



PHYSICAL EXAMINATION FORM

PAGE 1 OF 2

TO BE FILLED IN BY EXAMINING PHYSICIAN (Please print)

DATE OF EXAMINATION

(Month / Day / Year)

OPERATOR'S NAME First

Middle

Last

SOCIAL SECURITY #

DATE OF BIRTH (Month / Day / Year)

AGE

HOME ADDRESS

PHONE

CITY

STATE

ZIP

HEALTH HISTORY

- | | | | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Asthma | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Muscular Disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Head or spinal injuries |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Kidney | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Seizures, fits, convulsions or fainting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Extensive confinement by illness or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Gastrointestinal Ulcer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Any other nervous disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nervous Stomach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Ethanol use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Suffering from any other disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Rx drug use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Permanent defect from illness, disease or injury |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Over the counter drug use | | | | | | |

IF ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN:

GENERAL APPEARANCE AND DEVELOPMENT:

Good

Fair

Poor

VISION:

For Distance:

Right/20

Left/20

Both/20

Without Corrective Lenses

With Corrective Lenses

Evidence of disease or injury: Right

Left

Color Test: _____

Horizontal Field of Vision: Right

Left

HEARING:

Right Ear

Left ear

Evidence of disease or injury: Right

Left

AUDIOMETRIC TEST:

Decibel loss at

500 HZ

1,000 Hz

2,000 Hz

3,000 Hz

4,000 Hz

5,000 Hz

6,000 Hz

7,000 Hz

8,000 Hz

THROAT: _____

THORAX:

Heart: _____

If organic disease is present, is it fully compensated? _____

Blood Pressure: Systolic _____

Diastolic _____

Pulse: _____

Before Exercise _____

Immediately after _____

Lungs: _____

ABDOMEN:

Scars _____

Abdominal Masses _____

Tenderness _____

PHYSICAL EXAMINATION FORM (CONT'D)

HERNIA: Yes No If so, where? _____ Is truss worn? _____

GASTROINTESTINAL: Ulceration or other disease? Yes _____ No _____

GENITO-URINARY: Scars: _____ Urinal Discharge: _____

REFLEXES: Rhomberg _____

Pupillary: _____ Light R _____ L _____

Accommodation: _____ R _____ L _____

KNEE JERKS: Right Normal _____ Increased _____ Absent _____

Left Normal _____ Increased _____ Absent _____

REMARKS: _____

EXTREMITIES: Upper _____ Lower _____ Spine _____

LABORATORY & OTHER SPECIAL FINDINGS: Urine Spec. Gr. _____ Alb. _____ Sugar _____

Other Laboratory Data (Serology, etc.) _____

Radiological Data _____ Electrocardiograph _____

GENERAL COMMENTS: _____

NAME OF EXAMINING DOCTOR (PLEASE PRINT) _____ SIGNATURE _____

ADDRESS OF EXAMINING DOCTOR _____

CITY _____ STATE _____ ZIP _____

MEDICAL EXAMINER'S CERTIFICATE TO BE COMPLETED ONLY IF OPERATOR IS FOUND QUALIFIED

MEDICAL EXAMINER'S CERTIFICATE
I certify that I have examined

CRANE OPERATOR'S NAME (PRINT)
with the knowledge of his/her duties,
I find him/her qualified under the regulations.

Qualified only when wearing corrective lenses.
 Qualified only when wearing a hearing aid.
 Qualified — see Accommodation Statement attached.

A complete examination form for this person is on file in my office:

ADDRESS _____

DATE OF EXAMINATION _____ NAME OF EXAMINING DOCTOR _____

SIGNATURE OF EXAMINING DOCTOR _____

SIGNATURE OF OPERATOR _____

ADDRESS OF OPERATOR _____

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DATE OF EXAMINATION _____ NAME OF EXAMINING DOCTOR _____

SIGNATURE OF EXAMINING DOCTOR _____

SIGNATURE OF OPERATOR _____

ADDRESS OF OPERATOR _____



PHYSICIAN INSTRUCTIONS

FOR MEDICAL EXAMINATION

Please give these instructions to the Examining Physician.

