

## MONTANA CRANE & HOIST OPERATOR PROGRAM

301 South Park Avenue  
PO Box 200517  
Helena, MT 59620-0517  
Phone: 406-841-2056 Fax: 406-841-2050  
E-mail: [www.buildingcodes@mt.gov](mailto:www.buildingcodes@mt.gov)  
Website: <http://www.cranepoperator.mt.gov>

### CRANE/HOIST PHYSICAL EXAMINATION

**IMPORTANT NOTICE:** *First and Second Class Crane/Hoist Operators or applicants require a biennial physical before issuance or renewal of license. New applicants must have a physical done within the last 2 years when submitting an application. Use this form for your physician to report your physical examination. Be sure your physician completes and signs this form before sending it to us along with your license or renewal fee payment. Failure to have this physical examination submitted to us will result in delay in issuance or renewal of your license. Physical Examination Authority refer to MCA 50-76-103(2), (b), (ii).*

CRANE/HOIST OPERATOR: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
(If Applicable)

*Physical Examination must be complete under the mandated criteria on the next page.*

MEDICAL PRACTITIONER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EXAMINER INFORMATION:

Name of Examiner (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

License #: \_\_\_\_\_ Professional Category: \_\_\_\_\_  
(i.e., Medical Practitioner, Physician, Physician Assistant)

I, the undersigned,  DO  DO NOT find in my professional opinion that the above named applicant is physically competent to safely operate crane/hoisting machinery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CRANE / HOIST PHYSICAL EXAMINATION MANDATED CRITERIA**

Operators and shall meet the following physical qualifications:

1. Vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.
2. Ability to distinguish colors, regardless of position, if color differences are required for operation.
3. Adequate hearing, with or without hearing aid, for specific operation.
4. Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the demands of equipment operation.
5. Operators should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.

Evidence of physical defects or emotional instability which would render a hazard to operator or others, or which in the opinion of the examiner could interfere with the operator's performance, may be sufficient cause for disqualification. In such cases, specialized clinical or medical judgments and tests may be required.

Evidence that an operator is subject to seizures or loss of physical control shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.

**\*\*\*When physically or mentally unfit, an operator shall not engage in the operation of equipment\*\*\***