MEDICAL REPORT FORM FOR CRANE OPERATORS

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

Notes to Examining Doctor

1. The Person is applying to be a registered crane operator with the Ministry of Manpower, Occupational Safety and Health Division. Under the Factories (Operation of Cranes) Regulation 1998, operators above the age of 60 years old or if required by the Commissioner for Workplace Safety and Health must undergo certification by a registered medical practitioner.

2. As a crane operator, 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 communicating with other workers.

4. In the case of tower crane operators, the applicant would be required to climb as high as 30 metres or more above ground to operate 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	
1	Urine: Albumin	☐	☐	
	Sugar	☐	☐	
2	Ability to hear normal conversation	☐	☐	
3	Vision: R	☐	☐	
	L	☐	☐	
	Color Vision	☐	☐	
4	Cardio-Vascular System:			
	Blood Pressure	☐	☐	
	Pulse Rate	☐	☐	
	ECG	☐	☐	
5	Respiratory System:			
	Lungs	☐	☐	
	Respiratory rate	☐	☐	
6	Musculo-Skeletal 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 abovenamed person and found that he is ***fit / unfit** to operate a crane.

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

*** Please indicate result**