MEDICAL REPORT FORM FOR CRANE ERECTOR

This form is to be completed by a Singapore Registered Medical Practitioner

Notes to Examining Doctor:

1. The person is applying to be an approved crane erector with the Ministry of Manpower, Occupational Safety and Health Division. One of the Terms and Conditions stated is that any applicant above the age of 60 years old or if required by the Commissioner for Workplace Safety & Health, must undergo certification by a registered medical practitioner.
2. As a crane erector, the applicant must have a vision of at least 6/12 in both eyes with or without glasses, so as to facilitate him in carrying out his duties safely.
3. The applicant must not be suffering from any form of deafness as his duties rely heavily on communication with other workers.
4. In the case of crane erector for tower crane, the applicant would be required to climb as high as 30 metres or more above ground during the erector of the crane.

Name: _____ ID No.: _____

Age: _____ Sex: _____ Race: _____

Medical History:

		Yes	No	Remarks
1	Mental Illness	☐	☐	_____
2	Epilepsy	☐	☐	_____
3	Asthma	☐	☐	_____
4	Diabetes	☐	☐	_____
5	High Blood Pressure	☐	☐	_____
6	Heart Disease	☐	☐	_____
7	Drug & Alcohol intake	☐	☐	_____

Doctor's Findings:

			Normal	Abnormal	Remarks
1	Urine:	Albumin	☐	☐	
		Sugar	☐	☐	
2	Ability to hear normal conversation		☐	☐	

			Normal	Abnormal	Remarks
3	Vision:	R	☐	☐	
		L	☐	☐	
		Color Vision	☐	☐	
4	Cardio-Vascular System:				
	Blood Pressure		☐	☐	
	Pulse Rate		☐	☐	
	ECG		☐	☐	
5	Respiratory System:		☐	☐	
	Lungs				
	Respiratory rate		☐	☐	
6	Musculo-sekletal System:		☐	☐	
	Spinal Deformity		☐	☐	
	Limb Amputation or deformity		☐	☐	
	Limb movement & co-ordination		☐	☐	
7	Mental State		☐	☐	

8 Any other observation:

_____

_____

_____

I certify that I have examined the above person and found that he is *fit / unfit to erect *mobile / tower crane.

_____	_____	_____
Name & Address of Clinic/Hospital	Date	Name & Signature of Examining Doctor