PERSONALLY IDENTIFIABLE INFORMATION - WITHHOLD UNDER 10 CFR 2.390 NRC FORM 396 U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0024 EXPIRES: (04/30/2015) · (05-2012) Estimated burden per response to comply with this mandatory collection request: 30 10 CFR 55 21 55 23 minutes. NRC requires this information to determine that the physical condition and 55.25, 55.27, 55.31, health of operator licensees is such that the applicant would not be expected to cause 55.33, 55.57 operational errors endangering the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-5 F53), U.S. Nuclear Regulatory CERTIFICATION OF MEDICAL EXAMINATION Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects. BY FACILITY LICENSEE 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. NAME OF APPLICANT AND DOCKET NUMBER **FACILITY FACILITY DOCKET NUMBER** 050-A. MEDICAL EXAM INFORMATION THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPERATOR/SENIOR OPERAT OR LICENSE HAS BEEN EXAMINED BY A PHYSICIAN AND THAT THE APPLICANT HAS BEEN FOUND TO MEET THE MEDICAL REQUIREMENTS FOR LICENSED OPERATORS AT THIS FACILITY. MOST RECENT BIENNIAL MEDICAL STATE LICENSE NUMBER 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: ANSI/ANS 3.4 -- 1996 ANSI/ANS 3.4 -- 1983 ANSI/ANS 15.4 -- 1988 ANSI/ANS 15.4 -- 2007 ☐ OTHER ON THE BASIS OF THE RECOMMENDATION OF THE PHYSICIAN, IT IS REQUESTED THAT THE APPLICANT'S OPERATOR LICENSE BE CONDITIONED AS FOLLOWS: Check all that apply. (PROVIDE EXPLANATION AND ATTACH SUPPORTING MEDICAL EVIDENCE FOR NRC REVIEW). 1. NO RESTRICTIONS □ 2. CORRECTIVE LENSES SHALL BE WORN WHEN PERFORMING LICENSED DUTIES 3. HEARING AID SHALL BE WORN WHEN PERFORMING LICENSED DUTIES SHALL TAKE MEDICATION AS PRESCRIBED TO MAINTAIN MEDICAL QUALIFICATIONS 5. SHALL USE THERAPEUTIC DEVICE(S) AS PRESCRIBED TO MAINTAIN MEDICAL QUALIFICATIONS 6. SOLO OPERATION IS NOT AUTHORIZED 7. SHALL SUBMIT MEDICAL STATUS REPORT EVERY 3, 6, OR 12 MONTHS 8. SHALL NOT PERFORM LICENSED DUTIES REQUIRING A RESPIRATOR 9. OTHER RESTRICTION OR EXCEPTION ☐ 10. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL 11. INFORMATION ONLY PROPOSED WORDING OF RESTRICTION (Block 9 above) RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indicate how restriction will correct the disqualifying condition) EXPLANATION (S) **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. SIGNATURE DATE PRINTED NAME AND TITLE (Senior Management Representative on Site) 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 II REGIONAL ADMINISTRATOR, REGION I REGIONAL ADMINISTRATOR, REGION III

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