

NRC FORM 396 (MM-YYYY) 10 CFR 55.21, 55.23, 55.25, 55.27, 55.31, 55.33, 55.57	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0024 EXPIRES: MM/DD/YYYY Estimated burden per response to comply with this mandatory collection request: 15 minutes. NRC requires this information to determine that the physical condition and health of operator licensees is such that the applicant would not be expected to cause operational errors endangering the public health and safety. Send comments regarding burden estimate to the Records Management Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0024), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.
<h2 style="margin: 0;">CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE</h2>		

NAME OF APPLICANT AND DOCKET NUMBER	FACILITY	FACILITY DOCKET NUMBER
-------------------------------------	----------	------------------------

A. MEDICAL EXAM INFORMATION		
THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERATOR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN AND THAT THE APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNESS FOR DUTY REQUIREMENTS FOR LICENSED OPERATORS AT THIS FACILITY.		
PRINTED NAME <i>(of physician and other medical professionals)</i>	STATE AND LICENSE NUMBER	MOST RECENT BIENNIAL MEDICAL EXAMINATION DATE
BASED ON THE RESULTS OF THE PHYSICAL EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT, THE PHYSICIAN HAS DETERMINED THAT THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH ARE SUCH THAT THE APPLICANT WOULD NOT BE EXPECTED TO CAUSE OPERATIONAL ERRORS ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN REACHING THIS DETERMINATION, THE GUIDANCE CONTAINED IN THE ANSI STANDARD (AS ENDORSED BY THE APPLICABLE NRC REGULATORY GUIDE) OR AN ACCEPTABLE ALTERNATIVE METHOD APPROVED BY THE NRC, AS INDICATED BELOW, WAS FOLLOWED, AND THAT DOCUMENTATION IS AVAILABLE FOR REVIEW BY NRC.		
GUIDANCE USED: <input type="checkbox"/> ANSI/ANS 3.4 -- 1996 <input type="checkbox"/> ANSI/ANS 3.4 -- 1983 <input type="checkbox"/> ANSI/ANS 15.4 -- 1988 (Non-Power) <input type="checkbox"/> OTHER _____		

ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, IT IS REQUESTED THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS: <i>(Check all that apply)</i>
<input type="checkbox"/> 1. NO RESTRICTIONS <input type="checkbox"/> 2. CORRECTIVE LENSES MUST BE WORN WHEN PERFORMING LICENSED DUTIES <input type="checkbox"/> 3. HEARING AID MUST BE WORN WHEN PERFORMING LICENSED DUTIES <input type="checkbox"/> 4. SOLO OPERATION IS NOT AUTHORIZED <input type="checkbox"/> 5. MUST TAKE MEDICATION AS PRESCRIBED TO MAINTAIN MEDICAL QUALIFICATIONS <input type="checkbox"/> 6. MUST SUBMIT MEDICAL STATUS REPORT EVERY <input type="checkbox"/> 3, <input type="checkbox"/> 6, OR <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 7. MUST NOT PERFORM LICENSED DUTIES REQUIRING A RESPIRATOR <input type="checkbox"/> 8. OTHER RESTRICTION OR EXCEPTION <i>(Provide explanation and attach supporting medical evidence for NRC review)</i> <input type="checkbox"/> 9. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL <i>(Provide explanation and attach supporting medical evidence for NRC review)</i> <input type="checkbox"/> 10. INFORMATION ONLY <i>(Attach supporting medical evidence for NRC review)</i>

PROPOSED WORDING OF RESTRICTION <i>(Block 8 above)</i>
--

RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION <i>(Briefly indicate how restriction will correct the disqualifying condition)</i>

EXPLANATION FOR RESTRICTION CHANGE <i>(Block 9 above)</i>

B. CERTIFICATION		
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUDING ATTACHMENTS, MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUMENT AND ATTACHMENTS IS TRUE AND CORRECT.		
PRINTED NAME AND TITLE <i>(Senior Management Representative on Site)</i>	SIGNATURE	DATE

In accordance with 10 CFR 55.5, Communications, this original form shall be submitted to the appropriate NRC office as follows: BY MAIL ADDRESSED TO:		
REGIONAL ADMINISTRATOR, REGION I U.S. NUCLEAR REGULATORY COMMISSION 475 ALLENDALE ROAD KING OF PRUSSIA, PA 19406-1415	REGIONAL ADMINISTRATOR, REGION II U.S. NUCLEAR REGULATORY COMMISSION SAM NUNN ATLANTA FEDERAL CENTER 61 FORSYTH STREET, S.W., SUITE 23T85 ATLANTA, GA 30303-8931	REGIONAL ADMINISTRATOR, REGION III U.S. NUCLEAR REGULATORY COMMISSION 2443 WARRENVILLE ROAD, SUITE 210 LISLE, IL 60532-4352
REGIONAL ADMINISTRATOR, REGION IV U.S. NUCLEAR REGULATORY COMMISSION 611 RYAN PLAZA DRIVE, SUITE 400 ARLINGTON, TX 76011-4005	U.S. NUCLEAR REGULATORY COMMISSION REACTOR OPERATIONS BRANCH DIVISION OF INSPECTION PROGRAM MANAGEMENT WASHINGTON, DC 20555-0001	<u>RESEARCH AND TEST REACTORS</u> U.S. NUCLEAR REGULATORY COMMISSION REACTOR OPERATIONS BRANCH DIVISION OF REGULATORY IMPROVEMENT PROGRAMS WASHINGTON, DC 20555-0001

**INSTRUCTIONS FOR NRC FORM 396
CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE**

Enter **NAME OF APPLICANT**, as it appears on NRC Form 398, and the applicant's **DOCKET NUMBER**.

