



Overhead Crane Certified Operator (OCCO) Medical Verification Form

As the attending physician, I attest that _____ Social Security Number XXX-XX-_____ has met the medical guidelines and clearances required by the Carpenters International Certification Council (CICC), as it pertains to the certification to operate an overhead bridge crane, set forth in the Overhead Crane Certified Operator (OCCO) – Physical Requirements documentation.

Examination Date:	
Examiner Name:	
Examiner Address:	
Examiner Phone Number:	
Examiner License or Registration Number:	

Examiner Signature: _____

Overhead Crane Certified Operator (OCCO)

Physical Requirements

As an Overhead Crane Certified Operator (OCCO), you will be required to contact your UBC Training Center for a copy of the Overhead Crane Operator Medical Verification Form. Please present the physical requirements below to your doctor for review before completing the Overhead Crane Operator Medical Verification Form. Once your doctor completes the form, please provide a copy to your UBC Training Center.

Mobile and Locomotive Cranes - ASME B30.5-2018

5-3.1.2 Qualifications for Operators

Operators shall be required to successfully meet the qualification for the specific type of crane that they are operating.

Operator and operator trainees shall meet the following physical qualification unless it can be shown that failure to meet the qualifications will not affect the operation of the crane. In such cases, specialized clinical or medical judgments and tests may be required.

1. Vision of a 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 differentiation is required.
3. Adequate hearing to meet operational demands, with or without hearing aid.
4. Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the operation demands.
5. Normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.
6. A negative result for a substance abuse test. The level of testing will be determined by the standard practice for the industry where the crane is employed and this test shall be confirmed by a recognized laboratory service.
7. No evidence of having physical defects or emotional instability that could render a hazard to the operator or others, or that in the opinion of the examiner could interfere with the operator's performance. If evidence of this nature is found, it may be sufficient cause for disqualification.
8. No evidence of being subject to seizures or loss of physical control; such evidence shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.