



# TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 NORTH LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001

512/424-2000

[www.dps.texas.gov](http://www.dps.texas.gov)



STEVEN C. McCRAW  
DIRECTOR

DAVID G BAKER  
ROBERT J BODISHCH, SR  
DEPUTY DIRECTORS

## TEXAS INTRASTATE LIMB WAIVER APPLICATION and PHYSICAL EXAMINATION REPORT

Attached is the Intrastate Limb Waiver packet. This packet contains an Intrastate Limb Waiver Application, Medical Evaluation Summary, and Physical Examination Form. These items must be completed and returned before your limb waiver is processed.

The Medical Evaluation Summary must be completed by an **orthopedic surgeon or physiatrist** (person who specializes in physical medicine). If a prosthetic device is required, please provide this information in as much technical detail as possible on the Intrastate Limb Waiver Application. **If the information above is not completed and returned to this office within 45 days, your file will be inactivated.**

In order to obtain your Texas CDL with an intrastate restriction, you must first obtain your Intrastate Limb Waiver. In order to obtain your Texas CDL without an intrastate restriction, you may apply with the Federal Motor Carrier Safety Administration at (404) 327-7371 for an Interstate Limb Waiver.

**Please note:** Once your completed application has been processed, you will be notified to contact the DL station nearest you to arrange a comprehensive driving examination. In order to take the comprehensive driving examination, you must do the following:

1. Arrange for the vehicle in which the test will be administered. It should be the vehicle you will be driving if the waiver is granted, or one in the same vehicle class.
2. If the vehicle is equipped with a clutch, the clutch must be used when changing transmission speeds. If required, a prosthesis must be worn. If special equipment is necessary, it must be on the test vehicle.
3. You must ensure the test vehicle meets the Federal Motor Carrier Safety Regulations equipment standards. DPS personnel will accompany you on a pre-operational check. Any vehicle that does not meet safety standards will be rejected.

Please return your completed application to:

TEXAS DEPARTMENT OF PUBLIC SAFETY  
LICENSE AND RECORD SERVICE  
ATTN: CDL  
PO BOX 4087  
AUSTIN TX 78773-0320

If you have any questions, please contact the Customer Contact Center at (512) 424-2600 and select "driver license information."

(Rev. 8/16)

**INTRASTATE LIMB WAIVER APPLICATION**

CDL-37 (Rev. 08/16)

**PLEASE TYPE OR PRINT CLEARLY:**

TEXAS DRIVER LICENCE #: \_\_\_\_\_  
NAME: \_\_\_\_\_ DATE OF BIRTH:     
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS OF DRIVER LICENSE OFFICE NEAREST YOUR HOME OR WORK PLACE: \_\_\_\_\_

NAME OF MOTOR CARRIER (IF APPLICABLE): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BUSINESS PHONE:(\_\_\_\_) \_\_\_\_\_  
DESCRIPTION OF HANDICAP: \_\_\_\_\_  
TYPE OF PROSTHESIS WORN: \_\_\_\_\_ IS PROSTHESIS REQUIRED: \_\_\_\_\_

**GENERAL DRIVING DUTIES:**

AVERAGE PERIOD OF DRIVING TIME: \_\_\_\_\_ TYPE OF CARGO: \_\_\_\_\_  
TYPE OF OPERATION (SLEEPER TEAM, RELAY, ETC.): \_\_\_\_\_  
NUMBER OF YEARS EXPERIENCE DRIVING TYPE VEHICLE REQUESTED IN APPLICATION: \_\_\_\_\_  
NUMBER OF YEARS DRIVING ALL TYPE (S) VEHICLES: \_\_\_\_\_

**DESCRIPTION OF VEHICLE (S):**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
DRIVE TRAIN: \_\_\_\_\_ TRANSMISSION TYPE: \_\_\_\_\_ NO. OF SPEEDS: \_\_\_\_\_  
AUXILIARY TRANSMISSION TYPE: \_\_\_\_\_ NO. OF SPEEDS: \_\_\_\_\_  
VARIABLE SPEED REAR AXLE: \_\_\_\_\_ NO. OF SPEEDS: \_\_\_\_\_  
TYPE OF BRAKE SYSTEM: \_\_\_\_\_  
STEERING (MANUAL OR POWER ASSISTED): \_\_\_\_\_  
NUMBER OF SEMITRAILERS: \_\_\_\_\_ DESCRIPTION OF TRAILERS: \_\_\_\_\_  
DESCRIPTION OF VEHICLE MODIFICATIONS: \_\_\_\_\_