Enter name of **FACILITY(IES)** and **FACILITY DOCKET NUMBER(S)** for which a license is sought as it (they) appear(s) on NRC Form 398.

Enter the **PRINTED NAME (of physician)** and other medical professionals (e.g., nurse practitioners and physician's assistants) who performed the physical examination. The examining physician may delegate portions of the examination to a licensed nurse practitioner or a licensed physician's assistant who is familiar with the applicable ANSI standard and the activities required of a nuclear power plant operator or senior operator. However, the physician has the ultimate responsibility for certifying that the medical examination was conducted in accordance with the ANSI standard and that the applicant meets the medical requirements. The **STATE AND LICENSE NUMBER(S)** of all the medical practitioners significantly involved with the examination (i.e., not laboratory technicians) should be entered on NRC Form 396.

Enter the **DATE** of the applicant's **MOST RECENT BIENNIAL MEDICAL EXAMINATION**. For new license applicants (i.e., ROs and instant SROs), the medical data in support of NRC Form 396 are normally good for six months from the date of the medical examination. If more than 6 months have passed since the date of the medical examination, the facility licensee shall certify in writing that the applicant has not developed any physical or mental condition that would be reportable under 10 CFR 55.25; this should be done in Item 17, "Comments," of the associated license application (NRC Form 398). If the applicant's medical condition has changed or the time since the applicant's last medical examination is expected to exceed 24 months before the licensing action is completed, the applicant must be reexamined by a physician.

Check (or specify) which **GUIDANCE** document was **USED** to determine that the applicant's physical condition and general health are such that the applicant would not be expected to cause operational errors endangering public health and safety. Use the numbered blocks to identify any and all license restrictions, changes, or waivers (exceptions) that might be necessary.

Check **1. NO RESTRICTIONS** if, in the physician's judgment, the applicant's medical condition and general health will not adversely affect the performance of assigned operator job duties or cause operational errors endangering public health and safety (i.e., the applicant satisfies, without exception, all the criteria specified in the applicable ANSI standard).

Check **2. CORRECTIVE LENSES MUST BE WORN WHEN PERFORMING LICENSED DUTIES** if the applicant must wear corrective lenses in order to achieve the near and distant visual acuity specified in the applicable ANSI standard.

Check **3. HEARING AID MUST BE WORN WHEN PERFORMING LICENSED DUTIES** if the applicant must wear a hearing aid in order to achieve the audiometric scores specified in the applicable ANSI standard.

Check **4. SOLO OPERATION IS NOT AUTHORIZED** if another individual must be present (as specified in Section C.3.c of ES-605 of NUREG-1021) when the applicant performs licensed duties.

Check **5. MUST TAKE MEDICATION AS PRESCRIBED TO MAINTAIN MEDICAL QUALIFICATIONS** if the applicant's medical qualification per the applicable ANSI standard is contingent on taking a prescription medication.

Check **6. MUST SUBMIT MEDICAL STATUS REPORT EVERY 3, 6, or 12 MONTHS** if the applicant's medical condition requires more frequent monitoring (than every 2-years) to ensure compliance with the applicable ANSI standard.

Check **7. MUST NOT PERFORM LICENSED DUTIES REQUIRING A RESPIRATOR** if the applicant suffers from a respiratory condition that would preclude the wearing of a respirator.

Check **8. OTHER RESTRICTION OR EXCEPTION** if, in the physician's judgment, any other license condition is necessary to accommodate any identified medical or psychological situation that does not meet the minimum requirements in the applicable ANSI standard. Fill out the **PROPOSED WORDING OF OTHER RESTRICTION** block, briefly explain how the recommended restriction will correct or accommodate the disqualifying condition in the **RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION** block, and attach the supporting medical evidence for review by the NRC. If an applicant fails to meet a medical requirement but can demonstrate complete capacity to perform assigned duties, as proven by a practical test administered by the physician, the physician may recommend, and similarly justify, a waiver (exception) of that portion of the applicable ANSI standard. In all cases, check Item 4.f.4 on the associated license application (NRC Form 398).

Check **9. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL** if the physician recommends the modification or deletion of an existing restriction. Include an **EXPLANATION FOR RESTRICTION CHANGE** in the space provided.

Check **10. INFORMATION ONLY** if the form is being used simply to forward updated medical information (e.g., a 6-month blood pressure report required by an operator's license condition) to the NRC for evaluation. Be sure to attach supporting information, if necessary.