

National Registry of Certified Medical Examiners (NRCME) DOT Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. Which of these is NOT a required measure for exercising tolerance tests after a cardiovascular incident?**
 - A. Exercise to a workload capacity greater than 6 Metabolic Equivalents (METs).**
 - B. Attain a heart rate greater than or equal to 85% of predicted maximum.**
 - C. Have a rise in systolic blood pressure greater than or equal to 20 mm Hg without angina.**
 - D. Have no increase in diastolic pressure.**
- 2. Which of the following is NOT typically included in the physical examination for a DOT medical certification?**
 - A. Visual acuity test**
 - B. Cardiac health assessment**
 - C. Neurological examination**
 - D. Radiological imaging**
- 3. For a driver with insulin-treated diabetes, when is Form MCSA-5870 acceptable?**
 - A. 25 days.**
 - B. 30 days.**
 - C. 45 days.**
 - D. 60 days.**
- 4. Following an uncomplicated, elective percutaneous coronary intervention procedure to treat stable angina, the post-procedure waiting period is:**
 - A. 1 week**
 - B. 3 weeks**
 - C. 1 month**
 - D. 2 months**

- 5. If a driver uses hearing aids and can hear at 5 feet on the right and 4 feet on the left during the whisper test, what should the examiner recommend?**
- A. Send the driver for an audiometric test**
 - B. Disqualify the driver**
 - C. Certify the driver for 1 year**
 - D. Certify the driver for 2 years**
- 6. In assessing liver health, which test is primarily utilized to evaluate liver function?**
- A. Complete blood count**
 - B. Metabolic panel**
 - C. Liver Function Tests**
 - D. Thyroid function tests**
- 7. What medical condition might disqualify a driver if not under control?**
- A. Diabetes**
 - B. Asthma**
 - C. Epilepsy**
 - D. Hypertension**
- 8. Each of the following mandates disqualification in a driver with a history of alcoholism EXCEPT:**
- A. He voluntarily attends a 12-step program to maintain his recovery**
 - B. He has not successfully completed counseling and/or treatment**
 - C. He has a current diagnosis of alcoholism**
 - D. ALL of the above are disqualifying**
- 9. Which of the following conditions does require immediate disqualification of a driver?**
- A. Uncontrolled hypertension**
 - B. A history of anxiety without treatment**
 - C. A past history of benign seasonal allergies**
 - D. A mild headache**

10. What aspect of a driver's eyes must the medical examiner evaluate according to FMCSA regulations?

- A. Pupil reactivity**
- B. Iris symmetry**
- C. Conjunctival injection**
- D. Corneal thickness**

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Answers

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

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Explanations

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1. Which of these is NOT a required measure for exercising tolerance tests after a cardiovascular incident?

- A. Exercise to a workload capacity greater than 6 Metabolic Equivalents (METs).**
- B. Attain a heart rate greater than or equal to 85% of predicted maximum.**
- C. Have a rise in systolic blood pressure greater than or equal to 20 mm Hg without angina.**
- D. Have no increase in diastolic pressure.**

The measure that is not a required component for evaluating exercise tolerance tests after a cardiovascular incident is the absence of an increase in diastolic pressure. The primary focus during these tests is to monitor how the body responds to exercise and effort, including heart rate and systolic blood pressure responses. Attaining a specific workload capacity, such as greater than 6 METs, and achieving a heart rate of at least 85% of the predicted maximum are crucial indicators of cardiovascular fitness and recovery. Additionally, a rise in systolic blood pressure during exercise is generally expected and can indicate a positive response to stress, provided there are no concerning symptoms like angina. While monitoring diastolic pressure is important, there is no strict requirement that it must not increase; the focus is primarily on the systolic response and the overall heart rate. Therefore, having no increase in diastolic pressure is not a mandated criterion in the evaluation of exercise tolerance following a cardiovascular incident.

2. Which of the following is NOT typically included in the physical examination for a DOT medical certification?

- A. Visual acuity test**
- B. Cardiac health assessment**
- C. Neurological examination**
- D. Radiological imaging**

The choice that is not typically included in the physical examination for a DOT medical certification is radiological imaging. This process involves using x-rays or other imaging techniques to visualize the internal structures of the body, which is generally outside the scope of the standard DOT medical examination. Instead, the DOT exam focuses on the physical assessments that can be performed during an in-person evaluation, such as visual acuity, cardiac health, and neurological assessments, which address key areas necessary for ensuring a driver's fitness for duty. Visual acuity testing is crucial to ensure that the driver meets the minimum standards for vision required to operate a commercial vehicle safely. Similarly, assessing cardiac health is important as it helps to determine if the individual has any conditions that could pose a risk while driving. Neurological examinations are also significant because they evaluate the individual's cognitive and motor functions, which are essential for safe driving. In summary, while visual acuity, cardiac health, and neurological assessments are critical components of the DOT medical certification process, radiological imaging is not typically performed during the exam itself, thus making it the correct answer in this context.

