



**MEDICAL EXAMINATION FORM A:
FOR CRANE OPERATORS (AGED 50 TO 69 YEARS)
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)		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>												
DATE OF BIRTH:		<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>					(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:	<table border="1"> <tr> <td> </td><td> </td> </tr> </table> (in years)										
EXPERIENCE PER TYPE OF CRANE (in years):											
<table border="1"> <tr> <td> </td><td> </td> </tr> </table> MOBILE			<table border="1"> <tr> <td> </td><td> </td> </tr> </table> CRAWLER			<table border="1"> <tr> <td> </td><td> </td> </tr> </table> TOWER (SADDLE JIB)			<table border="1"> <tr> <td> </td><td> </td> </tr> </table> 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
Nervous breakdown or mental trouble			
Severe headaches or migraines			
Fits or convulsions of any kind			
Fainting attacks or giddiness			
Head injuries or concussions			
Eye trouble of any kind			
Colour blindness			
Difficulty in seeing in the dark			
Deafness			
Asthma			
High blood pressure			
Diabetes			
Thyroid Disease			
Heart attack/diseases			

Medical Examination Form A for Crane Operators Aged 50 to 69 Years

Palpitations or breathlessness			
Illness or injuries not mentioned above			Please specify (if yes):
Undergone any surgical operation?			Please specify (if yes):

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: 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 – E, 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:	