**THE LETTER OF APPLICATION FOR A WAIVER SHALL BE ACCOMPANIED BY:**

1. A Physical Examination Form
2. A Medical Certificate
3. A Medical Evaluation Summary completed by either a board qualified or board certified physiatrist or orthopedic surgeon
4. A description of the prosthetic or orthopedic device worn, if any
5. A copy of any waivers of certain physical defects issued by the State, if applicable

**I HEREBY CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD. - BOX 4087 - AUSTIN, TEXAS 78773-0310

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## NOTICE TO MEDICAL EXAMINER/ APPLICANT

The enclosed Texas **Physical Examination Form** must be completed by a licensed medical examiner.

The attached five page **Medical Evaluation Summary** can only be completed by a **physiatrist** (person who specializes in physical medicine) or an **orthopedic surgeon** (specialist in afflictions of the skeletal system). The applicant and his/her orthopedic surgeon and/or physiatrist must review and check every box that applies to the type of duties or the environment in which the applicant will be driving or working.

The completed original **Physical Examination Form** and completed original **Medical Evaluation Summary** must be mailed to:

**TEXAS DEPARTMENT OF PUBLIC SAFETY  
LICENSE AND RECORD SERVICE  
ATTN: CDL  
PO BOX 4087  
AUSTIN, TEXAS 78773-0320**

If you have any questions, please contact the Customer Contact Center at (512) 424-2600 and select "driver license information."

(Rev. 8/16)

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**YOU MUST CAREFULLY READ THE  
FOLLOWING INSTRUCTIONS BEFORE CONTINUING**

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The attached MEDICAL EVALUATION SUMMARY must be completed for every Skill Performance Evaluation (SPE) Certificate applicant.

There are several important points about this Summary that you **must adhere to**:

1. As the applicant, you must review and consider every block in Part II and check every box that applies to the type of duties or the environment you will be driving/working in.
2. Only a board qualified or board certified **physiatrist** (physician who specializes in physical medicine) OR an **orthopedic surgeon** (specialist in afflictions of the skeletal system) can complete and sign the Summary. The signature of a general practitioner alone is not sufficient.

**MEDICAL EVALUATION SUMMARY**

Date \_\_\_\_\_

FROM: \_\_\_\_\_  
(Motor Carrier's Name)

TO: \_\_\_\_\_  
(Doctor's Name) **Must be Board Qualified or Board Certified Orthopedic Surgeon or Physiatrist**

SPE Applicant Name: \_\_\_\_\_

**PART I**

The above driver is being referred to you for a medical evaluation summary as required by Section 391.49 of the Federal Motor Carrier Safety Regulations (FMCSR). The FMCSR states that the motor carrier shall furnish the examining physiatrist or orthopedic surgeon with a description of the job tasks which are contained herein. The FMCSR further states that the medical evaluation summary shall be completed, dependent upon the driver's physical disability in accordance with the following objectives:

1. IN CASES INVOLVING AMPUTATION - The summary shall include an assessment of the driver's physical capabilities as they relate to the driver's ability to perform the tasks as specified in the accompanying job task description.
2. IN CASES INVOLVING LIMB IMPAIRMENT - The summary shall include an explanation as to how and why the impaired area interferes with the driver's ability to perform the tasks as specified in the accompanying job task description. **The summary shall also contain an assessment of whether the condition will likely remain medically stable over the driver applicant's lifetime.**
3. IN CASES INVOLVING EITHER AN UPPER LIMB AMPUTATION OR UPPER LIMB IMPAIRMENT, the summary shall include a statement by the examiner that the applicant is capable of demonstrating precision prehension (manipulating knobs and switches) and power grasp prehension (holding and maneuvering the steering wheel) with each upper limb separately.

Few people outside of the motor carrier industry fully appreciate the mental and physical demands placed on commercial drivers. Medical examiners should not apply automobile driving experience to evaluate fitness of commercial driver applicants.