3. For a driver with insulin-treated diabetes, when is Form MCSA-5870 acceptable?

- A. 25 days.**
- B. 30 days.**
- C. 45 days.**
- D. 60 days.**

Form MCSA-5870 is used in the evaluation of commercial drivers with insulin-treated diabetes. This form is specifically important because insulin-treated diabetes can potentially impair a driver's ability to operate a commercial motor vehicle safely. The correct timeframe for which the Form MCSA-5870 is acceptable is 45 days. This timeline is established based on the need to carefully monitor the driver's condition and ensure adequate management of their diabetes. After receiving the Form MCSA-5870, medical examiners utilize this documentation to assess whether the driver meets the necessary medical standards to operate a commercial vehicle, taking into account their diabetes management and control. A period of 45 days allows for sufficient follow-up assessments to evaluate how well the driver's diabetes is being controlled with insulin and whether any adjustments need to be made before granting or renewing their medical certification. This timeframe is critical to enhance safety on the road by ensuring that drivers with insulin-treated diabetes can adequately manage their condition.

4. Following an uncomplicated, elective percutaneous coronary intervention procedure to treat stable angina, the post-procedure waiting period is:

- A. 1 week**
- B. 3 weeks**
- C. 1 month**
- D. 2 months**

After an uncomplicated, elective percutaneous coronary intervention (PCI) procedure, the recommended post-procedure waiting period before allowing an individual to return to driving or certain activities is typically 1 week. This time frame is based on the fact that most patients experience recovery and are often able to resume normal activities, including driving, after a brief period of observation. During this week, the patient should be monitored for any complications and be allowed to heal from the procedure. The other waiting periods outlined do not align with standard recovery expectations for an uncomplicated elective PCI. Longer periods would generally apply if there were complications or if the procedure were more invasive or involved higher risk, but in the case of stable angina managed through an uncomplicated elective PCI, 1 week is considered sufficient for recovery in most scenarios.

5. If a driver uses hearing aids and can hear at 5 feet on the right and 4 feet on the left during the whisper test, what should the examiner recommend?

- A. Send the driver for an audiometric test**
- B. Disqualify the driver**
- C. Certify the driver for 1 year**
- D. Certify the driver for 2 years**

The correct recommendation for a driver who uses hearing aids and passes the whisper test at close distances, specifically 5 feet on the right and 4 feet on the left, is to certify the driver for 2 years. Under the Federal Motor Carrier Safety Administration (FMCSA) guidelines, drivers are required to demonstrate adequate hearing ability to ensure safety on the road. The whisper test is a common method used to evaluate a driver's hearing capability. In this case, the fact that the driver can hear at relatively close distances while using hearing aids indicates that they have sufficient auditory function to operate a commercial vehicle safely. If a driver meets the standards, they may be eligible for certification without needing additional testing, especially if they demonstrate the capacity to function competently on the road. By certifying the driver for 2 years, the examiner acknowledges that the driver is fit for duty while also providing a reasonable period for future assessment and monitoring of their hearing health.

6. In assessing liver health, which test is primarily utilized to evaluate liver function?

- A. Complete blood count**
- B. Metabolic panel**
- C. Liver Function Tests**
- D. Thyroid function tests**

Liver Function Tests (LFTs) are specifically designed to assess the health of the liver by measuring the levels of various enzymes, proteins, and substances produced by the liver. These tests provide critical information about liver function, including the liver's ability to process and filter blood, produce proteins necessary for blood clotting, and metabolize substances. Key indicators in LFTs include alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), bilirubin, and albumin. The other options—Complete Blood Count, Metabolic Panel, and Thyroid Function Tests—serve different diagnostic purposes and are not specifically focused on liver function. The Complete Blood Count evaluates overall health and detects a wide range of disorders, ranging from anemia to infection. The Metabolic Panel often includes tests that measure blood glucose levels, electrolyte and fluid balance, and kidney function, which while important, do not directly assess liver health. Thyroid Function Tests evaluate hormonal levels to diagnose thyroid dysfunction, making them unrelated to liver function assessment. Thus, Liver Function Tests are the primary tool for evaluating liver health.

