annually)
  - Interim Forms
    - Blood Glucose (Sugar) log and A1C, due every four months
    - Drivers should submit this documentation no later than 30 days prior to the expiration date on the current waiver. Failure to submit may result in cancellation or downgrade of a driver's license.

**(2) Vision**

- State vision waivers are valid for a maximum of two years
- North Carolina Division of Motor Vehicles requires that all **intrastate CDL** drivers that do not meet the minimum Federal vision standard obtain a vision waiver as a condition for a NC commercial driver's license.
- Drivers must submit the following forms
  - CDL Waiver Cover Sheet
  - Copy of a current DOT [Medical Examination Report Form](#) (MCSA-5875) for Commercial Driver Certification (DOT Physical)
  - Vehicle Driving Condition Report

- Vision Report (DL-77)
- Full Field 120 point visual field test results (see sample)

### **(3) Limb**

- State limb waivers are valid for a maximum of two years
- North Carolina Division of Motor Vehicles requires a limb waiver for all **intrastate CDL** drivers that do not meet the minimum Federal limb requirements. Waivers are required for drivers who have a loss or impairment of a hand or finger which interferes with power grasping or an arm, foot, or leg or other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with the operation of a commercial motor vehicle.
- Drivers must submit the following forms
  - CDL Waiver Cover Sheet
  - Copy of a current DOT [Medical Examination Report Form](#) (MCSA-5875) for Commercial Driver Certification (DOT Physical)
  - Vehicle Driving Condition Report
  - Limb waiver form

**Drivers may request a waiver for ONE medical condition. The Medical Review Unit does not offer more than one waiver for each driver.**

### **Approval of Waiver**

Upon approval, the NC DMV Medical Review Unit will notify the driver by letter. The letter will set forth the terms, conditions and limitations of the waiver. The driver must have the waiver in his/her possession whenever he/she is operating a commercial motor vehicle.

**North Carolina Department of Motor Vehicles Vision Specialist  
Form DL77**

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ to provide my examination information for the purposes of determining my visual fitness to operate a motor vehicle. I understand this authorizes the Division to review my case.

Applicant Signature \_\_\_\_\_ License/Customer number \_\_\_\_\_

Parent/Guardian if Minor \_\_\_\_\_ Telephone number \_\_\_\_\_

**To be completed by licensed Ophthalmologist or Optometrist**

1. What is the vision diagnosis? \_\_\_\_\_

2. Which eye(s) are affected:       both                       right                       left

3. Is the condition:                       permanent       stable       progressive       improving

(check all that apply)

4. Best corrected Visual Acuity:  
(Using conventional lenses)

Both 20/	Right 20/	Left 20/
Both 20/	Right 20/	Left 20/

5. Uncorrected Visual Acuity:

6. New lenses prescribed?                       Yes                       No

7. Are corrective lenses recommended for driving?       Yes                       No

8. What is the horizontal field of view in each eye without field expanders? **(Specify in degrees)**

Right Eye:      _____° nasal      _____° temporal	Left Eye:      _____° nasal      _____° temporal
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Test used:     Confrontation     Goldmann     Automated

9. Are there other visual issues that might affect driving?

No     Depth perception     Diplopia     Contrast sensitivity     Glare sensitivity     Color vision impairment

10. Is a bioptic telescope used for driving?       Yes       No **(If no, skip to # 16)**

11. If yes, how long has the bioptic been used?     New      Duration: \_\_\_\_\_ months/years (circle)

12. If yes, for which eyes(s)?                       Both       Right       Left

13. Visual acuity through bioptic telescope:      Both: 20/\_\_\_\_\_      Right: 20/\_\_\_\_\_      Left: 20/\_\_\_\_\_

14. Has the individual driven previously without a bioptic telescope?                       Yes       No

15. Has the individual completed certified training in the use of a bioptic for driving?                       Yes       No

16. Are there any other concerns regarding this individual's fitness to safely operate a motor vehicle?

No     Cognitive     Physical     Psychological     Other: \_\_\_\_\_

17. What driving restriction(s), if any, do you recommend based upon your examination?

None     45mph limit/No interstate     Daylight only     Local driving only: \_\_\_\_\_ miles from home     **Should not drive**

