

Physician Appraisal Form

Apprenticeship Program Information (to be completed by the training director)

Program Type (Inside, Outside, Residential, Telecommunications): _____

Program Number: AK0050

Training Director Name: _____

Phone Number: 907-337-9508

Apprentice Information (to be completed by the apprentice)

Full Name of Apprentice: _____

I, the apprentice, hereby give permission for the physician named on this form to provide information on my medical status to the apprenticeship program named above.

Signature of Apprentice: _____

Date: _____

To the Physician:

The purpose of the examination is to assess the individual's medical condition relevant to abilities required by electrical work. This form has been designed to help you review job information so that you understand the physical requirements of electrical work and make your evaluation.

- *Reviewing job information.* It is very important for you to understand electrical work apprenticeship tasks as you make your evaluation of the apprentice. Five primary types of physical and sensory abilities are required for electrical work: **I. Sensory Abilities, II. Dexterity, III. Endurance, IV. Strength, and V. Balance and Agility.** These primary abilities can be broken into 13 more specific abilities that are listed in the leftmost column of this form. In the columns next to the ability, we have listed sample tasks that require each ability. They are not all of the tasks that are important for electrical work—just a small sample of tasks selected for informational purposes. A label—"I," "O," "R," or "T" for Inside Wireman, Outside Lineman, Residential Wireman, or TeleCommunications Installer-Technician, respectively—appears in parentheses next to the task. You should pay particular attention to the illustrative tasks for the type of apprenticeship program in which the individual is enrolled. *We are not asking you to test the individual's ability on each item.* The purpose of this job information is to provide a context in which you can evaluate the results of the medical history and general physical examination and make your evaluation. If you have questions about electrical work apprenticeships, please refer to the attached job description or call the training director.
- *Making your evaluation.* **Please conduct a complete medical/family history and a basic physical examination of all systems including the cardiovascular system, and a hearing and colorblindness test.** A basic "Whisper Test" without specialized equipment should be adequate. If the Whisper Test suggests hearing difficulties, you may refer the apprentice to physicians with more sensitive test equipment. Apprentices for telecommunications installer-technician, inside wireman, and residential wireman jobs should be able to distinguish subtle colors as well as primary ones, often in dimly lit settings. Outside lineman apprentices need to be able to distinguish primary colors. The purpose of your examination is to identify whether the individual has a medical condition that would prevent him or her from safely performing tasks that require use of the abilities listed on the form. In this context, "safely" means performing tasks in a manner that does not pose a substantial risk of serious harm to the apprentice, coworkers, or others. After conducting the medical history and physical examination, answer the question "*Based on the medical history and physical examination, do you believe this person will be able to perform tasks like those listed here?*" for each item on this form. Then complete the summary page of this form.

To the Training Director:

The physician's responses will not automatically disqualify the apprentice. After review of this evaluation, the apprenticeship program may conduct further medical inquiries. In some cases this may involve physical testing by a physical or occupational therapist. Follow-up testing may be needed with color blindness and hearing depending upon whether the physician has the equipment needed to evaluate these abilities adequately. The program may also need to explore whether there are any reasonable accommodations that would enable the apprentice to safely perform the tasks required in the program.

I. Sensory Abilities

Your Evaluation

Based on the medical history and physical examination, do you believe this person is able to perform tasks like those listed here?

Physical/Sensory Ability	Illustrative Tasks ¹	Circle one
1. Ability to hear warning signals (must hear while loud equipment is in use)	<ul style="list-style-type: none"> • Establish communication between puller, the tensioner, and others involved in pulling (O) • Drill holes in walls, floors, or ceilings for cable pathway (T) • Make necessary terminations (I,R) • Use proper tools and equipment (I,R,O) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
2. Ability to discriminate between colors	<ul style="list-style-type: none"> • Make necessary terminations (I) • Install feeder circuits (R) • Inspect wire for problems(O) • Integrate sound system with other systems (e.g., audiovisual, telephone) (T) • Use proper tools and equipment (I,R) • Make electrical connections in fixtures and receptacles (I,R) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>

