Driving rules in Texas (updated)

"Can I drive doc?"

Sara Austin, MD

Austin, Texas

Driving is important

- It affects the ability to maintain a job, education, and even physician visits
- Maintaining the ability to drive has been identified as the number one concern in patients with epilepsy (PWE).
- The state considers driving a privilege and not a 'right'.

Who regulates this for the state?

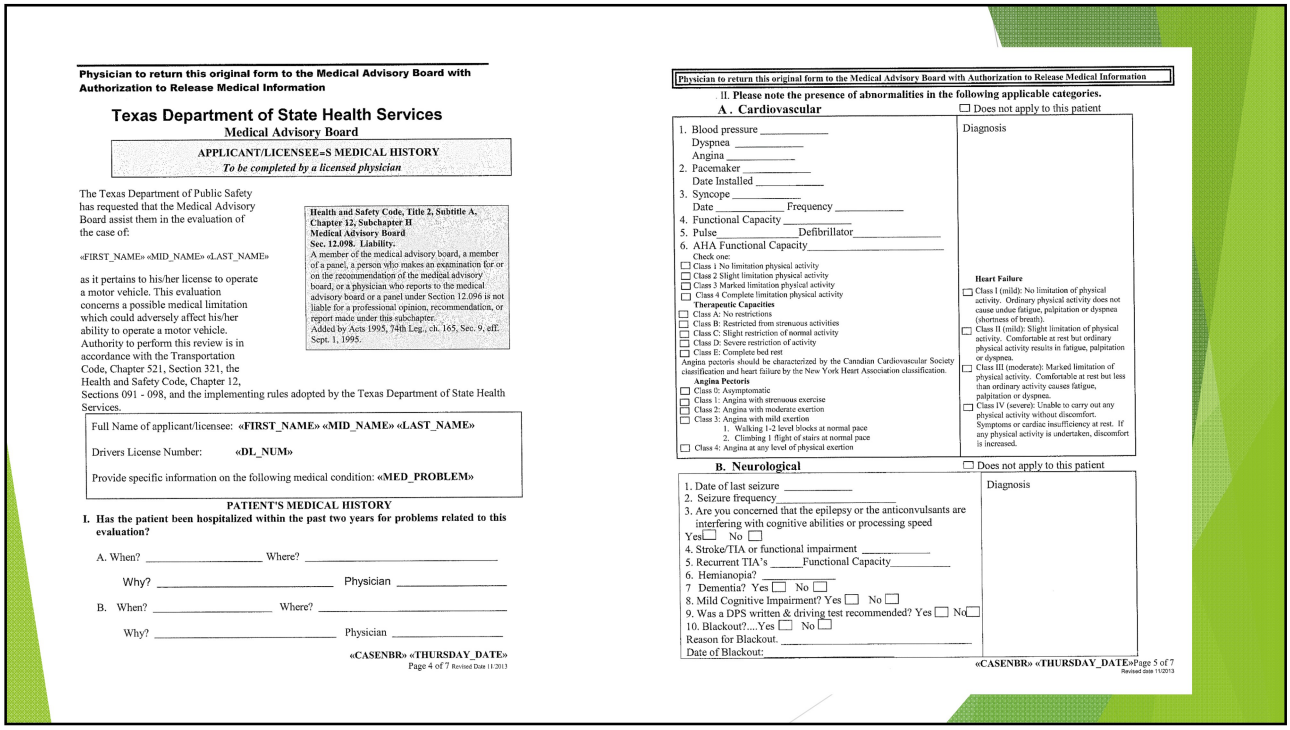
- **DPS is responsible for issuing all driving licenses – (and has the final say)**
- The **Medical Advisory Board**
  - under the directorship of the **Department of State Health Services EMS Certification and Licensing** advises DPS regarding medical conditions and driving

How the Medical Advisory Board works

- No individual may appear before the MAB
- The board only reviews the medical facts and reaches an opinion
- The board meets every 2 weeks and reviews about 150-200 cases
- The board is made up of 14 physicians who alternate their time. It is voluntary (but a small stipend is paid)
- After an opinion is reached, a written recommendation is forwarded to the Driver License Division of DPS, and the decision is forwarded to the individual by mail (this takes about 2 weeks).
- They are usually looking for members, especially neurologists!

DPS

- DPS is the licensing agency for driving for Texas
- **DPS is solely responsible** for all actions taken or initiated with licensing.
- **"Neither the MAB nor the attending physician are legally liable for the decisions or actions taken by DPS in the licensing or un-licensing of drivers."**
- If a license is denied or revoked for medical reasons, the decision may be appealed to the courts for final determination.



