

**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 **non-excepted 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, 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 **non-excepted 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 fields test

(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 **non-excepted 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 prehension or 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.

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.