



# Medical Verification Form Policy and Agreement

## Medical Verification Policy

Physical qualification requirements are taken from the ASME B30.5-3.1.2 (a) and are the physical requirements all candidates must meet in order to be certified by Crane Institute of America Certification, LLC. All candidates must indicate their compliance with the Medical Verification Form unless it can be shown that failure to meet the qualifications will not affect the operation of the crane. In such cases, specialized clinical or medical judgments and tests may be required. The Medical Verification Form Part B must be provided to CIC for verification that the requirements have been met.

## Medical Verification Agreement

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

1. I have a vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.
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, coordination, and no tendencies to dizziness or similar undesirable characteristics.
6. I have a negative results for a substance abuse test. The level of testing is determined by the standard practice for the industry where the crane is employed and confirmed by a recognized laboratory service.
7. I have no physical defects or emotional instability that could render a hazard to myself or others, or which, in the opinion of the examiner, could interfere with the operator's performance. 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; such evidence shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.

If you do NOT meet one or more of the eight (8) requirements listed above, but believe that failure to meet the qualification will not affect your ability to operate cranes:

- Select "B" below
- Get a copy of the Medical Verification Form Part B from CIC.
- Have it completed by the appropriate Medical Authority and returned to CIC.

### Check A OR B.

A.  **Passed Physical** - By checking this box and signing below, I state 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 above eight (8) statements 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 if I do not meet any of the ASME B30.5-3.1.2 (a) medical requirements that I will stop operating cranes and notify CIC immediately.

### OR

B.  **Did Not Pass Physical** - By checking this box and signing below, I state that I have not met the ASME B30.5-3.1.2 (a) medical requirements. I am aware 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate ID #