The physical demands of commercial driving and related tasks vary considerably with type of vehicles and duties involved. To effectively match job demands with an applicant's abilities to meet these demands, the physiatrist or orthopedic surgeon must know the type of vehicle to be driven, the job demands, and environment involved. For their own, as well as the safety of others, drivers minimally must have adequate:

- A. Strength - of the skeletal muscles to turn large diameter steering wheels (20-24 inches) rapidly and maintain a grip on them when confronted with tire failures and/or striking potholes or obstructions on the roadway.
- B. Mobility - of the joints to reach various controls that must be pushed, pulled, or twisted; and to climb, bend, crawl, lift, twist, and turn to position for visual inspection; and to perform various related other associated tasks such as coupling and uncoupling trailers and vehicle inspections.
- C. Stability - of joints and of the torso to maintain alert driving postures to smoothly modulate foot and hand controls, to climb into and out of the vehicle cab and cargo compartments.
- D. Power Grasp and Prehension - of hands and fingers to control the steering wheel, operate the transmission (gear shift lever), air brake controls, and various other tasks such as operating light switches, directional signals, horns.

**PART II**

**THIS PART TO BE COMPLETED BY MOTOR CARRIER AND/OR DRIVER**

Modification to the task statements may be made if necessary.

The following is a universal job task description, **your attention is directed to those boxes that have been checked as pertinent to this particular driver.**

**A. VEHICLE TYPE**

**Straight Truck**

May have up to 5 axles, utilizing van, flatbed, tank or dump bodies.

A. Over 10,001 lbs

B. Combination Straight Trk with Trailer over 10,001lbs.

C. Less than 10,001 lbs & Placarded Hazardous Materials

**Motor Home**

Gross Vehicle Weight Rating of 10,001 or more

**Tractor-Trailer**

Comprised of a power unit (tractor) and one or more trailers.

**Passenger Vhl.**

List the Seating Capacity \_\_\_\_\_

**Type:**

Motor Coach

Bus

Van

- i. Short-relay drives 4-5 hours to a turnaround point, exchanges trucks and drives back to starting point.
- ii. Long-relay drives 8-10 hours, sleeps for 8 hours and returns to starting point.
- iii. Straight-through to destination, including coast to coast operations, and typically is away from home for \_\_\_\_ nights at a time.
- iv. Sleeper-team drives constantly for 4 hours followed by 4 hours in the bunk while co-driver drives and typically is away from home \_\_\_\_ nights at a time.
- v. Local deliveries, often with frequent stops
- vi. Driver may spend hours climbing in and out of truck to load and unload cargo.

**B. ENVIRONMENTAL FACTORS**

Drivers may be subject to:

- a. Abrupt duty hour changes,
- b. Sleep deprivation,
- c. Unbalanced work/rest cycles,
- d. Temperature and weather extremes,
- e. Long trips without regular meals,
- f. Short notice to assignment of run,
- g. Tight delivery schedule,
- h. Delay en route,
- i. Others

### **C. PHYSICAL DEMAND**

Moderate physical activity levels are associated with commercial vehicle driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, applying brakes, shift the gears, etc. The demands imposed on a commercial driver's sensory organs and musculoskeletal systems are briefly discussed below.

- Gear Shifting: The movement of the gear shift lever(s) requires moderate strength, timely coordination, and complex manipulation skills of right upper and left lower extremity. This individual's vehicle will have a \_\_\_\_\_ speed manual transmission.
- Vehicle equipped with semi-automatic transmission (manual shifting but no clutch).
- Vehicle equipped with a fully automatic transmission.
- Control of steering wheel requires strength, mobility, and power grip of upper extremities while maintaining stability of trunk.
- Operation of brake and accelerator pedal requires moderate strength, mobility, and coordinated movement in lower extremities.
- Various tasks during driving, such as: operating light switches, windshield wipers, directional signals, emergency lights, horn, etc.; requiring moderate strength, mobility, and manipulative skills of upper extremities.
- Backing and parking: requires good depth perception, strength, and coordinated manipulative skills.
- Vehicle inspection: driver must evaluate the mechanical condition of the various vehicular systems such as: tires, brakes, suspensions, engines, and cargo. Climbing, bending, kneeling, crawling, reaching, stretching, turning, twisting, are essential for proper vehicle inspection.
- Cargo handling and inspection: drivers may be required to handle cargo, climb up and down perpendicular ladders, and enter/leave the cab or cargo body many times a day.
- Coupling and uncoupling: tractor-trailer drivers may hook up one or more trailers, this requires strength and full range of motion to climb, balance turn, grip, and pull.
- Mounting snow chains on tires, requires pulling/lifting motions in the range of 35-90 pounds.
- Changing tires, requires a combination of pulling, pushing, lifting, motions in the range of 100 to 175 pounds.
- Vehicle modification(s) made for this driver are:

