

FMCSA DOT Physical Medical Examiner Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What must the medical examiner document extensively if they do not follow guidelines?**
 - A. Patient's previous medical history**
 - B. The rationale for not following the guidelines**
 - C. Consultation results with other physicians**
 - D. All tests conducted during the exam**
- 2. How often should a patient be certified after their blood pressure is brought to 140/90 or less?**
 - A. Every month**
 - B. Every 3 months**
 - C. Every 6 months**
 - D. Once a year**
- 3. What type of retinopathy is likely to result in disqualifications?**
 - A. Minor non-proliferative retinopathy**
 - B. Severe proliferative OR unstable non-proliferative retinopathy**
 - C. Stable retinopathy**
 - D. Myopic retinopathy**
- 4. If a patient has 6 weeks left on their medical certification card, what can be done if they spill 3+ glucose?**
 - A. Grant them immediate renewal**
 - B. Determine pending and follow-up with PCP**
 - C. Immediate disqualification**
 - D. Require a new physical exam**
- 5. If a driver uses a hearing aid, can they be tested during audio-metric testing in the office?**
 - A. Yes, it's acceptable to test them.**
 - B. No, testing should not be conducted.**
 - C. Only if the hearing aid is removed.**
 - D. Only for preliminary assessments.**

- 6. What is required for certification after the waiting period following a cortical stroke?**
- A. No residual deficits**
 - B. Normal exams from a specialist**
 - C. Both conditions must be met**
 - D. No further evaluation**
- 7. What is a critical factor in deciding certification for a patient with a history of chronic thrombotic disease?**
- A. Age of the patient**
 - B. Severity of the disease**
 - C. Presence of recurrent clots**
 - D. Previous surgeries**
- 8. If PFTs demonstrate FEV1 less than what value, should further assessment be obtained?**
- A. 60**
 - B. 65**
 - C. 70**
 - D. 75**
- 9. What questions should you ask diabetic drivers regarding their condition?**
- A. Do you have a family history of diabetes?**
 - B. Are you compliant with your medication?**
 - C. What is your exercise routine?**
 - D. Do you routinely measure your blood glucose?**
- 10. What is the increased risk of cardiovascular disease in individuals aged 40 to 89 for every 20 mm Hg increase in systolic blood pressure?**
- A. 25% increase**
 - B. Doubling of mortality**
 - C. Tripling of mortality**
 - D. No significant change**

Answers

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

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Explanations

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1. What must the medical examiner document extensively if they do not follow guidelines?

- A. Patient's previous medical history**
- B. The rationale for not following the guidelines**
- C. Consultation results with other physicians**
- D. All tests conducted during the exam**

The rationale for not following the guidelines must be documented extensively by the medical examiner. This is critical because medical examiners are bound to adhere to established guidelines and standards set by the FMCSA to ensure uniformity and safety in medical evaluations for Commercial Driver's License (CDL) applicants. If a medical examiner chooses not to follow these guidelines, providing a clear rationale is essential for accountability and transparency in their decision-making process. Documenting the rationale allows for a better understanding of the unique circumstances surrounding the examination and helps justify the decision if it is questioned later. This practice can also protect the medical examiner legally and enhance the credibility of their professional judgment. Thorough documentation is vital in medical practices, especially in high-stakes fields like commercial driving, where the safety of the driver and the public is at stake. Other options, while also important in the examination process, do not capture the specific requirement for documentation when guidelines are deviated from. For instance, documenting a patient's previous medical history, consultation results, or tests conducted is essential in general practice but does not specifically address the need for a rationale when guidelines are not followed.

2. How often should a patient be certified after their blood pressure is brought to 140/90 or less?

- A. Every month**
- B. Every 3 months**
- C. Every 6 months**
- D. Once a year**

When a patient's blood pressure is brought down to 140/90 mmHg or below, the recommended interval for recertification is every 6 months. This timeframe allows the medical examiner to monitor and ensure that the patient's blood pressure remains stable and within acceptable limits. Frequent monitoring is essential because hypertension can fluctuate, and a 6-month interval strikes a balance between ensuring safety and allowing enough time for any potential changes in the patient's health status. This approach enables the medical professional to assess any treatment effectiveness, lifestyle changes, or other health factors that may influence blood pressure over time. By adhering to this schedule, the examiner can provide ongoing guidance and support, ensuring the driver remains medically fit for their responsibilities.