Physician to return this original form to the Medical Advisory Board with Authorization to Release Medical Information

Texas Department of State Health Services
Medical Advisory Board

APPLICANT/LICENSEE=S MEDICAL HISTORY
To be completed by a licensed physician

The Texas Department of Public Safety has requested that the Medical Advisory Board assist them in the evaluation of the case of:

«FIRST_NAME» «MID_NAME» «LAST_NAME»

as it pertains to his/her license to operate a motor vehicle. This evaluation concerns a possible medical limitation which could adversely affect his/her ability to operate a motor vehicle. Authority to perform this review is in accordance with the Transportation Code, Chapter 521, Section 321, the Health and Safety Code, Chapter 12, Sections 091 - 098, and the implementing rules adopted by the Texas Department of State Health Services.

Health and Safety Code, Title 2, Subtitle A, Chapter 12, Subchapter H
Medical Advisory Board
Sec. 12.098. Liability.
A member of the medical advisory board, a member of a panel, a person who makes an examination for or on the recommendation of the medical advisory board, or a physician who reports to the medical advisory board or a panel under Section 12.096 is not liable for a professional opinion, recommendation, or report made under this subchapter.
Added by Acts 1995, 74th Leg., ch. 165, Sec. 9, eff. Sept. 1, 1995.

Full Name of applicant/licensee: **«FIRST_NAME» «MID_NAME» «LAST_NAME»**

Drivers License Number: **«DL_NUM»**

Provide specific information on the following medical condition: **«MED_PROBLEM»**

PATIENT'S MEDICAL HISTORY

I. Has the patient been hospitalized within the past two years for problems related to this evaluation?

A. When? _____ Where? _____

Why? _____ Physician _____

B. When? _____ Where? _____

Why? _____ Physician _____

«CASENBR» «THURSDAY_DATE»
Page 4 of 7 Revised Date 11/2013

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II. Please note the presence of abnormalities in the following applicable categories.

A. Cardiovascular ☐ Does not apply to this patient

1. Blood pressure _____
   Dyspnea _____
   Angina _____
2. Pacemaker _____
   Date Installed _____
3. Syncope _____
   Date _____ Frequency _____
4. Functional Capacity _____
5. Pulse _____ Defibrillator _____
6. AHA Functional Capacity _____

Check one:
☐ Class 1 No limitation physical activity
☐ Class 2 Slight limitation physical activity
☐ Class 3 Marked limitation physical activity
☐ Class 4 Complete limitation physical activity

Therapeutic Capacities
☐ Class A: No restrictions
☐ Class B: Restricted from strenuous activities
☐ Class C: Slight restriction of normal activity
☐ Class D: Severe restriction of activity
☐ Class E: Complete bed rest

Angina pectoris should be characterized by the Canadian Cardiovascular Society classification and heart failure by the New York Heart Association classification.

Angina Pectoris
☐ Class 0: Asymptomatic
☐ Class 1: Angina with strenuous exercise
☐ Class 2: Angina with moderate exertion
☐ Class 3: Angina with mild exertion
   1. Walking 1-2 level blocks at normal pace
   2. Climbing 1 flight of stairs at normal pace
☐ Class 4: Angina at any level of physical exertion

