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## Shy Bladder Evaluation Instruction Sheet For Donor

To:	Date Provided:
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### Instructions for the donor/patient:

You are required to obtain, within five days, an examination by a licensed physician assessing the presence of clinical evidence of a medical condition that has, or with a high degree of probability could have, precluded you from providing the required specimen for your DOT-regulated drug test.

The licensed physician must be a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.). The licensed physician should not be your Primary Care Physician.

You are required to have the physician send a written report of his/her findings to the Medical Review Officer via fax.

There should be two pages following this instruction sheet. Presenting those pages to the evaluating physician will help him/her complete the evaluation in a manner acceptable to the DOT.

Failure to complete this will cause the drug test to be considered a Refusal to Test. A Refusal to Test determination on a DOT- regulated drug test prevents any employer from being authorized to place you in a position performing any safety-sensitive duties regulated by the DOT.

In order to be acceptable to the U.S. Department of Transportation, any claimed medical condition must be supported by observable clinical evidence (something the physician can see or test objectively) or by medical records showing that the medical condition existed prior to the date of the drug test.

The burden of proof is on you, and not on the physician, to establish any claimed medical condition that would explain the inability to produce a urine specimen.

**You are encouraged to bring relevant medical records with you if you wish the evaluating physician to be aware of an existing medical condition.**

It is not the physician's role to make judgments about the circumstances of the urine collection protocol, and the physician does not have the authority to recommend another drug test attempt. The only matter on which the physician is permitted make any judgment is whether there is or is not evidence to support a medical reason for you not providing a urine specimen during the drug test collection that was already attempted.

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## Shy Bladder Evaluation Instruction Form for Physician

Patient's Name:	Date of Birth:
EMP ID or SSN #:	Appt. Date/Time:

Required disclosure of information to the evaluating physician:

The patient was recently asked by his/her employer to take a DOT-regulated urine drug test, and, at the time, was unable to provide a urine specimen (45 mL within 3 hours, while having access to 40 ounces of fluids to drink). Per Federal regulations at Rule 49 CFR Part 40.193, a Shy Bladder Evaluation must now be conducted to determine if there is evidence of a medical condition to explain the failure to provide a urine specimen when required.

For the purposes of this evaluation, a medical condition includes an ascertainable physiological condition (e.g., a urinary system dysfunction) or a medically documented pre-existing psychological disorder but does not include unsupported assertions of "situational anxiety" or dehydration.

As the referral physician conducting this evaluation, you must recommend that the Medical Review Officer (MRO) make one of the following determinations:

- (1) A medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. (If accepted, this determination will cause the drug test to be cancelled.)
- (2) There is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. (If accepted, this determination will cause the drug test to be considered a Refusal to Test.)

The consequences of a Refusal to Test on a regulated drug test is immediate removal of clearance to perform safety-sensitive duties (such as operating a commercial vehicle) until such time as the patient completes a Substance Abuse Professional's Return-to-Duty program.

After completing your evaluation, you must provide a written statement of your recommendations and the basis for them to the MRO. You must not include in this statement detailed information on the employee's medical condition beyond what is necessary to explain your conclusion.

If you determine that the employee's medical condition is a serious and permanent or long-term disability that is highly likely to prevent the employee from providing a sufficient amount of urine for a very long or indefinite period of time, you must set forth your determination and the reasons for it in your written statement to the MRO. (The classic example is a patient in end-stage renal failure.)

If, in the course of your evaluation, you discover any medical condition that you believe may impact the patient's ability to safely perform the duties of his/her job, you must include this information in your report to the Medical Review Officer.

**If, at any point, you have questions or wish to consult with the Medical Review Officer, identify that you are a doctor performing a Shy Bladder Evaluation and wish to consult with one of the MROs. You should be connected and assisted with all possible haste. Thank you in advance for your cooperation.**

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**This evaluation must be performed by a  
Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.). and should  
NOT be performed by the patient's Primary Care Physician (PCP).**

**Shy Bladder Evaluation Report**

Patient's Name:	Date of Birth:
EMP ID or SSN #:	Date of Exam:

Note for the physician: You are not being asked to treat a patient. You are being asked to make a medical assessment only. The burden of proof to present a medical explanation is on the patient, and you are being asked to act only as a qualified medical professional to judge if there is clinical evidence to support any claimed medical explanation.

I have examined the patient in accordance with Rule 49 CFR Part 40.193 and:

<input type="checkbox"/> The employee claimed or has a physiological cause for the inability to produce 45 mL of urine in a single void within a three-hour window.
<input type="checkbox"/> Observable or testable evidence of the physiological cause exists. That evidence is:
<input type="checkbox"/> Medical records of the physiological cause were presented. Those records described the medical condition as: _____ Those records were dated: ____/____/____
<input type="checkbox"/> No observable or testable evidence was found, and the patient brought no medical records supporting the claimed physiological cause.

<input type="checkbox"/> The employee claimed or has a psychological cause for the inability to produce 45 mL of urine in a single void within a three-hour window.
<input type="checkbox"/> The patient presented medical records of the psychological cause claimed. Those records described the psychological condition as: _____ Those records were dated: ____/____/____ (This field required for psychological claims.) <input type="checkbox"/> Those records specifically document that the psychological cause has an impact on urinary function.
<input type="checkbox"/> No medical records supporting the claimed psychological cause were presented. (If this field is selected, you will likely need to conclude that there is not an adequate basis for determining a medical condition caused the issue.)

<input type="checkbox"/> The employee made no specific claim of a medical cause.
<input type="checkbox"/> I physically examined the applicant and/or employee and a medical history was taken.

In conclusion, I recommend:
<input type="checkbox"/> A medical condition, described above, has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine. <b>OR</b>
<input type="checkbox"/> There is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of urine.

Evaluating Physician's Name:	Phone:
Signature: _____	Date: _____
	Fax: _____