NYC Buildings

PHYSICAL EXAMINATION FORM

1 Applicant Information

First Name	Last Name
Date of Birth	*Social Security #
Home Address	Phone Number
City State	Zip
License Type:	License Number (if, licensed)

2 Health History

TO BE FILLED IN BY 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 _____

Horizontal Field of Vision: Right _____ Left _____

Hearing: Right _____ Left _____

Evidence of disease or injury Right _____ Left _____

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

Throat: _____

Thorax: Heart: _____

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

Blood Pressure: Systolic _____ Diastolic _____

Pulse: Before Exercise _____ Immediately after _____

Lungs: _____

Abdomen: Scars _____ Abdominal Masses _____ Tenderness _____

PHYSICAL EXAMINATION FORM (CONT'D)

2 Health History (cont'd)

TO BE FILLED IN BY EXAMINING PHYSICIAN (Please print)

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

Gastrointestinal: Ulceration or other disease? Yes _____ No _____

Genito-Urinary: Scars: _____ Urinal Discharge: _____

Reflexes: Rhomberg: _____

Pupillary: _____ Light: R _____ L _____

Accommodation: _____ R _____ L _____

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: _____

3 Physician

TO BE FILLED IN BY EXAMINING PHYSICIAN (Please print)

Name of Physician Phone # of Physician

Address of Physician

City State Zip

Physician's Signature _____ Date _____

4 Physician's Clearance

Physician's Clearance **TO BE FILLED IN BY EXAMINING PHYSICIAN** (Please print)

I certify that I have examined:

with the knowledge of his/her duties, I find him/ her :

☐ Qualified to perform work in their trade, pursuant to license regulations. (see addendum)

☐ Qualified, only when wearing a hearing aid. ☐ **NOT Qualified**, provide a typewritten, signed explanation.

☐ Qualified, only when wearing corrective lenses

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.**

PHYSICAL EXAMINATION FORM

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. Including 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 28-404; Title 1 of the Rules of the City of New York Section 104-10
Welder	This license authorizes a NYC licensee to perform manual welding work on any structural member of any building in the city. NYC Administrative Code Section 28-407; Title 1 of the Rules of the City of New York Section 104-11
Site Safety Manager; Site Safety Coordinator	This license authorizes a NYC licensee to ensure compliance with the site safety plan and all safety requirements, as specified in chapter 33 of the New York City Building Code. NYC Administrative Code Section 28-402; NYC Administrative Code Section 28-403
Private Elevator Inspection Agency Inspector; Private Elevator Inspection Agency Director	This license authorizes a NYC licensee to perform and/or witness inspections and tests or enter into contracts pursuant to article 304, chapter 3 of the NYC Administrative Code. NYC Administrative Code Section 28-421; NYC Administrative Code Section 28-422
Sign Hanger	This license authorizes a NYC licensee to hoist lower or to hang or attach any sign, irrespective of weight, upon or on the outside of any building or structure in the city. This may include the use of cranes and/or suspended scaffolds. NYC Administrative Code Section 28-415
High Pressure Boiler Operating Engineer	This license authorizes a NYC licensee to operate any high-pressure boiler in the city of New York. Excluding the exceptions listed in NYC Administrative Code. NYC Administrative Code Section 28-413
Oil Burning Equipment Installer	Class A: Authorizes installation of any type of oil-burning in the city, as an independent contractor with full responsibility for the manner in which the work is done, for the materials and equipment used, and for the control and direct and continuing supervision of the persons employed on the work. Such equipment shall include but not be limited to burners, boilers and generators. Class B: Authorizes installation of oil-burning equipment for the use of domestic fuel oils from number one fuel oil to and including number four fuel oil, as an independent contractor with full responsibility for the manner in which the work is done, for the materials and equipment used, and for the control and direct and continuing supervision of the persons employed on the work. NYC Administrative Code Section 28-412
Master Plumber	This license authorizes a NYC licensee to perform plumbing work. Except that a city employee who holds a master plumber license may only perform replacement, maintenance and repair plumbing work on existing buildings in the course of his or her employment. NYC Administrative Code Section 28-408
Master Fire Suppression Piping Contractor	This license authorizes a NYC licensee to perform fire suppression work, except that a city employee who holds a master fire suppression license may only perform replacement, maintenance and repair fire suppression piping work on existing buildings in the course of his or her employment. NYC Administrative Code Section 28-410