



**MEDICAL EXAMINATION FORM B:
FOR CRANE OPERATORS (AGED 70 YEARS AND ABOVE)
CERTIFICATE OF REGISTRATION APPLICATION/RENEWAL**



NOTE:

- You are required to fast for eight (8) hours before the medical examination.
- Postpone your diabetes medication (if any) until your medical examination is complete.
- You may take your high blood pressure medication (if any) with plain water.

SECTION A: APPLICANT'S INFORMATION (To be completed by Applicant)	
NAME (as in NRIC/FIN):	
NRIC NUMBER: (for Singaporeans/Permanent Residents)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD / MM / YYYY)	NATIONALITY:
CONTACT NUMBER:	
TYPE OF CRANE(S) LISTED IN CERTIFICATE OF REGISTRATION AS A CRANE OPERATOR: <input type="radio"/> MOBILE <input type="radio"/> CRAWLER <input type="radio"/> TOWER (SADDLE JIB) <input type="radio"/> TOWER (LUFFING JIB)	

SECTION B: CRANE OPERATING HISTORY (To be completed by Applicant)	
TOTAL CRANE OPERATING EXPERIENCE:	<input type="text"/> <input type="text"/> (in years)
EXPERIENCE PER TYPE OF CRANE (in years):	<input type="text"/> <input type="text"/> MOBILE <input type="text"/> <input type="text"/> CRAWLER <input type="text"/> <input type="text"/> TOWER (SADDLE JIB) <input type="text"/> <input type="text"/> TOWER (LUFFING JIB)

SECTION C: MEDICAL HISTORY (To be completed by Medical Examiner)			
Does the applicant have any history or does he/she suffer from	Yes	No	Medical Examiner's Remarks
Cardiac / Pulmonary Systems			
Shortness of breath at rest or lying flat			
Asthma/bronchitis/COPD			
High blood pressure			
Heart attack / disease			
Chest pain on exertion or at night			
Neuro / Musculo-skeletal System			
Psychiatric Illness			
Severe headaches or migraine			
Stroke / TIA			
Epilepsy or fits of any kind / faints			
Head injury or concussions			
Muscle disease or weakness			
Arthritis / joint disease / numbness in hands and fingers			

Medical Examination Form B for Crane Operators Aged 70 Years and Above

Does the applicant have any history or does he/she suffer from	Yes	No	Medical Examiner's Remarks
Vision-hearing			
Eye trouble of any kind (e.g. cataracts, glaucoma, strabismus)			
Colour blindness			
Difficulty seeing in the dark			
Deafness			
Endocrine System			
Diabetes			
Thyroid disease			
Surgical Operations			
Any relevant medical problems or injuries not mentioned above			

I declare that I have carefully considered the statements made above and they are, to the best of my knowledge, true and correct. I also declare that I have not withheld any relevant information or made any misleading statement.
 I give my consent to the assessing or examining Medical Examiner to speak to any physician who has attended to me.

Signature of Applicant & Date (In the presence of Medical Examiner)	Name/Signature of Medical Examiner & Date
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SECTION D: GENERAL MEDICAL EXAMINATION (To be completed by Medical Examiner)			
A. VISION TEST	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Colour Perception – is the applicant able to accurately identify the colours red, green and amber?			
Visual Acuity for distance (Snellen's chart)			
The standard visual acuity should be at least 6/12 in each eye, with or without optical aids. (please provide the visual acuity readings for both eyes)			
*With/Without glasses RE: LE: Near Vision *With/Without glasses RE: LE:			
In my opinion, the applicant *needs / does not need to wear glasses when operating			

B. HEARING TEST	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Any defect in ability to hear normal conversation?			

C. NEURO/MUSCULO-SKELETAL SYSTEM	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Any deformities and/or physical disabilities observed?			
Any Limb Amputation?			
Any abnormality or limitations in range of movement of the joints?			
Any limitation in strength of upper limbs and lower limbs (power)?			
Any other evidence of abnormality of the central nervous system?			
Any other evidence of wounds/injuries or operations?			

D. CARDIO-VASCULAR SYSTEM	Yes	No	Medical Examiner's Remarks (if abnormalities present)	
Is the applicant's blood pressure reading normal, for his/her age range?				
Heart sounds:	Murmurs:		Blood Pressure:	Heart Rate:
			_____ mmHg	_____ bpm

E. RESPIRATORY SYSTEM	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Any signs of abnormalities of the lung (abnormal breath sounds, unequal air entry etc.)?			

F. ABDOMEN AND GENITOURINARY SYSTEM	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Any signs of abnormality of the abdomen or genitourinary system?			

G. MENTAL STATE	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Any evidence of psychiatric disorder?			
Does the applicant show any evidence of being addicted to alcohol, or of drug use?			

