



## 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, 300 Northbank Center, 432 N. Saginaw, Flint, MI 48502

OR FAX 810-424-5572

For EHS Use Only **Permit Checklist:**

\_\_\_ 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