3. What type of retinopathy is likely to result in disqualifications?

- A. Minor non-proliferative retinopathy**
- B. Severe proliferative OR unstable non-proliferative retinopathy**
- C. Stable retinopathy**
- D. Myopic retinopathy**

Severe proliferative or unstable non-proliferative retinopathy is likely to result in disqualifications because it can significantly impact a person's vision and ability to drive safely. This type of retinopathy is characterized by abnormal blood vessel growth in the retina, which can lead to serious vision complications, including bleeding in the eye, retinal detachment, or severe vision loss. These vision impairments pose a direct risk when operating a commercial vehicle, where clear and reliable vision is crucial for safe driving. In contrast, conditions such as minor non-proliferative retinopathy, stable retinopathy, and myopic retinopathy typically do not present the same level of risk to driving ability. Minor non-proliferative retinopathy often has minimal symptoms and is generally less likely to progress to a stage that would impair vision severely. Stable retinopathy indicates that the condition is not currently worsening, and myopic retinopathy, while it involves changes to the retina associated with high nearsightedness, usually does not lead to functional vision loss in many cases. Therefore, the severity and instability of proliferative retinopathy are key factors in disqualifying a driver.

4. If a patient has 6 weeks left on their medical certification card, what can be done if they spill 3+ glucose?

- A. Grant them immediate renewal**
- B. Determine pending and follow-up with PCP**
- C. Immediate disqualification**
- D. Require a new physical exam**

When a patient presents with 3+ glucose in their urine, it can be an indicator of potential underlying health issues, such as diabetes or other metabolic conditions. In this context, simply renewing their medical certification without further evaluation would be inappropriate due to the health risks involved. Determining pending and following up with the primary care physician (PCP) allows for a thorough assessment of the patient's health status. This is critical to ensure that any condition related to the glucose presence is adequately managed before determining their fitness for duty. The role of the medical examiner includes ensuring that the driver is medically qualified to operate a commercial vehicle safely. Thus, a follow-up plan with the PCP can help clarify the situation and any necessary interventions or treatments that may be needed. Options that suggest immediate renewal, immediate disqualification, or requiring a new physical exam without further evaluation may not adequately address the complexity of the potential medical issue, emphasizing the importance of a careful and informed approach.

5. If a driver uses a hearing aid, can they be tested during audio-metric testing in the office?

- A. Yes, it's acceptable to test them.**
- B. No, testing should not be conducted.**
- C. Only if the hearing aid is removed.**
- D. Only for preliminary assessments.**

The correct response highlights that if a driver uses a hearing aid, audio-metric testing should not be conducted. This is based on the guidelines established for hearing assessments in conjunction with FMCSA regulations. The reasoning behind this is that testing should provide an accurate representation of an individual's natural hearing capabilities without amplification devices. Using a hearing aid during the test could give skewed results, making it difficult to assess the true level of hearing impairment as it involves the use of a device that alters sound perception. For effective testing, individuals who rely on hearing aids should have their capabilities assessed without those aids to ensure a standard measurement of hearing function. This ensures that any hearing deficiencies can be appropriately identified and addressed based on the natural hearing ability rather than a potential enhancement provided by a hearing aid. This standard helps maintain the integrity of the testing process and aligns with safety standards for drivers.

6. What is required for certification after the waiting period following a cortical stroke?

- A. No residual deficits**
- B. Normal exams from a specialist**
- C. Both conditions must be met**
- D. No further evaluation**

The requirement for certification after the waiting period following a cortical stroke is that both conditions must be met, which includes having no residual deficits and obtaining normal exams from a specialist. This dual condition ensures a thorough assessment of the individual's health status post-stroke. Having no residual deficits is critical as it indicates that the person has made a significant recovery and is capable of performing the necessary demands of driving a commercial vehicle safely. This aspect of the certification considers the physical and cognitive abilities that may have been affected by the stroke. In addition to clear evidence of recovery (no residual deficits), normal exams from a specialist add another layer of assurance. These exams provide a professional evaluation that confirms the individual's health and suitability for driving. For someone recovering from a stroke, it's vital that a specialist evaluates their cognitive functions and any potential impacts on driving ability. Together, these criteria help ensure that only individuals who are fully capable of operating a commercial vehicle and have undergone a comprehensive health evaluation are certified, prioritizing safety on the roads.