II. Dexterity

3. Ability to work with both hands	<ul style="list-style-type: none"> • Make necessary terminations (I,R) • Splice wire (I) • Install small appliance circuits (R) • Use proper tools and equipment (O) • Cut away or trim protective or stabilizing cording/shield (e.g., Kevlar, aramid yarn, braid, foil, etc.) (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
4. Ability to use hands and fingers to manipulate small wires and objects	<ul style="list-style-type: none"> • Make necessary terminations (I,R) • Splice wire (I) • Make electrical connections in fixtures and receptacles (R) • Install ground wire on poles (O) • Measure and cut cable to correct length (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>

III. Endurance

5. Ability to perform physically demanding work all day, sometimes in extreme weather conditions	<ul style="list-style-type: none"> • Electrical work is often performed out of doors or in environments that are not temperature controlled. Physically demanding tasks are performed throughout the day. 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
--	--	---

¹ I = Inside Wiremen, O = Outside Linemen, R = Residential Wiremen, and T = Telecommunications Installer-Technician.

IV. Strength

Your Evaluation

Based on the medical history and physical examination, do you believe this person is able to perform tasks like those listed here?

Physical/Sensory Ability	Illustrative Tasks	Circle one
6. Ability to lift and carry objects up to 50 pounds	<ul style="list-style-type: none"> • Make necessary terminations (I,R) • Connect wire to rope (I) • Set up pulling and tension devices (O) • Pull rope or string through conduit or innerduct (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
7. Ability to lift and carry objects above 50 pounds	<ul style="list-style-type: none"> • Install raceways (I) • Mount master panel box (R) • Set pole or metal structure in hole at proper depth (O) • Assemble all materials used for pulling at proper location (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
8. Ability to apply muscular force quickly to objects and equipment	<ul style="list-style-type: none"> • Splice wire (I) • Install feeder circuits (R) • Tamp ground around pole (O) • Pull rope/string through conduit or innerduct connected to pull line (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
9. Ability to push or pull heavy objects into position	<ul style="list-style-type: none"> • Examine and test existing wire (I) • Mount master panel box (R) • Set pole or metal structure in hole at proper depth (O) • Assemble all materials used for pulling at the proper location (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>

V. Balance and Agility

10. Ability to maintain balance and perform construction tasks while on a ladder, platform, pole or tower (at various heights)	<ul style="list-style-type: none"> • Install raceways (I) • Make electrical connections in fixtures and receptacles (R) • Climb wooden pole to reach distribution or transmission lines (O) • Mount supports for video equipment (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
11. Ability to bend, twist, reach and stretch to position equipment and fixtures while maintaining balance	<ul style="list-style-type: none"> • Paint conduit for identification (I) • Install "homeruns" from panel box (R) • Float wire out with hot sticks or hot arms to establish work area (O) • Install and connect video equipment (e.g., CCTV, cameras) (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
12. Ability to traverse irregular surfaces while maintaining balance	<ul style="list-style-type: none"> • Install raceways (I) • Install feeder circuits (R) • Set pole or metal structure in hole at proper depth (O) • Assemble all materials used for pulling at proper location (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>
13. Ability to coordinate body movements when using tools or equipment	<ul style="list-style-type: none"> • Bend conduit (I) • Install switch boxes (R) • Put traveler or stringing blocks up to prepare for stringing wire (O) • Pull cable through overhead and underfloor raceways by hand (T) 	<p>Yes</p> <p>No</p> <p>Cannot Render Opinion</p>

Physician Information

Name: _____

Telephone: _____

Address: _____

E-Mail: _____

Summary

I have conducted a physical examination of the apprentice and based on that examination:

_____ Yes, I believe that the apprentice is able to safely perform electrical work tasks as described in this form.

_____ No, I do not believe that the apprentice is capable of safely performing electrical work tasks as described in this form.

_____ Cannot render an opinion because the apprentice needs further evaluation regarding the abilities noted above.

If you answered “No” or “Cannot Render an Opinion” to any of the questions on this form, please summarize your reasons. Be sure to state what additional testing may be needed and any restrictions on your conclusions (e.g., the individual has an illness or medical condition that is temporary in nature).

Are there any accommodations that could be made to allow the individual to perform the type of tasks required? Please describe any recommended accommodations for particular abilities:

Physician Signature: _____

Date: _____