Department of Veterans Affairs **VHA DIRECTIVE 2004-040**
Veterans Health Administration
Washington, DC 20420 **July 29, 2004**

CLEARANCE OF VOLUNTEERS FOR DRIVING ASSIGNMENTS

1. PURPOSE: This Veterans Health Administration (VHA) Directive outlines the policy and procedures which must be followed for medically clearing volunteers for VHA driving assignments.

2. BACKGROUND

a. This Directive is intended to be used in conjunction with VHA Handbook 1620.2, which outlines provisions for the description of volunteer duties, background checks, and Without Compensation (WOC) appointments. VHA has an obligation to ensure safe transport for patients. A capable and competent driver is a critical component of this obligation.

b. VHA employees after appropriate medical clearance examinations, transport patients in motor vehicles. As large numbers of veteran patients are without personal transportation opportunities, VHA relies heavily on volunteers to transport them. VHA recognizes the importance and utility of the Veterans Transportation Network supported by the Disabled American Veterans, described in the VHA Handbook 1620.2. Neither the Office of Personnel Management (OPM) nor VHA has formally defined explicit criteria that clinicians should use to determine driving ability. Currently, VHA uses forms developed by OPM for both volunteer drivers and wage-grade drivers to determine the fitness of both groups. ***NOTE:*** *It should be kept in mind that the physical demands placed on a volunteer driver are generally not as great as the physical demands placed on a wage-grade driver.*

c. Clinicians should be aware of standard resources including a website dedicated to transportation medicine (http://home.att.net/~NataH/) and the recently published guidance from the American Medical Association and the National Highway Transportation Safety Administration (NHTSA)(see subpar. 5d). Peer-reviewed scientific literature is also available.

d. Practices for clearing volunteer drivers across VHA have varied. In some facilities, the full Department of Transportation (DOT) examination for commercial drivers except for the drug-testing component was required. In others, no written, formal program existed. This Directive brings consistency to how VHA facilities clear volunteer drivers.

e. Implementation of this Directive will require staggering medical examinations over a period of time.

f. VHA affirms its commitment to patient and occupational safety in the service of veterans and understands that implementation of these standards may preclude some volunteers from performing transportation duties. ***NOTE:*** *Such exclusion in no way undervalues the contribution that all volunteers can, and do, make to the delivery of health care. VHA is grateful for volunteers' participation, and will make every effort to identify suitable and meaningful alternative assignments for volunteers that are unable to serve as drivers.*

THIS VHA DIRECTIVE EXPIRES JULY 31, 2009

g. Volunteers should be assessed individually to determine if they are able to operate a motor vehicle safely. Clinicians must use their individual clinical judgment in determining the frequency of these examinations. Although many of the medical conditions outlined in this Directive are more prevalent in older populations, these criteria apply to drivers of all ages.

3. POLICY: It is VHA policy that the designated Occupational Health officials at each VHA facility must ensure all volunteer drivers are medically cleared for driving assignments using the standards in Attachment A.

4. ACTIONS

a. **Chief Voluntary Service Program Officer.** The Chief Voluntary Service Program Officer, or designee, is responsible for ensuring that:

(1) Volunteers who are interested in a driving assignment are properly interviewed and screened, and have obtained the required documentation (see VHA Handbook 1620.2).

(2) All volunteers with a driving assignment receive appointments for physical examinations with the facility Occupational Health Office.

(3) The volunteer is assisted in obtaining any screenings and other services required by Occupational Health as a result of their physical examination. Wherever possible, the local Department of Veterans Affairs (VA) facility will provide the tests needed (for example: stress tests) at no cost to the volunteer. VA facilities will not undertake medical diagnostic testing to confirm the presence of a disease or accept responsibility for treatment of the condition unless the volunteer is enrolled in the VA health care system and requests VA care.

(4) A volunteer is not assigned to driving duties if not cleared by Occupational Health.

(5) A letter is provided to all volunteers who are not cleared for driving assignments. This letter must thank them for their interest in volunteering, offer them an alternate volunteer assignment, and inform them that they may re-apply as a driver if their health condition changes.

(6) Volunteer drivers, at a minimum, undergo a medical clearance examination every 4 years. Any driver cleared to drive despite any of the conditions specified in this Directive must be examined at least annually. Any driver cleared must also be examined after any major medical event.

b. **Chief, Occupational Health.** The facility Chief, Occupational Health, or designee, is responsible for:

(1) Determining whether a volunteer should drive for VA based on available information, to include private medical documentation. This decision may be changed on receipt of additional information concerning the volunteer's condition.

