

# EMPLOYEE HEALTH PRESCREENING FOR VOLUNTEER DRIVERS

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**AUTOMATIC DISQUALIFIERS:** Volunteers must have NO known HISTORY or DIAGNOSIS of the following medical conditions: EPILEPSY (seizure disorder), SYNCOPE (blacking or passing out within the last 1 year), HEART ATTACK (within the last 1 year), VENTRICULAR ARRHYTHMIAS (excluding random premature ventricular contractions), IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), COMPLETE HEART BLOCK, USE OF CONTAINERIZED OXYGEN, STROKE and ACTIVE TRANSIENT ISCHEMIC ATTACKS (TIA'S), MENIERS DISEASE (active inner ear disease causing a balance disorder), and INTRA-ATRIAL CONDUCTION DELAY (IACD). These are considered absolute disqualifiers for volunteer drivers.



IF YOU HAVE ANY OF THE CONDITIONS ABOVE, please stop here and contact Voluntary Service at 843-789-7230 or [vhachavavs@va.gov](mailto:vhachavavs@va.gov) for placement in a volunteer assignment that does not include driving. If not, please continue.

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**Conditions below are not automatic disqualifiers, but note that DOCUMENTATION that these conditions are controlled will be required. Please read carefully.**

## **You must bring documentation requested below to your physical exam appointment .**

**1. DIABETES.** VOLUNTEERS WITH A CLINICAL DIAGNOSIS OF INSULIN-DEPENDENT DIABETES MELLITUS **MUST 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 DURING THE PAST SIX MONTHS.

Do you have **insulin dependent** diabetes?  Yes  No

If yes, volunteer must bring copy of last hemoglobin A1c result to your appointment.

Do you experience dizziness or fatigue?  Yes  No

Explain: \_\_\_\_\_

**2. 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.

Do you have a history of drug and/or alcohol abuse?  Yes  No

If yes, has this been in the last 3 yrs?  Yes  No

If yes, volunteer must bring documentation that they are in a treatment program or a letter from their provider documenting that they have been abstinent for at least 1 year to your appointment.

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

Do you have high blood pressure?  Yes  No

If yes, is it being treated with medications?  Yes  No

To pass the driver physical your blood pressure **MUST** be no greater than **160/95**, do you think this will be an issue?  Yes  No

If **yes or unsure you must bring a note from your physician** stating on provider letterhead (name, address, phone number included) the last 3 blood pressure reading obtained by that provider.

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

Do you have a pacemaker?  Yes  No

If yes, volunteer needs to bring documentation from their provider documenting that your pacemaker is functioning adequately to your appointment.

**5. 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 AORTIC VALVE REPLACEMENT (AVR) CAN NOT BE MEDICALLY CLEARED.**

Do you have aortic stenosis? (narrowing of the aortic valve)?  Yes  No

If yes, volunteer needs to bring the documentation described above from their provider to your appointment.

**6. 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.**

Do you have COPD including emphysema and/or chronic asthmatic bronchitis? Symptoms include shortness of breath, wheezing, chest tightness, and/or chronic cough  Yes  No

If yes, volunteer needs to bring the documentation described above (Spirometry that shows an FEV1 of greater than 40%) from their provider to employee health appointment.

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

Do you have a clinical diagnosis of narcolepsy and/or sleep apnea?  Yes  No

If yes, when was this diagnosed? \_\_\_\_\_ Do you use a CPAP?  Yes  No

If yes, volunteer needs to bring the documentation described above from their provider to employee health at your appointment. Acceptable documentation of adequate treatment includes: 1) Results of a recent sleep study (performed within the past year).

2) Letter from provider indicating this applicant is under the provider's care for sleep apnea, and is adequately treated to transport Veterans by motor vehicle. Provider's statement must be on letterhead with provider's name, address, phone number.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a driver is concerned about what to get from his provider, get the driver's email address and we can send a generic note that they can then take to their provider that describes exactly what we need and where they can fax the information.

Thank you for your time, help, and commitment to volunteering at the Ralph H Johnson VA Medical Center! You are a vital part of our team and we appreciate everything you do!

Bryon Brown, PA-C

Occupational Health

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