

DOT Medical Examiner Recertification Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What is the medical term for a skin tag?**
 - A. Acrochordon**
 - B. Dermatofibroma**
 - C. Squamous cell carcinoma**
 - D. Basal cell carcinoma**

- 2. What is the appropriate action for a driver with an enlarged liver but no other complaints during examination?**
 - A. Order a chemistry panel and liver function tests.**
 - B. Disqualify the driver from driving a commercial motor vehicle.**
 - C. Order an abdominal ultrasound.**
 - D. Advise that the patient follow up with his primary care physician.**

- 3. What is the maximum certification period for a driver diagnosed with Obstructive Sleep Apnea?**
 - A. 6 months.**
 - B. 12 months.**
 - C. 18 months.**
 - D. 24 months.**

- 4. What is the appropriate action when a driver has an initial blood pressure reading of 168/104 mm Hg?**
 - A. Issue a one-year certificate immediately**
 - B. Issue a three-month certificate**
 - C. Issue a two-year certificate based on treatment**
 - D. Refer the driver to a specialist**

- 5. A commercial driver previously disqualified due to benign positional vertigo returns symptom-free after treatment. What should you do?**
- A. Perform a recertification exam and issue a one year certification if qualified.**
 - B. Disqualify based on the waiting period for benign positional vertigo.**
 - C. Perform a recertification exam and issue a two year certification if qualified.**
 - D. Perform a follow-up exam and document the symptom-free waiting period.**
- 6. What is the first step for a driver with chronic gastroesophageal reflux disease seeking recertification?**
- A. Disqualify the driver until he has a nutritional consultation.**
 - B. Certify the driver and advise him to carry non-triggering foods in a cooler.**
 - C. Contact the driver's physician and request an upper GI study.**
 - D. Correlate the GI history findings with the abdominal examination.**
- 7. Which medication condition requires a driver to be seizure-free for at least how many years before being potentially certified?**
- A. 5 years**
 - B. 7 years**
 - C. 10 years**
 - D. 3 years**
- 8. When should a medical examiner retain a medical exam report from the date of the exam?**
- A. For 1 year**
 - B. For 3 years**
 - C. For 5 years**
 - D. Indefinitely**

- 9. Upon examining a 46-year-old male smoker, you detect an irregularly irregular heart rhythm. What should you do?**
- A. Disqualify and refer to his PMD or cardiologist for further evaluation.**
 - B. Order an ECG, cardiac ECHO, pulse ox and give a 3 month card pending results.**
 - C. Give a 3 month certification pending evaluation by his PMD.**
 - D. Give a 1 year certification and require cardiology evaluation upon recertification.**
- 10. What is the wait period for certification after an AAA repair?**
- A. 1 month**
 - B. 3 months**
 - C. 6 months**
 - D. 1 year**

Answers

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1. A
2. D
3. B
4. B
5. C
6. D
7. C
8. B
9. A
10. B

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Explanations

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1. What is the medical term for a skin tag?

- A. Acrochordon**
- B. Dermatofibroma**
- C. Squamous cell carcinoma**
- D. Basal cell carcinoma**

The medical term for a skin tag is "acrochordon." This term specifically refers to small, benign growths of tissue that typically appear on the skin, often pedunculated, meaning they are attached to the skin by a thin stalk. Skin tags are quite common and usually found in areas where skin rubs against skin or clothing. Other terms listed have different meanings. "Dermatofibroma" refers to a firm, raised growth that is often benign and can appear in various forms on the skin. "Squamous cell carcinoma" and "basal cell carcinoma" are types of skin cancer, with squamous cell carcinoma arising from squamous cells (the outer layer of skin) and basal cell carcinoma originating from basal cells (the deepest layer of the epidermis). Neither of these terms relates to harmless growths like skin tags. Thus, acrochordon is the precise medical terminology that applies to skin tags.

2. What is the appropriate action for a driver with an enlarged liver but no other complaints during examination?

- A. Order a chemistry panel and liver function tests.**
- B. Disqualify the driver from driving a commercial motor vehicle.**
- C. Order an abdominal ultrasound.**
- D. Advise that the patient follow up with his primary care physician.**

In the scenario involving a driver with an enlarged liver but no other complaints, advising the patient to follow up with their primary care physician is the most appropriate action. This recommendation reflects the best practice of ensuring that the driver receives further evaluation and management from a healthcare provider who is familiar with their medical history and can offer a thorough assessment. The enlarged liver could indicate underlying health issues that require further investigation, but as there are no immediate symptoms or complaints, it is crucial not to take drastic measures such as disqualification or unnecessary testing without further context. The primary care physician can order relevant tests, monitor the condition, and provide personalized advice based on the patient's complete health profile. In contrast, ordering a chemistry panel and liver function tests, while informative, may not be essential at this stage without specific symptoms warranting immediate investigation. Also, disqualifying the driver from operating a commercial motor vehicle might not be justified without comprehensive evaluation and understanding of the potential impact of the liver condition on their ability to drive safely. An abdominal ultrasound may provide additional information, but it would typically be initiated by the primary care physician after a closer examination of the driver's overall situation. Thus, the approach of referral to the primary care physician is prudent and aligns with best medical practices for managing

3. What is the maximum certification period for a driver diagnosed with Obstructive Sleep Apnea?

- A. 6 months.
- B. 12 months.**
- C. 18 months.
- D. 24 months.