(2) Scheduling and completing physical examinations of drivers in accordance with the specific requirements outlined in Attachment A.

(3) Completing Attachment A and attaching it to the completed OF 345 (see Att. C).
NOTE: *This OPM form is also available at:*
http://vaww.ceosh.med.va.gov/Forms/OccHealth/of-345.dot

(4) Informing the Chief Voluntary Service Program Officer of its determination regarding whether the volunteer is medically cleared to drive for VA as soon as possible after the completion of the examination.

(a) If a volunteer fails any of the standards listed in Attachment A, Occupational Health will not clear the volunteer for driving assignment.

(b) Occupational Health may decide to permit a volunteer with a long-standing safe driving record to continue driving until any additional needed information is available if:

1. The volunteer does not fail any standards listed in Attachment A, and

2. Does not pass certain standards because additional information is needed pertaining to a remote medical event.

NOTE: *In order to ensure the safety of both drivers and passengers, driving clearance will be temporarily suspended if all information required to make a final determination is not received within 60 days of request.*

(5) Sending written notice to a volunteer when:

(a) More information is required to make a decision on volunteer drivers' suitability. This letter must thank them for their willingness to participate in the program, advise them of the written results of their examinations, request whatever additional information is needed (see Att. B), and include the results of any screening tests completed.

(b) The volunteer driver or volunteer driver applicant is not accepted. This letter must include the reason(s) for non-acceptance as a volunteer driver.

(6) Referring volunteers who are not medically cleared for driving duties to their treating provider, wherever appropriate, for further medical evaluation.

5. REFERENCES

a. VHA Handbook 1620.2,Volunteer Transportation Network.

b. Official Form OF-345, Physical Fitness Inquiry for Motor Vehicle Operators. http://vaww.ceosh.med.va.gov/Forms/OccHealth/of-345.dot .

c. Transportation Medicine. Occu-medix/Natalie Hartenbaum, M.D. (http://home.att.net/~NataH/) .

d. The Physicians Guide to Assessing and Counseling Older Drivers. American Medical Association and NHYSA. 2003. http://www.ama-assn.org/ama/pub/category/10791.html .

6. FOLLOW-UP RESPONSIBILITY: The Office of Public Health and Environmental Hazards (136) is responsible for the contents of this Directive. Questions may be addressed to (202) 273-8459.

7. RESCISSIONS: None. This VHA Directive expires July 31, 2009.

S/Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 7/30/04
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 7/30/04

Department of Veterans Affairs

PHYSICAL STANDARDS CRITERIA FOR CLEARING VOLUNTEERS FOR DRIVING ASSIGNMENTS

The following are criteria that clinicians must consider when deciding if a volunteer is medically qualified to accept an assignment as a volunteer driver. ***NOTE:*** *Follow-up physical examination, testing, or other appropriate action, including denial or driving duties, may be indicated.*

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

1. **VISION**. VISUAL ACUITY AND VISUAL FIELD TESTING MUST BE COMPLETED ON ALL DRIVERS

☐ PASS ☐ FAIL

2. **HEARING LOSS.** HEARING LOSS MUST BE NO GREATER THAN AN AVERAGE OF 40dB AT 500, 1000, AND 2000 HZ IN THE BETTER EAR WITHOUT HEARING AIDS. THE VOLUNTEER MUST BE ABLE TO SUCCESSFULLY PASS A VOICE DISCRIMINATION OR "WHISPER" TEST.

☐ PASS ☐ FAIL

3. **DIABETES.** VOLUNTEERS WITH A CLINICAL DIAGNOSIS OF INSULIN-DEPENDENT DIABETES MELLITUS SHALL HAVE A HEMOGLOBIN A1c OF LESS THAN 8 AND HAVE NO SYMPTOMS OF DIZZINESS OR FATIGUE THAT MIGHT SUGGEST THE PRESENCE OF HYPO- OR HYPERGLYCEMIC EPISODES FOR AT LEAST SIX MONTHS.

☐ PASS ☐ FAIL

4. **SUBSTANCE ABUSE.** VOLUNTEERS WITH A HISTORY OF SUBSTANCE ABUSE MUST PROVIDE DOCUMENTATION OF BEING FOLLOWED IN A TREATMENT PROGRAM AND PROVIDE DOCUMENTATION OF ABSTINENCE FOR 1 YEAR.

