

MONTANA CRANE LICENSING PROGRAM  
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Helena, Montana 59620-0517  
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Website: www.craneoperator.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. Physicals must be done within the last 180 days when submitting an application/renewal. 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/renewal of your license. Physical Examination Authority refers to MCA 50-76-103(2), (b), (ii). Department of Transportation and CDL physicals are acceptable using the same above guidelines.*

**CRANE/HOIST OPERATOR OR APPLICANT:** \_\_\_\_\_  
First Middle Last

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

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*Physical Examination must be complete under the mandated criteria on the reverse side of this form.*

**ATTENDING PHYSICIAN COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EXAMINER INFORMATION:

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

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

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

I, the undersigned, hereby certify that I have conducted a biennial physical on the above named individual and in my professional opinion, is physically competent to safely operate crane/hoisting machinery.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## CRANE / HOIST PHYSICAL EXAMINATION MANDATED CRITERIA

Operators and operator trainees 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.

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 judgements 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.

Operators and operator trainees should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.

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