Diagnosis

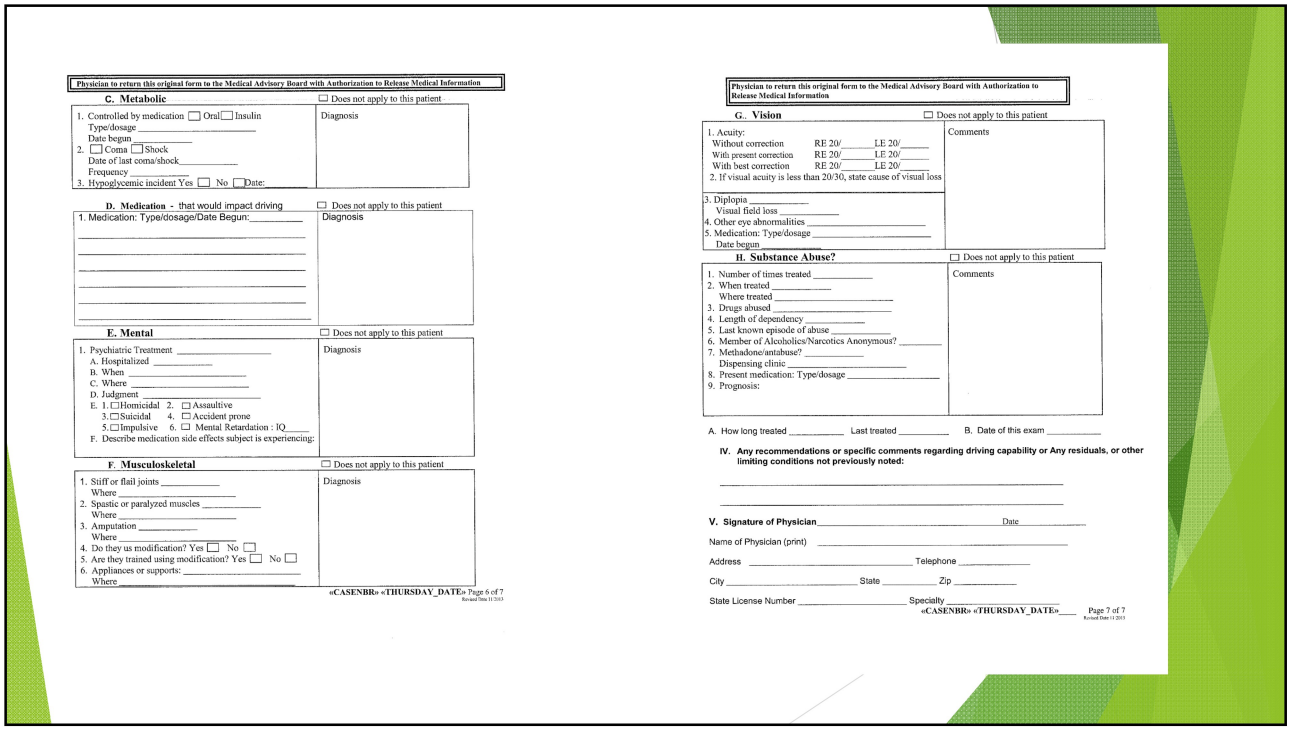
Heart Failure
☐ Class I (mild): No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea (shortness of breath).
☐ Class II (mild): Slight limitation of physical activity. Comfortable at rest but ordinary physical activity results in fatigue, palpitation or dyspnea.
☐ Class III (moderate): Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes fatigue, palpitation or dyspnea.
☐ Class IV (severe): Unable to carry out any physical activity without discomfort. Symptoms or cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

B. Neurological ☐ Does not apply to this patient

1. Date of last seizure _____
2. Seizure frequency _____
3. Are you concerned that the epilepsy or the anticonvulsants are interfering with cognitive abilities or processing speed
   Yes☐ No ☐
4. Stroke/TIA or functional impairment _____
5. Recurrent TIA's _____ Functional Capacity _____
6. Hemianopia? _____
7. Dementia? Yes ☐ No ☐
8. Mild Cognitive Impairment? Yes ☐ No ☐
9. Was a DPS written & driving test recommended? Yes ☐ No ☐
10. Blackout?...Yes ☐ No ☐
    Reason for Blackout. _____
    Date of Blackout: _____

Diagnosis

«CASENBR» «THURSDAY_DATE» Page 5 of 7
Revised date 11/2013



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C. Metabolic ☐ Does not apply to this patient

1. Controlled by medication ☐ Oral ☐ Insulin
   Type/dosage _____
   Date begun _____
2. ☐ Coma ☐ Shock
   Date of last coma/shock _____
   Frequency _____
3. Hypoglycemic incident Yes ☐ No ☐ Date: _____

Diagnosis

D. Medication - that would impact driving ☐ Does not apply to this patient

1. Medication: Type/dosage/Date Begun: _____

Diagnosis

E. Mental ☐ Does not apply to this patient

1. Psychiatric Treatment _____
   A. Hospitalized _____
   B. When _____
   C. Where _____
   D. Judgment _____
   E. 1. ☐ Homicidal 2. ☐ Assaultive
   3. ☐ Suicidal 4. ☐ Accident prone
   5. ☐ Impulsive 6. ☐ Mental Retardation : IQ_____
   F. Describe medication side effects subject is experiencing:

Diagnosis

F. Musculoskeletal ☐ Does not apply to this patient

1. Stiff or flail joints _____
   Where _____
2. Spastic or paralyzed muscles _____
   Where _____
3. Amputation _____
   Where _____
4. Do they us modification? Yes ☐ No ☐
5. Are they trained using modification? Yes ☐ No ☐
6. Appliances or supports: _____
   Where _____

Diagnosis

«CASENBR» «THURSDAY_DATE» Page 6 of 7

Revised Date 11/2013

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G. Vision ☐ Does not apply to this patient