☐ PASS ☐ FAIL

5. **EPILEPSY.** VOLUNTEERS MUST HAVE NO HISTORY OR CLINICAL DIAGNOSIS OF EPILEPSY REQUIRING TREATMENT IN THE LAST THREE YEARS. ISOLATED SEIZURES IN THE DISTANT PAST DO NOT NECESSARILY REPRESENT A DISQUALIFYING CONDITION.

☐ PASS ☐ FAIL

6. **RANGE OF MOTION OF HEAD AND NECK**. RANGE OF MOTION IN THE NECK MUST BE GREATER THAN 45 DEGREES OF ROTATION TO BOTH RIGHT AND LEFT.

☐ PASS ☐ FAIL

7. **HYPERTENSION**. BLOOD PRESSURE NO GREATER THAN 160 OVER 95 WITHOUT EVIDENCE OF ACUTE HYPERTENSIVE EFFECTS OR HYPERTENSION-RELATED SYMPTOMS.

☐ PASS ☐ FAIL

8. **SYNCOPE.** SYNCOPE, EXCEPT WHEN POSTURAL HYPOTENSION IS THE CAUSE, MUST BE ABSENT.

☐ PASS ☐ FAIL

9. **ISCHEMIA.** FOR CLEARANCE, VOLUNTEER MAY HAVE NO CLINICAL DIAGNOSIS OF ACTIVE CARDIOVASCULAR DISEASE AS DEFINED BY SYMPTONS (ANGINA), A HISTORY OF MYOCARDIAL INFARCTION WITHIN THE LAST YEAR, OR OTHER EVIDENCE SUCH AS NON-INVASIVE DIAGNOSTIC TESTING DOCUMENTING CARDIOVASCULAR DISEASE. ***NOTE:*** *THE LATTER TESTING IS NOT A REQUIREMENT BUT MAY BE CONDUCTED IN INDIVIDUALS WHO APPEAR AT HIGH RISK FOR ACUTE CARDIOVASCULAR EVENTS.*

☐ PASS ☐ FAIL

10. **VENTRICULAR ARRHYTHMIAS.** FOR CLEARENCE, VOLUNTEERS MAY HAVE NO CURRENT CLINICAL DIAGNOSIS OF VENTRICULAR ARRHYTHMIAS, EXCLUDING RANDOM PREMATURE VENTRICULAR CONTRACTIONS.

☐ PASS ☐ FAIL

11. **PACEMAKER.** EVERY 6 MONTHS THE VOLUNTEER NEEDS TO PROVIDE DOCUMENTATION THAT HIS OR HER PACEMAKER IS FUNCTIONING ADEQUATELY.

☐ PASS ☐ FAIL

12. **CHECK FOR AN IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD).** VOLUNTEERS WITH AN ICD CANNOT BE CLEARED TO DRIVE.

☐ PASS ☐ FAIL

13. **HEART BLOCK.** FOR CLEARANCE, VOLUNTEERS MAY HAVE NO CURRENT CLINICAL DIAGNOSIS OF A COMPLETE HEART BLOCK, OR NEW BUNDLE BRANCH BLOCK

☐ PASS ☐ FAIL

14. **AORTIC STENOSIS.** FOR CLEARANCE, VOLUNTEERS WITH THIS CONDITION MUST PROVIDE DOCUMENTATION OF AN EVALUATION BY A CARDIOLOGIST DOCUMENTING VALVE AREA. ASYMPTOMATIC VOLUNTEERS WITH MODERATELY SEVERE STENOSIS REQUIRE CLINICAL JUDGMENT FOR CLEARANCE. THOSE WITH SYMPTOMS, DECLINING LEFT VENTRICULAR FUNCTION, OR WHO ARE IN NEED OF AORIC VALVE REPLACEMENT (AVR) CAN ONLY BE MEDICALLY CLEARED.

☐ PASS ☐ FAIL

15. **EJECTION FRACTION**. IF THERE IS EVIDENCE OF HEART DISEASE, CLINICIANS SHOULD CONSIDER THE VOLUNTEER'S ABILITY TO ASSIST PASSENGERS IN AND OUT OF VEHICLES.

☐ PASS ☐ FAIL

16. **CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD).** A CLINICAL DIAGNOSIS OF MODERATE TO SEVERE COPD WITH A FEV 1 OF LESS THAN 40 PERCENT IS CONSIDERED A DISQUALIFYING CONDITION.

☐ PASS ☐ FAIL

17. **USE OF CONTAINERIZED OXYGEN.** USE OF CONTAINERIZED OXYGEN IS CONSIDERED TO BE A DISQUALIFYING CONDITION.

