

## NRCME PRACTICE TEST QUESTIONS

The following are practice questions which will be of value in your preparation for the NRCME exam. These are multiple choice questions. There is only one answer. Choose the most correct answer.

1. During the examination, the examiner notices that the driver is distant and has a flat affect/expression, and lacks eye contact during the exam. The examiner should?

- a. Provide the driver with a "CAGE" questionnaire.
- b. Require an SPE and certify the driver with a 3-month certificate
- c. Certify the driver with a 1-year certificate.
- d. Refer him/her to a mental health profession prior to consideration for certification.

2. Which of the following medications is most noted to cause drowsiness and impaired driving

- a. Concerta
- b. Prozac
- c. Toprol
- d. Xanax

3. A DOT driver presents for his medical exam. On his history he advised that he regularly takes Avinza for mild low back pain. This should prompt the ME to do the following.

- a. Give a one year recert
- b. Give a 3 month recert
- c. Possible DQ -Contact the driver's PCP and get notification from them that the driver is safe to driver CMV while being prescribed this medication
- d. Disqualify

4. A DOT driver presents for his medical exam. On his history he advised that he regularly takes Concerta for mild low back pain. This should prompt the ME to do the following.

- a. Give a one year recert
- b. Give a 3 month recert
- c. Contact the driver's PCP

d. Disqualify

5. A DOT driver presents for his medical exam. On his history he advised that he regularly takes Dextromethorphan. This should prompt the ME to do the following.

a. Give a one year recert

b. Give a 3 month recert

c. Counsel the driver about consuming the medication within 12 hours of driving

d. Disqualify

6. A driver presents for his DOT exam. On his history he marks "diabetes" and that he is taking Humalin. As the examiner what would you do next?

a. Certify the driver for 2 years.

b. The driver is disqualified until the driver obtains a diabetic exemption.

c. Permanently disqualify the driver.

d. Certify the driver for 1 year provided they have been given clearance by their treating physician with a properly filled out MCSA-5870.

7. During the DOT exam a driver perceives a whispered voice at 5 feet in his left ear and 4 feet in his right ear. This is an otherwise normal/unremarkable exam. All other aspects of his physical examination are unremarkable. As the examiner what would you do next?

a. Require an audiometric test to determine the extent of hearing loss in his left ear.

b. Certify the driver for 2 years.

c. Certify the driver for 1 year.

d. Permanently disqualify the driver.

8. A driver presents for his DOT exam. On the medical history the driver notes that it has been a month since he has smoked and has been taking Chantix to help him with efforts. Which of the following should the medical examiner do next.

- a. Counsel the driver on smoking cessation and order a spirometry test.
- b. Certify the driver for 2 years.
- c. Certify the driver for 1 year.
- d. Disqualify the driver until it has been shown that he is no longer taking the medication and no residual side effects are present.

- 9. A driver fails the forced whisper test and is referred for audiometric testing. Which of the following drivers can be certified?

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	Left	500	1000	2000	3000	Right	500	1000	2000	3000
Driver A		35	40	45	55		34	40	46	55
Driver B		30	40	51			30	40	50	
Driver C		30	40	55			30	40	60	

- a. Drivers A and B
  - b. Drivers B and C
  - c. Drivers A and C
  - d. Driver C only
- 10. A driver presenting for his medical exam reports being a smoker and out of breath often. What do you do next?
    - a. Order an EKG
    - b. Refer to the emergency room
    - c. Order a spirometer test
    - e. Provide a 1 year certification
  - 11. A driver presents for his DOT exam. During history it is revealed that the driver is taking methotrexate. Based off of this history what aspect of the exam should the medical examiner be most concerned about.
    - a. Musculoskeletal health, in particular grip strength and general ability to mechanically operate a CMV.
    - b. Cardiovascular health, in particular heart arrhythmias
    - c. Neurological health, in particular peripheral neuropathy condition that may effect his ability to operate a CMV
    - d. Vision and ocular health

- 12. Which of the following is an assessment of L4 nerve root pathology?
  - a. Plantar flexion
  - b. Patellar reflex
  - c. Hip Extension
  - d. Hand in pocket paresthesia

13. A driver presents for his DOT exam. He had a myocardial infarction 5 weeks previous to the exam. He presents with a return to work letter from his cardiologist with no restrictions. Testing information included revealed that the driver was able to reach 12 METS and his left ventricular ejection fraction was 65%. Based off of this information what certification decision should be made by the examiner.

