UNIVERSITY OF MICHIGAN-FLINT
Environment, Health & Safety
Physical Qualification Form for Permitted Equipment Operators

Operator's Name_____ UM ID #: _____
Please Print

Specific Equipment_____ Equipment Location_____

I have a valid DOT medical card issued by the University's Medical Provider:

*Expiration Date*_____ (ATTACH COPY TO THIS FORM)

I certify that I meet the following minimum physical qualifications for operating permitted equipment.

(Check Yes or No for each question)

Yes	No	
☐	☐	I have vision (corrected or uncorrected) that meets the same requirements as those for a valid Michigan driver's license. Evidence of meeting this requirement shall be an attached copy of my Michigan driver's license.
☐	☐	I have attached a copy of my valid Michigan driver's license.
☐	☐	I have effective use of all four limbs.
☐	☐	I am of sufficient height to operate the controls and have an unobstructed view over the controls and dashboard of the equipment listed.
☐	☐	I have coordination between eyes, hands and feet.
☐	☐	I am able to hear and understand conversational levels of sound in an ordinary environment.
☐	☐	I am able to understand signs, labels and instructions.
☐	☐	I have known convulsive disorders or episodes of unconsciousness.
☐	☐	I am taking medication that affects perception, vision or physical abilities.
☐	☐	I have known neurological disorders that effect balance or consciousness.
☐	☐	I have sleep disorders, pauses in breathing while asleep, daytime sleepiness and/or loud snoring.

I will report any impairment of these physical qualifications immediately to my supervisor.

Operator Signature: _____Date: _____

Please attach a copy of your valid Michigan driver's license and return with tests to:

EHS Dept., 204 UPAV, 303 E. Kearsley, Flint, MI 48502

OR FAX 810-424-5572

For EHS Use Only **Permit Check list:**

___Written Test ___Physical Qualification form
___Performance Test ___Valid, readable Michigan driver's license
___Renewal Evaluation form ___Permit Restrictions_____
___Permit Sent_____ ___Permit Exp_____
___Permit entered in database

Rev. 3-08