☐ PASS ☐ FAIL

18. **NARCOLEPSY AND/OR SLEEP APNEA.** IN THE PRESENCE OF NARCOLEPSY AND SLEEP APENA, THE VOLUNTEER MUST PROVIDE DOCUMENTATION OF ADEQUATE TREATMENT AS CONFIRMED BY A SLEEP STUDY.

☐ PASS ☐ FAIL

19. **NEUROMUSCULAR IMPAIRMENTS.** THE VOLUNTEER MUST BE ABLE TO COORDINATE ALL FOUR EXTREMEITES AND HAVE NO EVIDENCE OF NYSTAGMUS. AMPUTEES SHOULD BE EVALUATED INDIVIDUALLY TO DETERMINE IF THEY ARE ABLE TO SAFELY OPERATE A VEHICLE.

☐ PASS ☐ FAIL

20. **STROKE.** A CLINICAL DIAGNOSIS OF A CEREBRAL VASCULAR ACCIDENT IS CONSIDERED A DISQUALIFYING CONDITION, AS IS THE PRESENCE OF TRANSIENT ISCHEMIC ATTACKS IN THE PRESENCE OF AN UNDERLYING DISORDER THAT REMAINS ACTIVE COMPLETED, DISTANT STROKES RESULTING FROM AV-MALFORMATIONS OR ANEURYSMS DO NOT AUTOMATICALLY DISQUALIFY FROM DRIVING.

☐ PASS ☐ FAIL

21. **MENIERE'S DISEASE**. UNSTABLE OR ACTIVE MENIERE'S DISEASE IS CONSIDERED A DISQUALIFYING CONDITION.

☐ PASS ☐ FAIL

22. **INTRA-ATRIAL CONDUCTION DELAY (IACD).** A CLINICAL DIAGNOSIS OF IACD IS CONSIDERED A DISQUALIFYING CONDITION.

☐ PASS ☐ FAIL

CLINICIAN SIGNATURE	TITLE	DATE

ATTACHMENT B

SAMPLE INTERIM LETTER

Dear _____:

Thank you for taking the time to visit Occupational Health for a physical examination under the Volunteer Transportation Service Program. The Veterans Health Administration (VHA) is dependent on volunteers like you to help veterans get the care they need and may otherwise be unable to obtain. We appreciate the time you are willing to spend having your fitness evaluated to ensure that all veterans are safely transported to and from our facility.

During your examination, we found the following condition(s):
_____
_____
that require(s) follow up. Please provide [fill in specific additional information or test results needed in order to review applicant's request for reconsideration]. Voluntary Services will assist you in scheduling a follow up appointment to further determine your ability to drive.

When we have these results, we will be able to evaluate whether you will be able to drive under the formal guidelines for our drivers. If you are not cleared for a driving assignment, we hope you will consider volunteering for other services. We are grateful for your participation in our Volunteer Program.

Thank you

OF 345
(11/85)
Office of Personnel Management
FPM CHAPTER 930

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Name *(Last, First, Middle)*	2. Date of Birth *(Month, Day, Year)*	3. Title of Position

4. Home Address *(Number, Street or RFD, City, State and Zip Code)*	5. Employing Agency

6. Have you ever had or have you now: *(Place check at left of each item.)*

YES	NO		YES	NO	
☐	☐	Poor vision in one or both eyes	☐	☐	Arthritis, rheumatism, swollen or painful joints
☐	☐	Eye disease	☐	☐	Loss of hand, arm, foot, or leg
☐	☐	Poor hearing in one or both ears	☐	☐	Deformity of hand, arm, foot, or leg
☐	☐	Diabetes	☐	☐	Nervous or mental trouble of any kind
☐	☐	Palpitation, chest pain, or shortness of breath	☐	☐	Blackouts or epilepsy
☐	☐	Dizziness or fainting spells	☐	☐	Sugar or albumin in urine
☐	☐	Frequent or severe headaches	☐	☐	Excessive drinking habit (Alcohol)
☐	☐	High or low blood pressure	☐	☐	Other serious defects or diseases
☐	☐	Drug or narcotic habit			

7. If you answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving? ..... ☐ YES ☐ NO
(B) Do you wear a hearing aid? ..... ☐ YES ☐ NO

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees, whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees.

Based on the information provided, employees may be referred for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Certification: I certify that my answers to the above are full and true, and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law.	9. Signature	10. Date of Birth *(Month, Day, Year)*

REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

Certification: I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

☐ 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.

☐ 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed.

☐ 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official	Date of Birth *(Month, Day, Year)*

JetForm