- a. Certify for a one time interval of 3 months.
- b. Qualify the driver for 2 years.
- c. Qualify the driver for 1 year.
- d. Temporarily disqualify the driver.

14. Which of the following lab values are abnormal and potentially disqualifying?

- a. HbA1c 11%
- b. Hematocrit 40%
- c. AST/SGOT 30 mu/ml
- d. SED 12 mm/Hr

15. A driver presents for her DOT medical exam. During the exam history it is revealed that the driver is taken Lisinopril for hypertension, Simvastatin, and Antabuse. All other aspects of history and exam were normal. What should the examiner do next:

- a. Disqualify the driver.
- b. Provide a one time 3 month certification.
- c. Certify the driver for 1 year.
- d. Certify the driver for 2 years.

16. A driver presents for her DOT exam. Given the picture below what is the most likely diagnosis.

- a. Serotonin syndrome
- b. Conjunctivitis
- c. Exophthalmos caused by Graves Disease
- d. Papillary Edema



17. A driver presents for his DOT examination. Given the picture below, what is the most probable diagnosis.

- a. Lymphedema
- b. Hyperparathyroid Disease
- c. Thyroiditis
- e. Folliculitis



18. A driver presents for his medical exam. Peripheral vision for the driver was measured at 70 degrees in the right eye and greater than 70 degrees in the left eye. What should the medical examiner do next?

- a. Qualify the driver for 2 year.
- b. Refer the driver to an ophthalmologist to determine if the driver meets the minimum vision standard.
- c. Disqualify the driver.
- d. Provide the driver information about obtaining a vision exemption from FMCSA.

19. A driver who presents taking the following medication should normally be disqualified, but may be certified if the prescribing physician notifies the ME that the driver is safe to be a CMV driver while he/she is being prescribed this medication.

- a. Methotrexate
- b. Hydrocodone
- c. Prozac
- d. NyQuil

20. A driver presents with a blood pressure of 138/91. What is this?

- a. Prehypertension.
- b. Stage 1 Hypertension.

- c. Stage 2 Hypertension.
- d. Stage 3 Hypertension.

21. A driver presents with pain in the right TL junction area. Which of the following conditions will most commonly refer pain to this area and would most likely necessitate a referral to the emergency room?

- a. Acute pancreatitis
- b. GERD
- c. IBS
- d. Kidney stone

22. A driver presents for his DOT physical. A lateral pulsation is palpated approximately 2 inches superior of the umbilicus. Auscultation in this area reveals an obvious bruit. What is the most important next step?

- a. Counsel on the importance of a good diet.
- b. Refer for diagnostic imaging and probable emergency care.
- c. Refer to a gastroenterologist.
- d. Give the driver a 1 year recertification.

23. A driver presents post operation of the cervical spine. Which of the following may be a reason for disqualification?

- a. less than 45 degree cervical rotation
- b. residual pain that is intermittent after working long hours
- c. normal findings and a release from his surgeon but failed to complete physical therapy
- d. pain at the CT junction with maximum extension.

24. Which of the following is not a primary symptom of Congestive Heart Failure?

- a. Sharp stabbing headache.
- b. Dyspnea at rest.

- c. Nocturia .
- d. Bilateral ankle edema.

25. A driver presents with a history of taking medical marijuana. He has a prescription for this. What is the certification interval for this driver.

- a. 3 month certification
- b. 1 year certification
- c. 2 year certification
- d. Disqualification-medical marijuana is not currently approved for use by DOT/FMCSA.

26. A driver presents for his DOT exam. He reports a history of sleep apnea, being controlled with the use of a CPAP machine. He was last seen by his primary care physician 5 months ago. The remainder of the exam is normal. What should the driver's certification interval be.

- a. 1 year
- b. 2 year
- c. Disqualification
- d. 3 month temporary certification until a CPAP compliance report is presented.

