



Medical Verification Form Part B

Medical authority may complete this form or use their own medical exam form, if it provides at a minimum, a report of the physical requirements stated on this form.

Disclaimer: Understanding that medical conditions can change rapidly, the responses above indicate that on the date and time of completing this form, the crane operator listed above met the physical/medical requirements as indicated.

Operator Information		
Name (Last, First, MI)	Birthdate (mm,dd,yy)	Age
Candidate ID		Sex (M/F)
Current Address		
City	State	Zip
Phone Number	Email	

Reason for Request <i>(Please check all conditions related to the request)</i>					
<input type="checkbox"/>	Asthma, Lung disease	<input type="checkbox"/>	Muscular Disease	<input type="checkbox"/>	Seizures, dizziness or fainting
<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	Any other nervous disorder	<input type="checkbox"/>	Chronic low back pain
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Cardiovascular Disease	<input type="checkbox"/>	Head or spinal injury(ies)
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Digestive problems	<input type="checkbox"/>	Regular, frequent alcohol use
<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	Stroke or paralysis	<input type="checkbox"/>	Other Disorder(s):
<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	Rx drug use	<input type="checkbox"/>	
<input type="checkbox"/>	Narcotic or habit forming drug use	<input type="checkbox"/>	Psychiatric disorder, e.g. Severe Depression	<input type="checkbox"/>	

If answered YES to any above, please explain:

Carefully read the ASME B30.5-3.1.2(a) physical qualification requirements listed below. (Medical authority, please initial yes or no)	Yes	No
Patient's vision is at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.		
Patient has the ability to distinguish colors, regardless of position, if color differentiation is required.		
Patient has adequate hearing to meet operational demands, with or without a hearing aid.		
Patient has sufficient strength, endurance, agility, coordination and speed of reaction to meet crane operator demands.		
Patient has normal depth perception, field of vision, reaction time, manual dexterity, coordination and no tendencies to dizziness or similar undesirable characteristics.		
Patient has negative results for a substance abuse test. The level of testing is determined by the standard practice for the industry where the patient is employed and confirmed by a recognized laboratory service.		
Patient has no physical defects or emotional instability that could render a hazard to themselves or others, or which, in the opinion of the medical authority, could interfere with the candidate's performance. If evidence of this nature is found, it may be sufficient cause for disqualification.		
Patient is not subject to seizures or loss of physical control. Such evidence shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.		

Important: If there are any NO answers to one or more of the eight (8) requirements listed above, but you as the Medical Authority believe that failure to meet the qualification will not affect the ability of the person listed as 'Operator' to operate cranes, please attach your explanation.

Patient Signature

Date

Medical Authority Signature

Date

Medical Authority Printed Name and Title

Phone Number