



Physical Examination Form

ALL OPERATOR PROGRAMS

Please type or print neatly.

NAME		First	Middle		Last	
SOCIAL SECURITY #						
DATE OF EXAMINATION						
MAILING ADDRESS					PHONE	
CITY					STATE	ZIP

HEALTH HISTORY

Yes	No	Yes	No	Yes	No
☐	☐	☐	☐	☐	☐
Asthma		Muscular disease		Seizures, fits, convulsions, or fainting	
☐	☐	☐	☐	☐	☐
Kidney		Psychiatric		Extensive confinement by illness or injury	
☐	☐	☐	☐	☐	☐
Tuberculosis		Cardiovascular disease		Any other nervous disorder	
☐	☐	☐	☐	☐	☐
Diabetes		Gastrointestinal ulcer		Suffering from any other disorder	
☐	☐	☐	☐	☐	☐
Nervous stomach		Ethanol use		Permanent defect from illness, disease, or injury	
☐	☐	☐	☐		
Rheumatic fever		Rx drug use			
☐	☐	☐	☐		
Over-the-counter drug		Head or spinal			
☐	☐	☐	☐		

IF ANSWER TO ANY OF THE ABOVE IS YES, PLEASE 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: Right _____ Left _____

Horizontal field of vision: Right _____ Left _____

HEARING: Right ear _____ Left ear _____

Evidence of disease or injury: Right ear _____ Left ear _____

AUDIOMETRIC TEST: ☐ 500 HZ ☐ 1000 HZ ☐ 2000 HZ ☐ 3000 HZ ☐ 4000 HZ
☐ 5000 HZ ☐ 6000 HZ ☐ 7000 HZ ☐ 8000 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: Right _____ Left _____

Accommodation _____ Right _____ Left _____

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
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ADDRESS OF EXAMINING DOCTOR

CITY	STATE	ZIP
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MEDICAL EXAMINER'S CERTIFICATE (ONLY TO BE COMPLETED IF OPERATOR IS FOUND QUALIFIED)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

CRANE OPERATOR'S NAME

*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
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SIGNATURE OF EXAMINING DOCTOR

SIGNATURE OF OPERATOR

ADDRESS OF OPERATOR

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ADDRESS

DATE OF EXAMINATION	NAME OF EXAMINING DOCTOR
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SIGNATURE OF EXAMINING DOCTOR

SIGNATURE OF OPERATOR

ADDRESS OF OPERATOR



Physician Instructions

PLEASE GIVE THESE INSTRUCTIONS TO THE EXAMINING PHYSICIAN

PHYSICAL QUALIFICATIONS AND EXAMINATIONS OF OPERATORS

A person is physically qualified to operate a crane/digger derrick 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/digger derrick 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/digger derrick
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/digger derrick safely
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a crane/digger derrick
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease that interferes with his/her ability to control and operate a crane/digger derrick safely
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition that is likely to cause loss of consciousness or any loss of ability to control a crane/digger derrick
9. Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to operate a crane/digger derrick
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 median 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's performing safe operation of a crane/digger derrick. These include illegal drugs, controlled substances (including trace

amounts), look-alike drugs, designer drugs, or any other substance that 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/digger derrick. 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 operators. 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 a crane/digger derrick safely.

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/digger derrick safely. The examination should be made carefully and at least as completely 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 that 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 that could interfere with the safe operation of a crane/digger derrick.

Thorax—heart. Stethoscopic examination is required. Note murmurs and arrhythmias and any past or present history of cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. An 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/digger derrick.

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/digger derrick, more stringent tests must be made before the applicant can be certified.

Genitourinary. Urinalysis is required. Acute infections of the genitourinary 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/digger derrick will disqualify an applicant from operating a crane/digger derrick.

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 that may interfere with the operator's ability to operate a crane/digger derrick 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, spondylolisthesis, or 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/digger derrick. 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/digger derrick, 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 an applicant's 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 state, "I have examined the aforementioned 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/digger derrick with the aforementioned diagnosis and treatment regimen subject to passing the CCO examinations."