1. Acuity:
   Without correction RE 20/_____ LE 20/_____
   With present correction RE 20/_____ LE 20/_____
   With best correction RE 20/_____ LE 20/_____
2. If visual acuity is less than 20/30, state cause of visual loss

Comments

3. Diplopia _____
   Visual field loss _____
4. Other eye abnormalities _____
5. Medication: Type/dosage _____
   Date begun _____

H. Substance Abuse? ☐ Does not apply to this patient

1. Number of times treated _____
2. When treated _____
   Where treated _____
3. Drugs abused _____
4. Length of dependency _____
5. Last known episode of abuse _____
6. Member of Alcoholics/Narcotics Anonymous? _____
7. Methadone/antabuse? _____
   Dispensing clinic _____
8. Present medication: Type/dosage _____
9. Prognosis:

Comments

A. How long treated _____ Last treated _____ B. Date of this exam _____

IV. Any recommendations or specific comments regarding driving capability or Any residuals, or other limiting conditions not previously noted:

_____

_____

V. Signature of Physician _____ Date _____

Name of Physician (print) _____

Address _____ Telephone _____

City _____ State _____ Zip _____

State License Number _____ Specialty _____

«CASENBR» «THURSDAY_DATE» Page 7 of 7

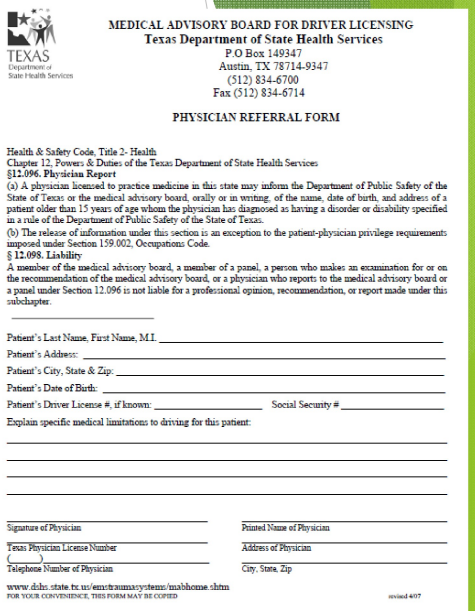
Revised Date 11/2013

Your job in this process

- Fill out the medical form to the best of your ability.
- If you don't know the answer, say that
- If you have a recommendation about driving you may say it in the comments section – comments are welcome but not required
- You are not responsible to know what the driving restrictions are – the MAB will let the driver know that. Your job is to provide the medical facts

Reporting

- Texas does not have mandatory reporting but you do have an ethical and legal obligation to discuss driving with your patients,
- You may report a patient who you suspect is not following the rules
  - The person will be notified by the MAB and will go thru the process
  - This can be anonymous (sort of).



MEDICAL ADVISORY BOARD FOR DRIVER LICENSING
Texas Department of State Health Services
P.O Box 149347
Austin, TX 78714-9347
(512) 834-6700
Fax (512) 834-6714

PHYSICIAN REFERRAL FORM

Health & Safety Code, Title 2.- Health
Chapter 12, Powers & Duties of the Texas Department of State Health Services
§12.096. Physician Report
(a) A physician licensed to practice medicine in this state may inform the Department of Public Safety of the State of Texas or the medical advisory board, orally or in writing, of the name, date of birth, and address of a patient older than 15 years of age whom the physician has diagnosed as having a disorder or disability specified in a rule of the Department of Public Safety of the State of Texas.
(b) The release of information under this section is an exception to the patient-physician privilege requirements imposed under Section 159.002, Occupations Code.
§ 12.098. Liability
A member of the medical advisory board, a member of a panel, a person who makes an examination for or on the recommendation of the medical advisory board, or a physician who reports to the medical advisory board or a panel under Section 12.096 is not liable for a professional opinion, recommendation, or report made under this subchapter.

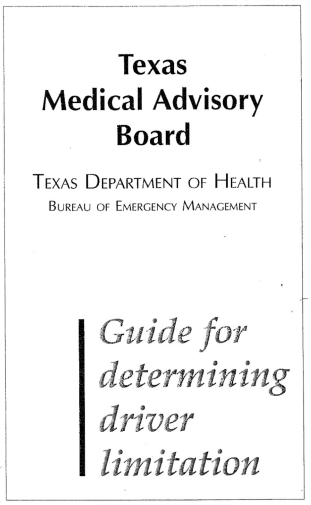
Patient's Last Name, First Name, M.I. _____
Patient's Address: _____
Patient's City, State & Zip: _____
Patient's Date of Birth: _____
Patient's Driver License #, if known: _____ Social Security # _____
Explain specific medical limitations to driving for this patient:

Signature of Physician | Printed Name of Physician
Texas Physician License Number | Address of Physician
( ) | City, State, Zip
Telephone Number of Physician

www.dshs.state.tx.us/emstraumacystems/mabhome.shtm
FOR YOUR CONVENIENCE, THIS FORM MAY BE COPIED
revised 4/07

Guide for determining driver limitation

- The last update was done in 1991
- TIA – 6 months driving restriction
- Sleep apnea – no driving for 6 months after control was obtained
- Dementia – not mentioned
- Syncope (any cause, anywhere)– no driving for 1 year
- Hypoglycemia – no driving for 1 year
- Seizures – 6 month restriction, didn't apply to nocturna sz(?)
- Vertigo – Meniere's – no driving again…..ever



Texas
Medical Advisory Board

Texas Department of Health
Bureau of Emergency Management

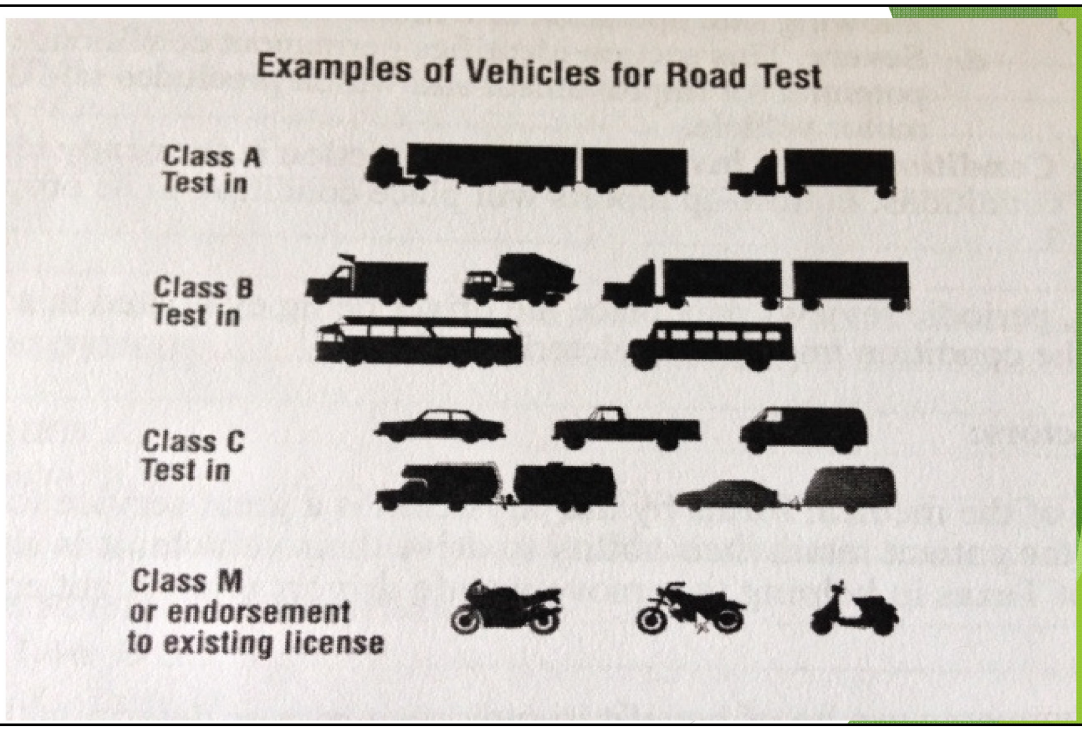
Guide for determining driver limitation

Goal of update

- Better reflect advances in medical care in the past 23 years
- Better align driving rules with common sense advice given by doctors to patients
- Address specific problems that were not addressed previously. (dementia, implantable defibrillators)
- Should be based on science, practical, practicable, and in general alignment with most other states when possible.
- Recognize that Texas is a diverse state, and that primary care doctors do the majority of these reports

License types

- **Class A** – Commercial drivers (bigger trucks, career driving, >16 passenger buses)
- **Class B** – dump trucks, school buses, >23 passengers
- **Class C** – cars, small trucks, <24 passengers (taxi's, police cars, ambulance also)
- **Class C can have P, C, D, and E restrictions**



License restrictions (for Class C)

- 'P' restriction – Class C license but restricted from driving taxies, buses or emergency vehicles (police or fire, EMS)
- 'C' – daytime only
- 'D' – not to exceed 45 mph
- 'E' – no expressway driving
- C, D, and E restrictions are often used together

- 'Emergency C' – Class C without restriction

Seizures (updated rules)

