PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390

Form 396 – CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE.

Email PDF Preview

APPROVED BY OMB: NO. 3150-0024 **EXPIRES: XX/XX/20XX**

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APPLICANT INFORMATION

*Last Name | *First Name | Middle Initial | Suffix

*Date of Birth | *Date of Most Recent Biennial Examination

M/D/YYYY | M/D/YYYY

*Applicant Address: Street Line 1 | Street Line 2

*Applicant Address: City | *Applicant Address: State | *Applicant Address: ZIP

Select

Applicant/Operator Docket Number | *Applicant/Operator Email Address

*Facility

Docket Numbers

Add Dockets

Name	Docket Number	Region

Docket selection is required

A. MEDICAL EXAM INFORMATION

BASED ON THE RESULTS OF THE PHYSICAL EXAMINATION, INCLUDING INFORMATION FURNISHED BY THEAPPLICANT/OPERATOR, I CERTIFY THAT THE ABOVE NAMED APPLICANT/OPERATOR HAS BEEN FOUND TO MEET THE MEDICAL REQUIREMENTS FOR LICENSED OPERATORS AT THIS FACILITY. I ALSO CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN THE ANSI STANDARD OR AN APPROVED NRC ALTERNATIVE METHOD WAS FOLLOWED AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY THE NRC.

*Guidance Used

Select or search options

Other Guidance

Enter PHYSICIAN'S DEGREE, PHYSICIAN'S PRINTED NAME, PHYSICIAN'S CERTIFICATION DATE, LICENSE NUMBER, AND STATE OF LICENSURE.

Physicians Certification Date = Date of physician's final certification of applicant/operator's medical suitability (including recommended license conditions) and/or the date of the physician's certification of a required medical status update (Check Box 11).

*Degree: Select

*Name of Physician:

*Physician's Certification Date (See instructions): M/D/YYYY

*License Number:

*State: Select

BASED ON THE RECOMMENDATION OF THE PHYSICIAN, IT IS REQUESTED THAT THE APPLICANT/OPERATOR LICENSE BE CONDITIONED AS FOLLOWS (check all that apply of boxes 1-9 below).

License Conditions - Check all the applicable boxes to request license condition(s). For each checked box in Nos. 4 through 9, provide supporting medical evidence that the requested license condition addresses the disqualifying medical condition. The supporting medical evidence shall consist of a brief narrative from the examining physician (provided either in the "Explanation" box or in an attached letter) addressing the pertinent medical history, objective findings (for example, blood pressure, HgA1C, and TSH), the diagnosis, and the recommended treatment (including name, dosing, and any adverse reactions), to demonstrate the efficacy of the proposed license condition.

☐ **1. NO RESTRICTIONS.**

Physical and mental condition and general health meet the minimum requirements, without exception.

☐ **2. CORRECTIVE LENSES SHALL BE WORN WHEN PERFORMING LICENSED DUTIES.**

Corrective lenses must be worn to meet the minimum requirements for vision.

☐ **3. HEARING AID SHALL BE WORN WHEN PERFORMING LICENSED DUTIES. THIS DOES NOT APPLY TO CONDITIONS THAT REQUIRE PROTECTION IN HIGH NOISE AREAS.**

Hearing aid must be worn to meet the minimum requirements.

☐ **4. SHALL TAKE MEDICATION AS PRESCRIBED TO MAINTAIN MEDICAL QUALIFICATIONS.**

Meets the minimum medical requirements only by taking prescribed medication(s).

☐ **5. SHALL USE THERAPEUTIC DEVICE(S) AS PRESCRIBED TO MAINTAIN MEDICAL QUALIFICATIONS.**

Meets the minimum medical requirements only by using a therapeutic device (e.g., CPAP and Spinal Cord Stimulator).

☐ **6. SOLO OPERATION IS NOT AUTHORIZED**

Another individual, capable of summoning help must be present when the operator is performing licensed duties. Check the applicant/operator's license type.

☐ **7. SHALL SUBMIT MEDICAL STATUS REPORT EVERY:**

Medical condition that requires more frequent monitoring than the two (2) years required by 10 CFR 55.21. If Other is checked, include the requested time frame.

☐ **8. SHALL NOT PERFORM LICENSED DUTIES REQUIRING A RESPIRATOR.**

Respiratory or integumentary (skin) condition.

☐ **9. OTHER RESTRICTIONS OR EXCEPTION**

Other license condition(s) necessary to mitigate identified medical or psychological issue(s) that do not meet minimum medical requirements. Use "Proposed Wording of Restriction" and "Relationship of Restriction to Disqualifying Condition" boxes. If an applicant or operator fails to meet a medical requirement but can demonstrate complete capacity to perform assigned duties, as proven by a test administered by the physician, the physician may recommend and justify a waiver of that portion of the applicable ANSI standard. For an applicant the waiver request must be made on the NRC Form 398, "Personal Qualification Statement - Licensee," by checking Box 12.c.3 and justifying the waiver/exception request in Box 25.

☐ **10. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL**

Check box if a change to the license (i.e., an amendment) is requested (e.g., additional license condition requested, modification of an existing license condition, or deletion of an existing license condition). Must include an explanation in the Explanation box and provide Medical Evidence.

☐ TRANSMITTAL OF REQUIRED MEDICAL STATUS REPORT

Check box if providing required established medical status updates that do not request new restrictions, removal of restrictions or change in status report frequency.

☐ **12. Supporting Documentation (Attach documentation in support of medical restrictions for new applicants/operators.)**

B. APPLICANT/OPERATOR'S SIGNATURE

Signature - Applicant/Operator

☐ **I acknowledge the information in this certification and attachments as they apply to my licensure by the NRC. I authorize my facility to provide this certification and attachments to the NRC to use in the exercise of its authority over my licensure.**

Date

M/D/YYYY

C. FACILITY CERTIFICATION

***Name and Title of Senior Management Representative**

Signature Senior Management Representative

☐ **I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.**

Date

M/D/YYYY h:mm A

Attach additional files:

Choose File No file chosen

Upload File

Progress: 0.00 %

Submissions will not be made publicly available and will only be used by NRC staff.

Attached files:

File	Size

0/900000 KB used.

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