18. Other recommendations for highway safety purposes (check all that apply):

DMV follow-up:                       6 months       every: circle: (1) (2) (3) year(s)

On road evaluation by DMV (or approved examiner)

Other: \_\_\_\_\_

**Vision Examiner:**

Name \_\_\_\_\_ Degree \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions: Fax this completed and signed form to the NC DMV Medical Review Section at (919) 733-9569**

**NORTH CAROLINA DIVISION OF MOTOR VEHICLES  
CERTIFICATE OF BEHIND-THE-WHEEL BIOPTIC DRIVER TRAINING  
FORM DL77-BT**

Applicant Name \_\_\_\_\_ License/Customer Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian if Minor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION:**

Visually impaired individuals may be eligible to receive a restricted driver license with the use of a bioptic telescope if they can achieve at least 20/200 visual acuity in one or both eyes through conventional eyeglass lenses (if needed) and at least 20/70 visual acuity in one or both eyes through a bioptic telescope. Individuals must also have a minimum visual field radius of at least 30 degrees nasally and 40 degrees temporally without the use of field expanders and demonstrate satisfactory driving skills with the use of the bioptic telescope. **A current DMV Vision Form (DL77), which is not more than 6 months old, must accompany this certificate.**

1. If the applicant is younger than 18 years of age, has the applicant completed:
  - a. 30 hours of classroom Driver Education instruction \_\_\_ Yes \_\_\_ No
  - b. pre-driver readiness \_\_\_ Yes \_\_\_ No
  - c. minimum of 10 hours of BTW training with the use of a bioptic telescope by a certified driving instructor (CDI) bioptic trainer \_\_\_ Yes \_\_\_ No
2. The applicant has driven safely on local roads. \_\_\_ Yes \_\_\_ No
3. The applicant can locate, identify, and respond to signs and signals at appropriate distances. \_\_\_ Yes \_\_\_ No
4. The applicant recognizes and responds appropriately to road hazards, traffic, and pedestrians. \_\_\_ Yes \_\_\_ No
5. Is the applicant's vision with conventional lenses (if needed) at least 20/200 in one or both eyes and at least 20/70 through the telescope? \_\_\_ Yes \_\_\_ No
  - 5a. If yes, has the applicant successfully driven on highways and interstates at appropriate posted speeds? \_\_\_ Yes \_\_\_ No
  - 5b. If yes, can the applicant safely enter and exit highways and interstates? \_\_\_ Yes \_\_\_ No
6. Does the applicant have 20/40 or better visual acuity through the bioptic in one or both eyes? \_\_\_ Yes \_\_\_ No
  - 6a. If yes, has the eyecare provider approved the applicant for night time driving? \_\_\_ Yes \_\_\_ No
  - 6b. If yes, has the applicant driven successfully at night-time with their bioptic telescope? \_\_\_ Yes \_\_\_ No
7. Do you have any additional concerns regarding this individual's fitness to operate a motor vehicle? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

This is to confirm that the applicant has completed supervised behind-the-wheel driver training and assessment while using a bioptic telescope and shows competence operating a motor vehicle in a safe and responsible manner while using a bioptic telescope.

I hereby certify that the applicant is competent to drive with a bioptic telescope as noted above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_ License # \_\_\_\_\_

Company/Agency/Program \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Instructions: Fax this completed and signed form to the NC DMV Medical Review Section at (919) 733-9569.**

# CDL WAIVER COVER SHEET

ATTENTION: THIS PAGE MUST BE COMPLETED AND INCLUDED WITH ANY WAIVER DOCUMENTS THAT ARE SUBMITTED

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_

CIRCLE TYPE OF WAIVER: **DIABETIC**      **VISION**      **LIMB**

MAIL OR FAX INFORMATION:

MEDICAL REVIEW UNIT  
3112 MAIL SERVICE CENTER  
RALEIGH, NC 27699  
FAX NO: (919) 733-9569

## IMPORTANT!!!

PLEASE INCLUDE THIS PAGE WITH YOUR COMPLETED FORMS WHEN FAXING OR MAILING WAIVER DOCUMENTATION TO DMV.