


Submittal of NRC Form 396 WITHOUT Performing a Pulmonary Function Test

PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390

NRC FORM 396 (12-2019) 10 CFR 55.21, 55.23, 55.25, 55.27, 55.31, 55.33, 55.53, 55.57.				U.S. NUCLEAR REGULATORY COMMISSION		CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE		APPROVED BY OMB: NO. 3150-0024 <small>Estimated burden per response to comply with this mandatory collection request: 1 hour. 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 Information Services Branch (T-4 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@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.</small>		EXPIRES: 09/30/2022	
Last Name		First Name		Middle Initial	Suffix	Applicant/Operator Docket Number		Facility			
Full Address of Applicant/Operator						Facility Docket Number (Separate multiple docket numbers by ",")					
						<input type="checkbox"/> 050-			<input type="checkbox"/> 052-		
						Date of Most Recent Biennial Examination (MM/DD/YYYY) (See instructions)					
A. MEDICAL EXAM INFORMATION											
BASED ON THE RESULTS OF THE PHYSICAL EXAMINATION, INCLUDING INFORMATION FURNISHED BY THE APPLICANT/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:											
<input type="checkbox"/> ANSI/ANS 3.4 -- 1983 <input type="checkbox"/> ANSI/ANS 3.4 -- 2013 <input type="checkbox"/> ANSI/ANS 15.4 -- 2007 <input checked="" type="checkbox"/> Other (Must specify below)											
<input type="checkbox"/> ANSI/ANS 3.4 -- 1996 <input type="checkbox"/> ANSI/ANS 15.4 -- 1988 <input type="checkbox"/> ANSI/ANS 15.4 -- 2016 See Explanation Below											
Typed or Printed Name of Physician				Physician's Certification Date (MM/DD/YYYY) (See Instructions)		State		License Number			

Select your facility's applicable standard AND Select "Other (must specify below)"

Under "Other (must specify below)" type "See Explanation Below"

BASED ON THE RECOMMENDATION OF THE PHYSICIAN, IT IS REQUESTED THAT THE APPLICANT/OPERATOR LICENSE BE CONDITIONED AS FOLLOWS: Check all that apply. For each checked box in Nos. 4 through 11, PROVIDE EXPLANATION IN BOX BELOW AND ATTACH APPLICABLE SUPPORTING MEDICAL EVIDENCE [letter from the examining physician outlining the condition, treatment and or medication (name, dose, timing & tolerance)] AND MEDICAL EXAMINATION / TEST RESULTS (current blood pressure reading, A1C, TSH levels, etc.).

OPTIONAL: Physician shall add restrictions as necessary.

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

OPTIONAL: in the absence of a successful PFT result for an operator or applicant, the physician might determine that it is necessary to add this restriction. Even though the PFT cannot be administered, the physician can provide a justification for not doing it and also NOT placing the restriction on the license if other evidence indicates sufficient respiratory function.

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Explanation(s) (*Required explanation from page 1).

The pulmonary function test (PFT) was not performed because of concerns of spreading the COVID-19 virus during the public health emergency.

REQUIRED: Physician shall state the reason for not performing the PFT