- **Seizure free period** on or off medications for **3 months** for a **Class C license with 'P' restriction** (regular automobile driving) –as long as certain requirements are met:
- **All seizure types** are included (except pure simple sensory seizures at the discretion of the physician)
- **Class A, B, and unrestricted C license** –no license until **5** years **off** medication and seizure free

Seizures – requirements that must be met

- Currently under a physicians care
- No evidence for clinical seizures for 3 months
- Specific recommendation from applicant's physician regarding
  - reliability taking medications
  - avoiding sleep deprivation
  - avoiding alcohol use

Seizures - requirements

- You can recommend a longer period of driving restriction (for example, multiple seizures in the past year, recent psychiatric condition, poor driving history)
- Medication tapers
  - If person at low risk – no driving restriction
  - If person at high risk – 3-6 month restriction
  - If the person non-compliant – no driving
  - If low risk but has a seizure when meds lowered, no restriction after dose increased to previous range

Seizure related MV crashes in AZ

- AZ changed driving restriction from 12 months to 3 months for PWE in 1993.
- Overall MVA's related to seizures make up 0.042% of all crashes (EtOH contributes to 8% of all crashes, 40% fatal)
- Most sz related crashes are single vehicle and most are 'injury'
- The rate of seizure related crashes did not significantly increase in AZ after the interval was decreased from 12 to 3 months

Dementia

- **Dementia** is manifested by the onset of impairment in memory, requires the presence of impairment in at least 1 additional cognitive domain, and those deficit(s) cause significant impairment in social and/or occupational functioning

- **Mild cognitive impairment** – cognitive impairment in one domain that is greater than that expected with normal aging, but not sufficient to diagnose dementia

Dementia and driving
this is new

- **The diagnosis of dementia precludes driving unless the person is judged to be safe by**
  - A neuropsychological evaluation of cognitive abilities involved in driving
  - A driver evaluation by a center or persons trained to evaluate driving ability in the setting of cognitive impairment
  - Medical assessment by a physician with expertise in evaluating attention, memory, language, visuospatial function **in a standardized way**
  - **If none of the above options are available, then the individual must make a passing score on the DPS written and driving evaluation**

Dementia: Clinical Dementia Rating (CDR) score

- Recommendation by the AAN Practice Parameter published in 2000
- Persons with a Clinical Dementia Rating (CDR) score of 1.0 or greater are precluded from driving (unless they qualify based on the criteria previously stated)
- Score is based on the MEMORY score only, unless 3 of the secondary categories score above or below the Memory score, in which case the CDR=the majority of the secondary categories

Table 1 - Classification of the categories evaluated by the Clinical Dementia Rating.

Impairment level	None (0)	Questionable (0.5)	Mild (1)	Moderate (2)	Severe (3)
Memory	No memory loss or slight inconsistent forgetfulness	Consistent forgetfulness, partial recollection of events.	Moderate memory loss; more marked for recent events; defect interferes with daily activities.	Severe memory loss; only highly learned material retained.	Severe memory loss; only fragments remain.
Orientation	Fully oriented.	Fully oriented except with slight difficulties with time relationships.	Moderate difficulty with time relationships, oriented in familiar areas.	Severe difficulty with time relationships, almost always disoriented to place.	Oriented to person only.
Judgement & Problem Solving	Solves everyday problems, such as financial affairs; judgement preserved.	Slight difficulty in solving problems, similarities and differences.	Moderate difficulty on handling problems, similarities and differences, social judgement maintained.	Severely impaired in handling problems, similarities and differences; social judgment impaired.	Unable to make judgements or solve problems.
Community Affairs	Independent function in job, shopping, social groups.	Slight impairment in these activities.	Is not independent in these activities, appears normal to casual inspection.	Is not independent outside home, appears well enough to be taken to events outside the home.	Is not independent outside the home, appears to be too ill to be taken to events outside the home.
Home and Hobbies	Daily life at home, hobbies and intellectual interests well maintained.	Daily life at home, hobbies and intellectual interests slightly impaired.	Slight impairment of tasks at home, more difficult chores, hobbies and interests are abandoned.	Only simple chores are maintained, restricted interests, poorly maintained.	No significant function at home.
Personal Care	Fully capable of self-care.	Fully capable of self-care.	Needs assistance.	Requires assistance in dressing and hygiene.	Requires much help with personal care; frequent incontinence.

