NYC Buildings

LIC61: Physical Examination Form

Form must be completed within 90 days prior to submission and must be stamped by the Examining Physician

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security No.: _____

Home Address: _____ Phone No.: _____

City: _____ State: _____ Zip: _____

License Type: _____ License No. *(if licensed)*: _____

HEALTH HISTORY *(to be filled in by the Examining Physician – please print)*

YES	NO		YES	NO		YES	NO	
☐	☐	Asthma	☐	☐	Muscular Disease	☐	☐	Head or Spinal Injuries
☐	☐	Kidney	☐	☐	Psychiatric Disorder	☐	☐	Seizures, Fits, Convulsions or Fainting
☐	☐	Tuberculosis	☐	☐	Cardiovascular Disease	☐	☐	Extensive Confinement by Illness or Injury
☐	☐	Diabetes	☐	☐	Gastrointestinal Ulcer	☐	☐	Any Other Nervous Disorder
☐	☐	Nervous Stomach	☐	☐	Ethanol Use	☐	☐	Suffering from any Other Disorder
☐	☐	Rheumatic Fever	☐	☐	RX Drug Use	☐	☐	Permanent Defect from Illness, Disease or Injury
☐	☐	Over the Counter Drug Use						

If answer to any of the above is YES, **explain**:

General Fitness and Health: ☐ Good ☐ Fair ☐ Poor

VISION

For Distance: ☐ Right/20 ☐ Both/20 ☐ Without Corrective Lenses ☐ With Corrective Lenses

Evidence of Disease or Injury: Right _____ Left _____

Color Test: Right _____ Left _____

Horizontal Field of Vision: Right _____ Left _____

HEARING

Right _____ **Left** _____

Evidence of Disease or Injury: Right _____ Left _____

Audiometric Test: Decibel loss at ☐ 500HZ ☐ 1,000HZ ☐ 2,000HZ ☐ 3,000HZ ☐ 4,000HZ

THORAX

Heart: _____

If organic disease is present, is it fully compensated? _____

Blood Pressure: Systolic _____ Diastolic _____

Pulse: Before Exercise _____ After Exercise _____

Lungs: _____

THROAT

_____

ABDOMEN

Scars _____ **Abdominal Masses** _____ **Tenderness** _____

Hernia: ☐ Yes ☐ No If so, where? _____ Is truss worn? ☐ Yes ☐ No

Gastrointestinal: Ulceration or other disease? ☐ Yes ☐ No

Genito-Urinary: Scars _____ Urinal Discharge _____

REFLEXES

Rhomberg: _____

Pupillary: _____ **Light:** Right _____ Left _____

Accommodation: _____ Right _____ Left _____

Knee Jerks: Right – Normal _____ Increased _____ Absent _____

Left – Normal _____ Increased _____ Absent _____

REMARKS: _____

_____

EXTREMITIES

Upper _____ **Lower** _____ **Spine** _____

LABORATORY & OTHER SPECIAL FINDINGS

Urine Spec. Gr. _____ **Alb.** _____ **Sugar** _____

Other Laboratory Data (Serology, etc.) _____

Radiological Data _____ **Electrocardiograph** _____

GENERAL COMMENTS

PHYSICIAN INFORMATION *(to be filled in by the Examining Physician – please print)*

Name of Physician: _____

Address of Physician: _____ Social Security No.: _____

City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

PHYSICIAN'S CLEARANCE *(to be filled in by the Examining Physician – please print)*

To be completed only if the applicant is found qualified.

I certify that I have examined _____ with the knowledge of his/her duties, I find him/ her qualified under the regulations. *(see addendum)*

☐ Qualified only when wearing corrective lenses.

☐ Qualified only when wearing a hearing aid.

☐ Qualified – see Accommodation Statement attached.

A complete examination form for this person is on file in my office.

Address of Examination: Date of Examination:

Name of Physician: Signature of Physician:

Name of Applicant: Signature of Applicant:

***In accordance with Federal and State Laws, the New York City Department of Buildings requires that all applicants for licenses/license holders provide their Social Security Number (SSN). DOB will use the SSN to conduct background investigations and maintain accurate license and related records. This information may be shared with other government agencies, consistent with applicable laws and Departmental policy or with the SSN holder's written permission but will otherwise be kept confidential. The specific statutory authority for requiring SSN's is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666(a)), and Section 5 of the NYS Tax Law.**

ADDENDUM: LICENSE REGULATIONS

License Type	Relevant Regulations
• Hoist Machine Operator	This license authorizes a NYC licensee to take charge of or operate power operated hoisting machines (depending on the class of license) used for hoisting purposes or cableways under the jurisdiction of the Department, including but not limited to cranes. *NYC Administrative Code Section 28-405; Title 1 of the Rules of the City of New York Section 104-09*
• Rigger	This license authorizes a NYC licensee to hoist or lower an article outside of any building in the city. This may include the use of suspended scaffolds. Tower or climber crane rigger licensees may supervise the erection and dismantling of tower or climber cranes. *NYC Administrative Code Section 28-405; Title 1 of the Rules of the City of New York Section 104-09*
• Lift Director	This license authorizes a NYC licensee to oversee crane and derrick operations on construction sites, including supervising lifting activities, coordinating with crane operators and rigging crews, and implementing safety protocols during operations such as load picks, crane movements, and assembly and disassembly procedures. *NYC Administrative Code Section 28-424; Title 1 of the Rules of the City of New York Sections 104-01 and 3319-02*