7. What is a critical factor in deciding certification for a patient with a history of chronic thrombotic disease?

- A. Age of the patient**
- B. Severity of the disease**
- C. Presence of recurrent clots**
- D. Previous surgeries**

The presence of recurrent clots is a critical factor in certifying a patient with a history of chronic thrombotic disease because it directly affects the patient's safety and ability to perform duties as a commercial driver. The FMCSA regulations are designed to ensure that drivers are not at an elevated risk for conditions that could lead to incapacitation while operating a vehicle. If a patient has a history of recurrent clots, this suggests that there is an ongoing risk of thromboembolic events, which could result in sudden health issues while driving, leading to dangerous situations for the driver and others on the road. Other factors, such as severity of the disease, may also play a role, but the ongoing risk presented by recurrent clots represents a more immediate concern in the decision-making process for certification. While age and previous surgeries may be relevant in assessing overall health, they do not directly correlate to the acute risk posed by chronic thrombotic conditions like recurrent clots do.

8. If PFTs demonstrate FEV1 less than what value, should further assessment be obtained?

- A. 60**
- B. 65**
- C. 70**
- D. 75**

The correct value representing a threshold for further assessment following pulmonary function tests (PFTs) is 65. When the forced expiratory volume in one second (FEV1) is less than this value, it indicates a significant limitation in lung function, which can impact a person's ability to safely operate a commercial vehicle. Clinically, an FEV1 of less than 65% of the predicted value can suggest that a driver might have obstructive or restrictive lung disease, which could lead to difficulties in breathing, reduced oxygenation, and overall compromised physical capability. Such conditions pose safety risks, not only to the driver but also to others on the road. Thus, further evaluation is essential to determine the severity of the lung condition and whether it is manageable enough to ensure safe driving. Values below this threshold indicate that an individual may require additional testing or interventions, such as imaging studies, a detailed assessment for chronic respiratory conditions, or possibly even a referral to a specialist. This careful approach helps maintain safety standards in transportation.

9. What questions should you ask diabetic drivers regarding their condition?

- A. Do you have a family history of diabetes?**
- B. Are you compliant with your medication?**
- C. What is your exercise routine?**
- D. Do you routinely measure your blood glucose?**

Asking diabetic drivers if they routinely measure their blood glucose is crucial for understanding their condition and its management. Regular monitoring of blood glucose levels is essential for individuals with diabetes, as it directly impacts their ability to operate a commercial vehicle safely. This practice helps the individual identify and respond to high or low blood sugar episodes, which can affect their awareness and ability to drive. Monitoring blood glucose is not only important for the driver's health but also for public safety. A driver who maintains stable control over their diabetes has a lower risk of experiencing acute complications, such as hypoglycemia, while on the road. Understanding the frequency and method of their monitoring can provide insights into how well they manage their diabetes. While family history, medication compliance, and exercise routines are relevant factors in the overall management of diabetes, they do not directly assess the day-to-day control of blood glucose levels, which is paramount for the safety of the driver and others on the road. The focus on routine blood glucose measurement ensures that the driver is actively engaging in preventively managing their condition.

10. What is the increased risk of cardiovascular disease in individuals aged 40 to 89 for every 20 mm Hg increase in systolic blood pressure?

- A. 25% increase**
- B. Doubling of mortality**
- C. Tripling of mortality**
- D. No significant change**

The option indicating a doubling of mortality in relation to cardiovascular disease risk for individuals aged 40 to 89 with every 20 mm Hg increase in systolic blood pressure is substantiated by extensive research and epidemiological studies. It has been consistently shown that elevated blood pressure is a significant risk factor for cardiovascular diseases, including heart attack and stroke. When systolic blood pressure rises by 20 mm Hg, the risk of cardiovascular events doubles. This phenomenon occurs because high blood pressure can lead to damage of the arterial walls, increased workload on the heart, and changes in blood vessels that heighten the likelihood of serious cardiovascular complications. The relationship between systolic blood pressure and cardiovascular risk is well established within public health guidelines and scientific literature, making the understanding of blood pressure management critical in preventing mortality associated with cardiovascular problems. This awareness is particularly important for healthcare professionals, including medical examiners, to ensure that appropriate measures are taken to manage and monitor patients' blood pressure effectively.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://dotphysicalmedicalexaminer.examzify.com>

We wish you the very best on your exam journey. You've got this!

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