7. What medical condition might disqualify a driver if not under control?

- A. Diabetes**
- B. Asthma**
- C. Epilepsy**
- D. Hypertension**

Epilepsy is a medical condition that can significantly impact a driver's ability to operate a vehicle safely. The primary concern with epilepsy is the risk of seizures, which can occur unexpectedly and without warning. A driver who experiences seizures could lose control of the vehicle, posing a serious threat to their safety and the safety of others on the road. For individuals with epilepsy, regulatory guidelines typically require a period of seizure control—often at least six months without any seizures—before they may be considered for certification to drive commercial vehicles. If a driver's epilepsy is not well-managed or controlled, it would lead to disqualification due to the unpredictability of seizure occurrence. While diabetes, asthma, and hypertension can also pose risks and require management, the direct and acute risks associated with uncontrolled epilepsy make it a more critical factor in determining whether a driver is fit to operate a commercial vehicle. In contrast, with proper management and medications, many individuals with diabetes, asthma, or hypertension may still be eligible to drive, as long as their conditions do not adversely affect their functional ability.

8. Each of the following mandates disqualification in a driver with a history of alcoholism EXCEPT:

- A. He voluntarily attends a 12-step program to maintain his recovery**
- B. He has not successfully completed counseling and/or treatment**
- C. He has a current diagnosis of alcoholism**
- D. ALL of the above are disqualifying**

The correct response highlights that voluntary participation in a 12-step program as a means of recovery does not mandate disqualification from driving. This is because actively engaging in a recovery program demonstrates a commitment to addressing the issue of alcoholism, which is viewed positively in the context of the regulations governing driver qualifications. On the other hand, having a current diagnosis of alcoholism or failing to complete necessary counseling or treatment indicates ongoing issues with alcohol dependence that could impair judgment and driving ability, leading to disqualification. Essentially, while participation in recovery programs is encouraged and can show progress towards managing alcoholism, it does not, in itself, disqualify a driver in the eyes of the regulations. The presence of an active diagnosis or lack of completed treatment would raise concerns regarding the individual's fitness to drive safely.

9. Which of the following conditions does require immediate disqualification of a driver?

- A. Uncontrolled hypertension**
- B. A history of anxiety without treatment**
- C. A past history of benign seasonal allergies**
- D. A mild headache**

Uncontrolled hypertension requires immediate disqualification of a driver because it poses a significant risk not only to the driver but also to others on the road. Hypertension that is uncontrolled can lead to severe cardiovascular events such as heart attacks or strokes, which can impair a driver's ability to operate a vehicle safely. The Federal Motor Carrier Safety Administration (FMCSA) guidelines specify that drivers with uncontrolled hypertension must be disqualified until the condition is managed effectively and is within a safe range. In contrast, conditions like a history of anxiety without treatment or benign seasonal allergies do not inherently impair a driver's ability to operate a vehicle safely if they are managed properly. Mild headaches, while uncomfortable, also do not typically affect a driver's capability to drive unless they are indicative of more serious underlying issues which are not specified in the context of the question. Therefore, the seriousness and potential consequences of uncontrolled hypertension make it the only condition in the list that mandates immediate disqualification.

10. What aspect of a driver's eyes must the medical examiner evaluate according to FMCSA regulations?

- A. Pupil reactivity**
- B. Iris symmetry**
- C. Conjunctival injection**
- D. Corneal thickness**

In evaluating a driver's eyes, the medical examiner must consider aspects relevant to the driver's ability to safely operate a commercial vehicle. Pupil reactivity is significant as it indicates the neurological function and overall health of the eyes. Proper pupil reactivity ensures that the driver's vision can adapt to changes in light conditions, which is essential for driving safety, especially in varied environments and different times of day. The evaluation of pupil reactivity can help identify any potential issues that may impair a driver's ability to see clearly and react appropriately while on the road. For instance, abnormal pupil reactivity can signal underlying medical conditions such as neurological damage or drug effects, both of which could compromise a driver's performance. Other options, while related to eye health, do not directly correlate with the regulations set forth by the FMCSA regarding the essential vision requirements for drivers. Pupil reactivity specifically relates to the functional capacity needed for the safe operation of a vehicle.