The maximum certification period for a driver diagnosed with Obstructive Sleep Apnea is 12 months. This is stipulated in the medical standards set by the Federal Motor Carrier Safety Administration (FMCSA), which requires regular monitoring of drivers with this condition due to the potential impact on their alertness and ability to safely operate a commercial motor vehicle. Obstructive Sleep Apnea can significantly impair a driver's function due to excessive daytime sleepiness and other related symptoms. Because of these concerns, medical examiners are advised to certify these drivers for a shorter duration, allowing for frequent reevaluation of their condition and treatment compliance. This 12-month period encourages ongoing assessment of the driver's sleep apnea management and ensures that any deterioration in their condition is monitored closely. In contrast, certification periods longer than 12 months could pose safety risks, as they would not ensure the necessary follow-ups required for managing a condition that can fluctuate in severity. Thus, a 6-month or shorter certification period might not be long enough to manage the driver's needs adequately, while 18 and 24-month certifications exceed the recommended limit, potentially compromising safety and health assessments.

4. What is the appropriate action when a driver has an initial blood pressure reading of 168/104 mm Hg?

- A. Issue a one-year certificate immediately
- B. Issue a three-month certificate**
- C. Issue a two-year certificate based on treatment
- D. Refer the driver to a specialist

When a driver presents with an initial blood pressure reading of 168/104 mm Hg, the appropriate action is to issue a three-month certificate. This is consistent with the guidelines for medical examiners to ensure safety on the road when drivers have elevated blood pressure levels, indicative of stage 2 hypertension. A three-month certification gives the driver the opportunity to manage and monitor their condition closely. This short-term certification allows for reassessment of their hypertension after a period during which they may be able to make lifestyle changes or consult with a healthcare provider for potential treatment. Longer certifications, such as a one-year or two-year certificate, are not appropriate in this situation due to the heightened risk associated with this level of hypertension, which can lead to serious cardiovascular issues if not managed properly. Additionally, simply referring the driver to a specialist, while beneficial for their health, wouldn't immediately address their driving eligibility in a timely manner; hence the three-month certificate serves as a practical interim solution.

5. A commercial driver previously disqualified due to benign positional vertigo returns symptom-free after treatment. What should you do?
- A. Perform a recertification exam and issue a one year certification if qualified.
 - B. Disqualify based on the waiting period for benign positional vertigo.
 - C. Perform a recertification exam and issue a two year certification if qualified.**
 - D. Perform a follow-up exam and document the symptom-free waiting period.

Issuing a two-year certification after conducting a recertification exam for a driver who has successfully recovered from benign positional vertigo is appropriate because it reflects the driver's current fitness to operate a commercial vehicle safely. The key factors at play here include the nature of benign positional vertigo, which is a condition that can be treated effectively, and the requirement for medical examiners to evaluate the driver's ability to perform their duties without compromising safety. A driver who has received appropriate treatment and has been symptom-free for the necessary period demonstrates the capability to return to driving. The two-year certification is typically granted to drivers who do not have ongoing medical concerns that would impede their driving abilities. In this scenario, the driver's treatment and symptom resolution indicate an improvement in their condition, allowing for the standard two-year certification when the driver meets all other certification criteria. A one-year certification could suggest ongoing concerns or a more cautious approach, while disqualification based on the waiting period or merely documenting the symptom-free status without issuing a new certification does not acknowledge the recovery and ability to drive. Therefore, properly assessing this driver's current health and granting a two-year certification aligns with the goals of ensuring safety while recognizing the effectiveness of their treatment.

6. What is the first step for a driver with chronic gastroesophageal reflux disease seeking recertification?
- A. Disqualify the driver until he has a nutritional consultation.
 - B. Certify the driver and advise him to carry non-triggering foods in a cooler.
 - C. Contact the driver's physician and request an upper GI study.
 - D. Correlate the GI history findings with the abdominal examination.**

For a driver with chronic gastroesophageal reflux disease seeking recertification, the initial step involves correlating the gastrointestinal history findings with the abdominal examination. This approach is critical because it ensures that the medical examiner comprehensively understands the driver's specific condition and symptoms. By reviewing the GI history, which includes previous episodes, treatments, and lifestyle factors, alongside the physical examination results, the examiner can assess the severity and potential impact of the disorder on the driver's ability to operate a vehicle safely. This process allows the examiner to make informed decisions regarding the driver's certification status, determining if further evaluations or consultations are necessary. It sets a foundation for understanding the driver's overall health and the management of their condition, which is crucial for ensuring public safety on the roads. Other options may suggest actions to take after the initial assessment, such as disqualification or consultations, but they do not address the necessity of a thorough initial evaluation, which is vital for making any subsequent decisions regarding the driver's fitness to drive.