PHYSICAL QUALIFICATIONS AND EXAMINATIONS OF CRANE OPERATORS

A person is physically qualified to operate a crane if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver;
2. Has no impairment of the use of a foot, a leg, a hand, fingers, or an arm, and no other structural defect or limitation, which is likely to interfere with his/her ability to control and safely operate a crane or has been granted a waiver upon a determination that the impairment will not interfere with his/her ability to control and safely operate a crane;
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety to be known accompanied by syncope, dyspnea, collapse or congestive cardiac failure;
5. Has no established medical history or clinical diagnosis of respiratory dysfunction likely to interfere with his/her ability to control and operate a crane safely;
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a crane;
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a crane safely;
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a crane;
9. Has no mental, nervous, organic or functional disease or psychiatric disorder likely to interfere with his/her ability to operate a crane;
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
11. When tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz and 4,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;
12. Does not use a prescribed or over the counter substance, including ethanol, which would impair the operator to perform safe operation of a crane. These include illegal drugs, controlled substances (including trace amounts), look-alike drugs, designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant or hallucinogen. An exception to this ruling is that an operator may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the operator's medical

history and all assigned duties and who has advised the operator that the prescribed substance or drug will not adversely affect the operator's ability to safely operate a crane. The treating physician will also provide a waiver to the Medical Examiner. (See waiver statement.)

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

The examining physician should review these instructions before performing the physical examination. Answer each question yes or no where appropriate.

The examining physician should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the operator of cranes. In the interest of public safety the examining physician is required to certify that the operator does not have any physical, mental, or organic defect of such a nature as to affect the operator's ability to operate safely a crane.

General Information. The purpose of this history and physical examination is to detect the presence of physical, mental or organic defects of such a character and extent as to affect the applicant's ability to operate a crane safely. The examination should be made carefully and at least as complete as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the applicant and he/she should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her ability to operate safely.

General Appearance and development. Not marked overweight. Not any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses including sedating or habit forming drugs.

Head-eyes. When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box "Qualified only when wearing corrective lenses." In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as a numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses.

Contact lens wear may not be allowed in many work areas where mandatory eye protection disallows contact lens wear. The applicant must be made aware that safety glass eye wear may routinely be required at job sites and must also pass vision testing protocols with safety eye glasses specified and approved ANSI Z89.

Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aura vertigo, or Meniere's Syndrome. When recording hearing an audiometer is used to test hearing. Record decibel loss at 500 Hz, 1,000 Hz, 2,000 Hz, 3,000 Hz, and 4,000 Hz.

Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a crane.

Thorax-heart. Stethoscopic examination is required. Note murmurs and arhythmias, and any past or present history of cardio-

PHYSICIAN INSTRUCTIONS (CONT'D)

FOR MEDICAL EXAMINATION

vascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart or congestive heart failures. Electrocardiogram is required when findings so indicate.

Blood Pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90mm. Hg., further tests may be necessary to determine whether the operator is qualified to operate a crane.

Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

Gastrointestinal system. Note any diseases of the gastrointestinal system.

Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

Abnormal masses. If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that the condition might interfere with the control and safe operation of a crane, more stringent tests must be made before the applicant can be certified.

Genito-urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and State public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albuminuria in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a crane will disqualify an applicant from operating a crane.

Neurological. If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation.

Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted.

Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the operator to secure and maintain a grip on the controls. If a leg deformity exists, determine whether sufficient mobility and strength exists to enable the operator to operate pedals properly. Particular attention should be given to, and a record should be made of, any impairment or structural defect which may interfere with the operator's ability to operate a crane safely.

Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiologic and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

Recto-genital studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged operation that might be necessary as part of the operator's duties.

Laboratory and other special findings. Urinalysis is required, as

well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining physician.

Diabetes. If insulin is necessary to control a diabetic condition, the operator is not qualified to operate a crane. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the operator is on duty, it should not be considered disqualifying. However, the operator must remain under adequate medical supervision.

General. The physician must date and sign his findings upon completion of the examination.

The medical examination shall be performed by a licensed doctor of medicine or osteopathy. A licensed ophthalmologist or optometrist may perform examinations pertaining to visual acuity, field of vision and ability to recognize colors.

If the medical examiner finds that the person he/she examined is physically qualified to operate a crane, the medical examiner shall complete the Medical Examiner's Certificate and furnish one copy to the person examined and one copy to the employer.

The medical examiner must attach all treating physician, ophthalmologist, or optometrist medical information pertaining to the applicant. Waiver acceptance is up to the medical examiner when waiver is attached to applicant application. The medical examiner is expected to verify the waiver provided by treating physician and qualify or disqualify applicant because of his examination of the applicant.

The medical examiner is expected to perform testing as needed of all applicants and may submit an accommodation statement if applicable about applicants' physical limitations to aid an employer with ADA guidelines. Any accommodation statements must be attached to medical artifaction.

Waiver by physician. Treating physicians must provide signed statements disclosing disease state and/or medication and that the applicant is qualified for the practical examination, and state, "I have examined the aforementioned crane operator applicant and within medical certainty I find the applicant at no greater risk than the general population as a result of any physical, mental, or organic defects, and can safely operate a crane with the aforementioned diagnosis and treatment regimen subject to passing the CCO practical examination."