(4-2004) 10 CFR 55.21, 55.23, 55.25, 55.27, 55.31, 55.33, 55.57 CERTIFICATION OF MEDICAL EXAMI BY FACILITY LICENSEE	NATION	15 minutes. NRC requ health of operator lice operational errors end burden estimate to the Nuclear Regulatory Co infocollects@nrc.gov, Affairs NEOR-10202	ires this information to d rsees is such that the ap angering the public healt e Records and FOIA/Pr ommission, Washington, and to the Desk Officer 3150-0024) Office of Ma	ith this information collection request: tetermine that the physical condition and plicant would not be expected to cause h and safety. Send comments regarding ivacy Services Branch (T-5 F52), U.S. DC 20555-0001, or by internet e-mail to r, Office of Information and Regulatory nagement and Budget, Washington, DC n collection does not display a currently conduct or sponsor, and a person is not on.
NAME OF APPLICANT				
FACILITY				FACILITY DOCKET NUMBER
A. MI	EDICAL EXAM INFO	ORMATION		
THIS IS TO CERTIFY THAT THE ABOVE NAMED APPLICANT FOR AN OPER APPLICANT HAS BEEN FOUND TO MEET THE SAFEGUARDS AND FITNES				
PRINTED NAME (of physician)	STATE AND LICENSE NUMBER			MOST RECENT MEDICAL EXAMINATION DATE
BASED ON THE RESULTS OF THE PHYSICAL EXAMINATION, INCLUI THE APPLICANT'S PHYSICAL CONDITION AND GENERAL HEALTH AF ENDANGERING PUBLIC HEALTH AND SAFETY. I CERTIFY THAT IN R 3.4-1983, OR ANSI/ANS 15.4-1988 (N380) WAS FOLLOWED AS ENDOR FOR REVIEW BY NRC. IF THE GUIDANCE IN THE APPROPRIATE AN: HAS BEEN APPROVED BY NRC, WAS USED.	RE SUCH THAT THE A REACHING THIS DETE SED BY THE APPLICA SI/ANS DOCUMENT IS	PPLICANT WOULD N RMINATION, THE GL BLE NRC REGULATC NOT COMPLIED WI	OT BE EXPECTED TO IIDANCE CONTAINED IRY GUIDE, AND THA TH, AN ACCEPTABLE	D CAUSE OPERATIONAL ERRORS D IN ANSI/ANS 3.4-1996, ANSI/ANS T DOCUMENTATION IS AVAILABLE E ALTERNATIVE METHOD, WHICH
ON THE BASIS OF THE RECOMMENDATION OF THE PH CONDITIONED AS FOLLOWS:	IYSICIAN, IT IS R	EQUESTED THAT	THE APPLICANT	I'S OPERATOR LICENSE BE
1. NO RESTRICTIONS				
2. CORRECTIVE LENSES BE WORN WHEN PERFORMI	NG LICENSED DUT	IES		
3. HEARING AID BE WORN WHEN PERFORMING LICEN				
4. RESTRICTED LICENSE OR EXCEPTION Provide exp				
5. RESTRICTION CHANGE FROM PREVIOUS SUBMITT	AL Provide explanation	for restriction change and	l attach supporting medica	al evidence for NRC review.
6. INFORMATION ONLY PROPOSED WORDING OF RESTRICTION (Block 4 above)				ACHING THIS DETERMINATION:
ANSI/ANS 3				
ANSI/ANS 3.				
				- 1988 (NON-POWER)
			OTHER (Specify)	· · · · · · · · · · · · · · · · · · ·
RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION (Briefly indica	te how restriction will corre	ct the disqualifying conditi	on)	
	B. CERTIFICATI	-		
ANY FALSE STATEMENT OR OMISSION IN THIS DOCUMENT, INCLUD PENALTY OF PERJURY THAT THE INFORMATION IN THIS DOCUME	,			L SANCTIONS. I CERTIFY UNDER
PRINTED NAME AND TITLE (Senior Management Representative on Site)	SIGNATURE			DATE
In accordance with 10 CFR 55.5, Communications, this original form sha	II be submitted to the a	ppropriate NRC office	as follows: BY MAIL	ADDRESSED TO:
REGIONAL ADMINISTRATOR, REGION I REGIONAL ADMIN U.S. NUCLEAR REGULATORY COMMISSION U.S. NUCLEAR RE 475 ALLENDALE ROAD SAM NUNN ATLAN	ISTRATOR, REGION II GULATORY COMMISSI ITA FEDERAL CENTER EET, S.W., SUITE 23T85	RE DN U. 24	EGIONAL ADMINISTRA S. NUCLEAR REGULAT 43 WARRENVILLE RD, SLE, IL 60532-4352	TOR, REGION III FORY COMMISSION
REGIONAL ADMINISTRATOR, REGION IV U.S. NUCLEAR RE U.S. NUCLEAR REGULATORY COMMISSION EQUIPMENT AND	GULATORY COMMISSI HUMAN PERFORMANC ECTION PROGRAM MA	ON U. E BRANCH OI NAGEMENT DI		FORY COMMISSION MPROVEMENTS PROGRAM DRY IMPROVEMENT PROGRAMS

U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB: NO. 3150-0024

NRC FORM 396

EXPIRES: 01/31/2006