27. A driver presents with a history of being tired and having difficulty staying awake during the day, snoring at night, and being obese. What would be the best decision?

- a. Disqualify
- b. Provide a 3 month temporary certification
- c. Provide a 1 year certification
- d. Provide a 2 year certification



28. A driver presents with a 15 year history of diagnosed epilepsy. The driver says he has been without medication and seizure free for 12 years. His last visit with his neurologist was 13 years ago. What is the most appropriate action to take.

- a. Disqualification
- b. 3 month temporary certification
- c. 1 year certification
- d. 2 year certification

29. A driver presents with a history of depression. He reports having a suicide attempt 10 months ago after his son died in a car accident. The best decision for the examiner would be which of the following?

- a. Temporarily disqualify the driver
- b. Obtain a clearance letter from the driver's treatment provider
- c. Certify for 1 year
- d. Certify for 2 years

30. A driver presents with a history of an isolated TIA 6 months previous. He presents with a return to work letter from his primary care physician and his neurologist. The driver is taking Hydrochlorothiazide and Simvastatin. All other aspects of the exam and history were normal. What should the examiner do next?

- a. Certify the driver for 1 year
- b. Temporarily disqualify the driver
- c. Certify the driver for 3 months
- d. Certify the driver for 2 years.

## NRCME PRACTICE TEST ANSWERS

1. Answer: d. A driver who is suspected as having an emotional/psychiatric condition should be referred to a mental health professional for evaluation prior to certification.
2. Answer: d. Xanax is a benzodiazepine. This class of medications is known to have sedative affects. FYI: Concerta-stimulant, Prozac-SSRI, Toprol-beta blocker
3. Answer: c. Avinza is an opiod medication. Contact the driver's PCP and get notification from them that the driver is safe to driver CMV while being prescribed this medication. Then make a determination if the driver should be certified to drive a CMV
4. Answer: c. Concerta a stimulant should only be taken for ADHD. The PCP should be contacted about this medication/condition.
5. Answer: c. This is a cough suppressant and has sedative effects. Counsel the driver about consuming the medication within 12 hours of driving.
6. Answer: b. This is an insulin preparation. The driver is disqualified until the driver sees a treating physical and has a properly filled out MCSA-5870.
7. Answer: b. Only one ear is required to meet the requirement.
8. Answer: d. Chantix is not recommended by FMCSA.
9. Answer: a. FYI: 3000 hz is not a requirement.
10. Answer: c. Order a spirometer test.
11. Answer: a. MC used for autoimmune arthritis.
12. Answer: b. Petellar reflex.
13. Answer: d. Post-MI waiting period of 2 months.
14. Answer: a. A1C over 10 is out of control.
15. Answer: a. Antabuse is treatment for a current diagnosis of substance abuse.
16. Answer: c. Autoimmune hyperthyroid condition is likely.
17. Answer: c. Thyroiditis condition is likely.
18. Answer: a. 70 or greater peripheral vision.
19. Answer: b. This is an opiod medication and communication from the prescribing physician is required.
20. Answer: b. This is stage 1 hypertension. 1 year certification.
21. Answer: a. Most likely to be an ER referral.

22. Answer: b. Possible AAA. This may be a medical emergency.
23. Answer: a. The driver must be able to turn head so they look in side mirrors.
24. Answer: a. HAs are not a normal finding of heart failure.
25. Answer: d. Medical marijuana is currently not allowed by FMCSA.
26. Answer: d. The driver should have yearly testing with compliance reports presented from his CPAP machine. After showing compliance to the use of the CPAP machine, certification would be 1 year.
27. Answer: a. A driver with suspected sleep apnea should not be certified until testing has been conducted to rule this condition out.
28. Answer: a. A driver may be certified who was diagnosed with epilepsy and has not had a seizure and has not needed medication for 10 years. In this case the driver has not had follow up with his neurologist and therefore there is no way of confirming that this condition has been under control without the use of medication.
29. Answer: a. There is a WP of one year with suicide and severe depression events. Contact with the treatment provider is required as well.
30. Answer: b. There is a WP of one year with TIA.