7. Which medication condition requires a driver to be seizure-free for at least how many years before being potentially certified?

- A. 5 years
- B. 7 years
- C. 10 years**
- D. 3 years

The requirement for a driver to be seizure-free for a certain number of years before being certified is based on safety standards established by regulatory agencies. A driver must be seizure-free for at least 10 years to be considered for certification, especially when dealing with conditions related to epilepsy or seizure disorders. This long duration is essential because it significantly reduces the risk of seizures occurring while driving, which can pose a serious danger to the driver, passengers, and others on the road. Healthcare professionals take into account not only the individual's medical history but also the predictability and control of seizures over long periods, making 10 years a critical threshold for determining the likelihood of the individual's ability to drive safely. The other timeframes provided are shorter and do not adhere to the established guidelines set for ensuring optimal safety on the roads. Thus, the 10-year requirement reflects a cautious and thorough approach to this serious condition.

8. When should a medical examiner retain a medical exam report from the date of the exam?

- A. For 1 year
- B. For 3 years**
- C. For 5 years
- D. Indefinitely

A medical examiner should retain a medical exam report for 3 years from the date of the exam. This time frame is established to ensure that records are available for any necessary follow-up, audits, or if there are questions about the individual's health status or fitness for duty in relation to commercial driving. The retention period is significant not only for the medical examiner's practice but also for compliance with regulatory guidelines set forth by the Federal Motor Carrier Safety Administration (FMCSA). Keeping the reports for this duration allows both the examiner and the individuals undergoing the exams to reference crucial health information if needed within a reasonable period of time. While some may think reports should be retained indefinitely for comprehensive medical history, or for a longer period such as 5 years, the requirement specifically mandates the 3-year retention to balance the needs for record-keeping with the practical considerations of space and confidentiality. Keeping records beyond this timeframe is not necessary as the majority of pertinent information will typically be outdated or irrelevant after 3 years, while shorter retention periods like 1 year may not provide sufficient time for addressing issues that may arise later.

9. Upon examining a 46-year-old male smoker, you detect an irregularly irregular heart rhythm. What should you do?

A. Disqualify and refer to his PMD or cardiologist for further evaluation.

B. Order an ECG, cardiac ECHO, pulse ox and give a 3 month card pending results.

C. Give a 3 month certification pending evaluation by his PMD.

D. Give a 1 year certification and require cardiology evaluation upon recertification.

The appropriate course of action in this scenario is to disqualify the individual and refer him to his primary medical doctor (PMD) or a cardiologist for further evaluation. An irregularly irregular heart rhythm, such as atrial fibrillation, can be indicative of underlying cardiac issues that may significantly impact the individual's ability to safely operate a commercial vehicle. Disqualification and referral for further evaluation ensure that the individual receives a comprehensive assessment of their cardiac health, which is crucial for determining any potential risks associated with driving. This approach emphasizes patient safety, as well as compliance with the Department of Transportation (DOT) regulations, which prioritize public safety by requiring that drivers do not have medical conditions that could impair their driving ability. The other options may not adequately address the immediate need for safety and thorough medical evaluation of a potentially serious cardiac condition. It is essential to rule out significant issues before considering any form of certification, especially given the reported irregular heart rhythm and the individual's smoking status, which can further complicate cardiac health.

10. What is the wait period for certification after an AAA repair?

A. 1 month

B. 3 months

C. 6 months

D. 1 year

The appropriate wait period for certification after an abdominal aortic aneurysm (AAA) repair is three months. This time frame is established to ensure that the individual has adequately recovered from the surgical procedure and that there are no complications affecting their ability to safely operate a commercial vehicle. During this period, the patient can undergo monitoring for any potential issues that may arise post-surgery, such as blood pressure regulation and vascular stability. The three-month wait allows for proper healing and assessment of overall health, ensuring that individuals are fit for duty and reducing the risk of sudden medical events while driving. The other options of one month, six months, and one year do not align with the medical guidelines for post-operative recovery from this type of surgery. A wait period that is too short may not allow for sufficient healing, while a period that is excessively long could unnecessarily delay a healthy individual from returning to work. Therefore, the three-month guideline strikes a balance between safety and timely return to duty.