**PART III**

**THIS PART TO BE COMPLETED BY ORTHOPEDIC SURGEON OR PHYSIATRIST**

Based upon this job task description (as indicated in Part II-A, B, and C) and your examination of this driver, please answer all questions below.

It is not necessary for physician to state whether this person is likely to be a safety risk on the highway. Our SPE Specialist will conduct skill performance evaluations in the intended vehicles to determine whether limb-handicapped persons have overcome their handicaps. We are relying on your medical measurements and judgement for such information as asked below:

1. Does this driver have adequate MUSCLE STRENGTH to perform the tasks required:

Yes

No **If no, please indicate the impaired extremity.**

Upper Extremity       Right                       Left

Lower Extremity       Right                       Left

2. Does this driver have adequate MOBILITY of the extremities and trunk to perform the tasks required?

Yes

No **If no, please indicate the impaired extremity.**

Upper Extremity       Right                       Left

Lower Extremity       Right                       Left

Trunk                     

3. Does this driver have adequate JOINTS and TRUNK STABILITY to perform the tasks required?

Yes

No **If no, please indicate the impaired extremity.**

Upper Extremity       Right                       Left

Lower Extremity       Right                       Left

Trunk



4. This driver has an **impairment** of: hand or upper limb  
has an **amputation** of: hand (partialfull) or upper limb:

Does he/she have POWER GRIP and PREHENSION FUNCTION of the hand and fingers?

[Power Grip and precision prehension further defined: the capability of holding, clutching, clasping, or seizing firmly the steering wheel and/or other vehicle equipment to effectively control the vehicle and perform normal and emergency vehicle operations [steering (potholes, tire failure (blowouts), etc), operate gear shift levers, air brake controls, light switches, directional signals, horns].

Right  Yes  No

Left  Yes  No

If no, do you recommend a surgical reconstruction to produce power grip and/or prehension?  
 Yes  No

5. If this driver has an UPPER or LOWER LIMB **IMPAIRMENT** Right Left)  
or has an UPPER or LOWER LIMB **AMPUTATION** Right Left)

does he/she have:

a. The APPROPRIATE TYPE OF PROSTHESIS OR ORTHOTIC DEVICE ?

Yes  No

b. The appropriate type of TERMINAL DEVICE?

Yes  No

c. If yes, does the prosthesis\orthotic fit satisfactorily, is it in good operating condition?

Yes  No

d. Is the applicant able to use the prosthetic/orthotic device proficiently?

Yes  No

e. In case of a hand or upper limb amputation or impairment does the prosthetic/orthotic device aid the driver in the ability to demonstrate power grasp and precision prehension?

Yes  No

**If no to any of above, what is your recommendation?**

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6. Please give a clinical description of the prosthetic or orthotic device, power source, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does this driver have any other medical conditions, other than the physical disability indicated in Part III that will interfere with his/her ability to adequately perform the tasks required?

No

Yes - Explain:

\_\_\_\_\_  
\_\_\_\_\_

8. Please summarize your findings and evaluation, include assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Date \_\_\_\_\_

(Print or Type)

Address: \_\_\_\_\_

Telephone No.: \_\_ ( \_\_ ) \_\_\_\_\_

Physiatrist \_\_\_\_\_ Orthopedic Surgeon \_\_\_\_\_ Other \_\_\_\_\_

Board Certified  Yes  No

Board Eligible  Yes  No

Physiatrist's or Orthopedic Surgeon's SIGNATURE \_\_\_\_\_