



ENVIRONMENT,
HEALTH & SAFETY

Permitted Equipment Operators' Physical Qualification Form

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:

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, 801 Northbank Center, 432 N. Saginaw, 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