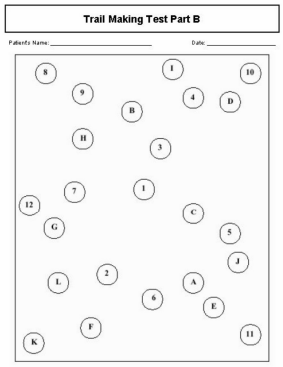
Fonte: Bertolucci et al[2]

CDR

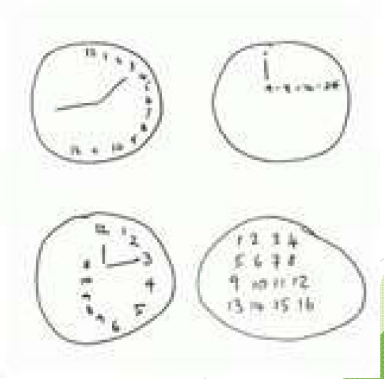
- The relative risk of crashes for drivers with a CDR score of greater than or equal to 1.0 is greater than our society tolerates for any group of drivers.
- Even an CDR of .5 carries a greater risk of crashes – we recommend but do not require that persons with MCI have a driving test.

Tests that correlate with ability to drive

Trail making test B



Clock drawing test



Dementia

- Persons who are qualified to drive with dementia (consider also for persons with MCI) must be re-qualified to drive every year, or sooner if there is an accident, driving violation, or a family member raises concerns.
- **You versus family versus DPS**? Who should break the bad news that they can no longer drive? (DPS has just a hard of a time with it as you do….). Family members really don't want to either.

Dementia (and age) data

- 85 year old driver is 1.77x more likely to get in a severe crash compared to age 35-54. If they are front seat passengers, they are 5x more likely to get injured
- Fatality rate for senior drivers increased 3% in 2012 (while the overall rate decreased)
- Age 40-45: 3.7 MVA/million miles
- Age 80-85: 15.1 MVA/million miles
- Age >85: 38.8 MVA/million miles
- Roughly 50% of AD patients drive for >3 years after diagnosis
- 41-63% of AD patients fail road testing

AMA recommendations for assessment of older drivers

- The American Medical Association (AMA)recommends that physicians adopt the Assessment of Driving-Related Skills (ADReS) battery to risk stratify
- visual fields by confrontation,
- Visual acuity by the Snellen eye chart,
- adopting the Clock Drawing Task,
- Trails B (a test of visuospatial and psychomotor speed),
- muscle strength, and neck and extremity range of motion.
- (Counseling regarding driving is a Dementia Management Quality measure)

Excessive Drowsiness

- Multiple causes: sleep apnea (OSA), narcolepsy, chronic pain, drug use (legal and illegal), shift work sleep disorder, psychiatric disorders……..
- **It is the personal responsibility of all drivers to avoid driving if they are unable to maintain alertness when driving.**
- Inadequate sleep causes up to 20% of all accidents – most likely related to life style issues

Obstructive Sleep Apnea – Evidence pertaining to driving

- Evidence shows that OSA increases crash risk at least 2-3x controls
- Cofounding effects of obesity, OSA, alcohol ingestion
- The AHI is used as a marker of severity, but there is not 1:1 correlation between severity of OSA and crash risk
- Treatment with CPAP has been shown to decrease crash risk
- Truckers may be at higher risk for OSA in general

- We decided to follow the NHTSA (National Highway Traffic Safety Administration) recommendations about OSA

Obstructive Sleep Apnea (new rules)

- **Severe** (apnea-hypopnea index AHI>20) precludes driving until treated and person shows compliance (for all classes)
- **Mild** - may drive (all classes) if AHI <10 and ESS <10
- **Moderate** (AHI 10-20) (class C with P) – may drive if OSA is being treated and ESS <10. No recertification
- **Class A or B license or 'emergency C' with severe OSA**- must be treated and pass a Maintenance of Wakefulness Test (MWT) to prove that treatment is effective.
  - **Must be recertified annually**-
    - compliant with treatment,
    - low ESS score

EPWORTH SLEEPINESS SCALE FORM

Instructions: Be as truthful as possible. Print the form. Read the situation in the first column; select your response from the second column; enter that number in the third column. Total all of the entries in the third column and enter the total in the last box.

Situation	Responses	Score
Sitting and Reading	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Watching Television	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting inactive in a public place, for example, a theater or a meeting	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
As a passenger in a car for an hour without a break	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Lying down to rest in the afternoon	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting and talking to someone	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting quietly after lunch when you've had no alcohol	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
In a car while stopped in traffic	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
TOTAL SCORE		

A score of 10 or greater indicates a possible sleep disorder. Take the completed form to your doctor.

