Division of Occupational Licensure

Office of Public Safety and Inspections

1 Federal Street, Suite 0600
Boston, MA 02110-2012

ANSI/ASME B30.5 MEDICAL QUALIFICATIONS FORM

This form is for the sole use to attain/renew a Massachusetts Hoisting license, in accordance with 520 CMR 6.02. The medical qualifications must be performed by the applicant's licensed primary care physician. The ANSI/ASME B30.5 Medical Qualifications Form will be valid for **three (3) years** from the date of completion, unless more frequent supervision is deemed necessary by the licensed primary care physician.

Applicant/Licensee's Information ***(to be completed by patient)***			
First Name	M. I.	Last Name	MA Hoisting License (*if applicable*) **HE -**
Home Street Address			Social Security Number **- -**
City		State	Zip Code
Phone Number **( ) -**		Email Address	

ANSI/ASME B30.5 Medical Qualification Requirements ***(to be completed by patient's licensed primary care physician)***		
Does the patient meet the requirements listed below?	**YES**	**NO**
Vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.	☐	☐
Ability to distinguish colors, regardless of position, if color differentiation is required.	☐	☐
Adequate hearing to meet operational demands with or without hearing aid.	☐	☐
Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the operation demands.	☐	☐
Normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.	☐	☐
Negative result for a substance abuse test. (Testing shall be confirmed by a recognized laboratory service)	☐	☐
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.	☐	☐
No evidence of being subject to seizures or loss of physical control.	☐	☐

If the patient does not meet one or more of the requirements listed above, please complete the section below.

In accordance with ANSI/ASME B30.5-3.1.2 (a), ***"[t]he Operator… shall meet the following physical qualifications unless it can be shown that failure to meet the qualifications will not affect the operation of the [hoisting machinery]. In such cases, specialized clinical or medical judgments and tests may be required."***	**YES**	**NO**
Will the failure to meet one or more of the requirements listed above affect the patient's ability to operate hoisting machinery?	☐	☐

If **NO**, please provide a written explanation on the failed requirement(s) not affecting the patient's ability to operate hoisting machinery, attaching extra pages as necessary.
If **YES**, please acknowledge that the patient does not medically qualify to operate hoisting machinery below by checking the appropriate box below.

Upon reviewing the ANSI/ASME B30.5 Medical Qualification Requirements, I determine that the patient listed on this form:

☐ ***Medically qualifies to operate hoisting machinery.*** ☐ ***Does not medically qualify to operate hoisting machinery.***

CERTIFICATION: I hereby certify that this document and all attachments to the best of my knowledge are true and accurate.

_____ _____
Applicant/Licensee's (Patient) Signature *Date*

_____ _____ _____
Physician's Printed Name *Physician's Signature* *Date*

_____ _____
Physician's State License/Certificate/Registration Number *Phone Number*