H. OTHERS	Yes	No	Medical Examiner's Remarks (if abnormalities present)
Any other abnormalities not stated above?			

SECTION E: LABORATORY TESTS (To be completed by Medical Examiner)

TEST	Medical Examiner's Remarks
Fasting plasma glucose: _____ mmol/l	
Fasting basic lipid profile: TG _____ Total chol _____ HDL-chol _____ LDL-chol _____ Total/HDL Ratio _____	

Fasting plasma glucose

The doctor should ensure that the crane operator's diabetes is treated and stable before certification of fitness. Refer to Singapore Medical Association- Medical Guidelines on Fitness to Drive- Second Edition, 2011, which can be found on MOH's website at: http://driving-in-singapore.spf.gov.sg/services/driving_in_singapore/services/sma.html (A crane operator's certificate of registration can be considered as equivalent to LTA's Group 2 licence for vocational drivers)

Basic lipid profile (fasting venous sample)

Persons with abnormal lipid profiles should be managed and further evaluated with other cardiovascular risk factors to determine risk for cardiac event (such tests should not be used in isolation to determine fitness). Refer to the MOH Clinical Practice Guidelines 1/2011 on Screening for Cardiovascular Disease and Risk Factors' at: www.moh.gov.sg/content/moh_web/healthprofessionalsportal/doctors/guidelines/cpg_medical/2011/cpgmed_screening_cardiovascular_disease_risk_factors.htm

SECTION F: ABBREVIATED MENTAL TEST (AMT) (To be completed by Medical Examiner)

		Score*	Remarks
Please remember the following phrase: "37 Bukit Timah Road". I will be asking you to repeat the phrase to me later.			
1	What is the present year? (Western calendar, i.e. 20__)		
2	What is the time now (within 1 hour)?		
3	What is your age? (for Chinese, +1yr is usually the norm and hence acceptable)		
4	What is your date of birth? (Western year +/- month and day)		
5	Where are we now? (hospital or clinic is acceptable)		
6	What is your home address? (complete address excluding postal code)		
7	Who is Singapore's present Prime Minister?		
8	Show a picture of a profession (e.g. a nurse or doctor), What is his/her job?		
9	Count backwards from 20 to 1.		
10	Please recall the memory phrase.		
Total			Pass / Fail
Additional Remarks by the Medical Examiner			

*Each question correctly answered scores one point. A score of less than 7 suggests cognitive impairment, may require referral for further tests to confirm the diagnosis.

SECTION G: DETAILS OF OVERALL RESULTS (To be completed by Medical Examiner)

I certify that I have on this day examined the applicant named in Section A. Based on my observations and the results of the various tests and examinations set out in Section C – F, I find the applicant physically and mentally

FIT **UNFIT** to hold a certificate of registration to operate cranes.

Additional Remarks:

Signature of Medical Examiner:	
Name of Medical Examiner:	
Qualification of Medical Examiner:	
Name of Hospital / Clinic:	
Address of Hospital / Clinic:	
Date:	

ATTENTION:

TAN TOCK SENG HOSPITAL,
 DEPARTMENT OF OCCUPATIONAL THERAPY
 TEL: 6889 4848 FAX: 6889 4856
 EMAIL: occupational_therapy@ttsh.com.sg

SECTION H: OCCUPATIONAL THERAPIST ASSESSMENT (TO BE COMPLETED BY OCCUPATIONAL THERAPIST)																					
Test	Pass	Fail	Remarks																		
Contrast Sensitivity Test (≥ 15 db)																					
(R) eye _____ db																					
(L) eye _____ db																					
Rapid Pace Walk (≤ 6 secs) _____ secs																					
3D Construction Test (≤ 3 min) _____ secs/mins																					
Colour Trails Test 2 _____ secs/mins																					
Educational level Total duration spent studying _____ years																					
Adjusted T-score= _____																					
<table border="1"> <thead> <tr> <th>Adjusted T-score levels</th> <th>Clinical Interpretation</th> </tr> </thead> <tbody> <tr> <td>≥ 55</td> <td>Above average</td> </tr> <tr> <td>45-54</td> <td>Average</td> </tr> <tr> <td>40-44</td> <td>Below Average</td> </tr> <tr> <td>35-39</td> <td>Mildly impaired</td> </tr> <tr> <td>30-34</td> <td>Mildly-to-moderately impaired</td> </tr> <tr> <td>25-29</td> <td>Moderately impaired</td> </tr> <tr> <td>20-24</td> <td>Moderately to severely impaired</td> </tr> <tr> <td>≤ 19</td> <td>Severely impaired</td> </tr> </tbody> </table>	Adjusted T-score levels	Clinical Interpretation	≥ 55	Above average	45-54	Average	40-44	Below Average	35-39	Mildly impaired	30-34	Mildly-to-moderately impaired	25-29	Moderately impaired	20-24	Moderately to severely impaired	≤ 19	Severely impaired			
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*Scores ≤ 29 would be considered as a 'fail' score																					

I certify that I have on this day assessed the applicant named in Section A. I recommend him/her

FIT. The assessment ends here. No need to proceed to BCA for on-site crane practical assessment.

FIT on the condition that the crane operator passes the BCA on-site crane practical assessment.

Additional Remarks:

Signature of Occupational Therapist & Date:	
Name of Occupational Therapist:	
Name of Hospital / Clinic:	
Address of Hospital / Clinic:	