



Medical Verification Form Policy and Agreement

Medical Verification Policy:

Crane Institute of America Certification, LLC requires all candidates for CIC certification to meet the physical requirements included in ASME Standard B30.5-3.1.2(a). Candidates must indicate their compliance with all of the requirements on this Medical Verification Form unless a qualified medical/clinical professional indicates that failure to meet the qualifications will not affect the operation of the crane. In this case specialized testing and clinical/medical judgments may be required; and the Medical Verification Form Part B must be provided for verification that requirements have been met. **

Medical Verification Agreement

Carefully read the ASME B30.5-3.1.2(a) physical requirements listed below:

1. I have at least 20/30 Snellen vision in one eye and 20/50 in the other, with or without corrective lenses.
Note: Snellen refers to the standard eye chart used in vision assessment.
2. I have the ability to distinguish colors, regardless of position, if color differentiation is required.
3. I have adequate hearing to meet operational demands, with or without a hearing aid.
4. I have sufficient strength, endurance, agility, coordination, and speed of reaction to meet crane operation demands.
5. I have normal depth perception, field of vision, reaction time, manual dexterity, and coordination, and no tendencies to dizziness or similar conditions.
6. I have negative results for a substance abuse test. The level of testing is determined by standard industry practice at the crane operator's place of employment and confirmed by a recognized laboratory service.
7. I have no limiting physical abnormalities or history of emotional instability that could render a hazard to me or others, or which, in the opinion of the Practical Examiner, could interfere with my performance as a crane operator. If evidence of this nature is found, it may be sufficient cause for disqualification.
8. I am not subject to seizures or loss of physical control. Evidence of such condition(s) shall be sufficient reason for disqualification. Specialized medical tests may be required to confirm the presence or lack of these conditions.

Check A or B:

- A. **Passed Physical** - By checking this box and signing below, I confirm that I have passed a physical exam by a Medical Authority within the last three (3) years that affirms my compliance with the ASME B30.5-3.1.2(a) medical requirements, **and confirm that the eight (8) statements above are true at this time.** Furthermore, I swear that I will have a physical at least every three (3) years during the period of my CIC certification and that if at any time during my certification I no longer meet one or more of the ASME B30.5-3.1.2(a) medical requirements I will stop operating cranes and notify CIC immediately.
- B. **Did Not Pass Physical** - By checking this box and signing below, **I confirm that I have not met one or more of the ASME B30.5-3.1.2(a) medical requirements.** I understand that I must provide the Medical Verification Form Part B in order to be considered for Crane Operator Certification. I am also aware that providing the Medical Verification Form B does not guarantee that I will meet Medical Verification Policy requirements for certification.
- ** Request a copy of the Medical Verification form B from CIC by emailing help@cicert.com. Have your physician or other appropriate medical authority 1) complete the form and 2) return it to CIC at help@cicert.com.**

Signature

Date

Candidate ID#

Important Note

CIC will make reasonable testing accommodations in accordance with ADA guidelines and limits. If such accommodations are needed, please read and complete the Request for Accommodations form at the CIC Test Portal or [click here](#) to link to the form on the CIC website.

407-878-5590 • help@CICert.com