Excessive Drowsiness – rules (con't)

- Drivers with OSA or Excessive Daytime Sleepiness should be recertified for driving if:
  - They have a crash associated with falling asleep
  - They are non- compliant with treatment
  - After they have had surgery for OSA if they want the restriction removed

Narcolepsy

- 60-80% of narcoleptics report having fallen asleep at the wheel at some point
- Cataplexy is also a problem
- **3 month driving restriction** is required to assure that treatment is successful.
- There must be an affirmative recommendation from the treating physician (preferably a board certified sleep physician) in order to resume driving

Driving test is recommended

- Moderate to severe Parkinson's disease (and repeat every year)
- Severe untreated torticollis
- Choreoathetosis
- Post stroke if there is moderate to severe motor, sensory, visual or language impairment
- Post head injury if moderate to severe deficits

Driving test is required if recommended by MD

- Multiple Sclerosis
- Peripheral Neuropathy
- Mild Cognitive Impairment
- Malignancies

Vertigo and dizziness

- No driving if having intermittent or constant uncontrolled vertigo
- No driving if taking sedative medications for the treatment of vertigo
- **Driving restriction for commercial vehicles if taking benzo's or phenothiazines for the treatment of vertigo**

Transient Ischemic Attacks

- **No driving restriction** if:
  - The TIA was known to be caused by circumstances not likely to recur
  - The person is compliant with appropriate anticoagulant medication
- **1 month driving restriction** if:
  - Appropriate anticoagulation cannot be used
  - The underlying cause of the TIA cannot be corrected and the TIA is likely to recur

Blackouts

- Vague term that most often means drug or alcohol induced amnesia
- These are self reported fairly often to police and to the MAB
- **6 month driving restriction for someone reported to have had a blackout**

Syncope

- Episode of **unexplained syncope** – no driving for 6 months
- **6 month driving restriction for vasovagal syncope** that
  - occurs while driving, or is
  - uncontrollable or very frequent –
  - (In general, vasovagal syncope does not restrict driving)
- **Recurrent uncontrolled syncope** (2 or more episodes in 6 months, uncontrollable) – no driving for 1 year
- **Syncope that is explained and treated** – per physician's recommendation (typically restrict driving until treatment is effective)

Miscellaneous Cardiac

- Stents – no restriction
- Malignant hypertension – when cleared by physician
- A- fib – when rate is under control and on anti coagulants

Cardiac Dysrhythmias

- PAC's and PVC's – no restriction
- WPW if symptomatic – no driving
- VT with syncope or sudden cardiac death –
  - No commercial driving again
  - 6 month restriction for Class C with P restriction if treated
    - With medications and cleared by cardiac electrophysiologist
    - With AICD if cleared by electrophysiologist
- VT, exercise induced, without syncope, non-sustained with normal ventricular function
  - OK for Class C
  - Class A and B license restricted for 1 month

Automatic Implantable Cardio-Defibrillator (AICD)

- Precludes a Class A, B and 'Emergency' C license forever
- Class C with P restriction OK after 6 months, if event free
- If the AICD is placed prophylactically only (no events have occurred)- then a Class C license with a P restriction is OK when the person is cleared by their electrophysiologist

Psychiatric diseases

- Don't fill out the form for psychiatric disease until you have sufficient knowledge to make a valid judgment
- No driving if actively psychotic
- No driving if abnormally aggressive or hostile until treated and condition is in remission
- Psychotropic drugs – specific recommendations from treating MD are helpful
- No driving for someone actively homicidal or suicidal

Alcohol and Drug Abuse

- **1 year driving restriction** for persons with known alcohol or drug abuse for Class C license (typically this means they've gotten a DWI)
- **2 year restriction for Class A, B and emergency C license**
- If the applicant has volunteered for a detox program, and no DWI, then license is OK but periodic reviews are required
- **Don't sign off on the EtOH questions unless you really know**
- OK to drive on prescribed narcotics in general but physician always has the duty to restrict driving when appropriate

Metabolic disease

- Dialysis patients can drive (C with P restriction)
- Insulin dependent DM – in general precluded from A or B license unless they get a waiver from their TxDOT physician
- If **episode of hypo- or hyperglycemia** severe enough to cause
  - Neurological dysfunction – LOC, confusion
  - Any type or degree of vehicle accident
  - Active assistance in treatment
  - **Then a 6 month driving restriction**
  - **Exception for extenuating circumstances** such as medication change and severe illness

Vision

- At least 20/40 in one eye (up to 20/70 in one eye but driving restrictions apply)
- OK with diplopia as long as corrected with an eye patch (but I would restrict driving to <45 mph if it is a new problem)
- Visual field must be >140 degrees