

INSTRUCTIONS FOR NRC FORM 396 -  
CERTIFICATION OF MEDICAL EXAMINATION BY FACILITY LICENSEE

Enter **NAME OF APPLICANT** as it appears on NRC Form 398.

Enter name of **FACILITY(IES)** and **FACILITY DOCKET NUMBER(S)** for which a license is sought as it (they) appear(s) on NRC Form 398.

Enter the **PRINTED NAME (of physician)** and other medical professionals (e.g., nurse practitioners and physician's assistants) who performed the physical examination. The examining physician may delegate portions of the examination to a licensed nurse practitioner or a licensed physician's assistant who is familiar with the applicable ANSI standard and the activities required of a nuclear power plant operator or senior operator. However, the physician has the ultimate responsibility for certifying that the medical examination was conducted in accordance with the ANSI standard and that the applicant meets the medical requirements. The **STATE AND LICENSE NUMBER(S)** of all the medical practitioners significantly involved with the examination (i.e., not laboratory technicians) should be entered on NRC Form 396.

Enter the **DATE** of the applicant's **MOST RECENT MEDICAL EXAMINATION**. For new license applicants (i.e., ROs and instant SROs), the medical data in support of NRC Form 396 are normally good for six months from the date of the medical examination. If more than six months have passed since the date of the medical examination, the facility licensee shall certify in writing that the applicant has not developed any physical or mental condition that would be reportable under 10 CFR 55.25; this should be done in Item 17, "Comments," of the associated license application (NRC Form 398). If the applicant's medical condition has changed or the time since the applicant's last medical examination is expected to exceed 24 months before the licensing action is completed, the applicant must be reexamined by a physician.

Check **1. NO RESTRICTIONS** if, in the physician's judgment, the applicant's medical condition and general health will not adversely affect the performance of assigned operator job duties or cause operational errors endangering public health and safety (i.e., the applicant satisfies, without exception, all the criteria specified in the applicable ANSI standard).

Check **2. CORRECTIVE LENSES BE WORN WHEN PERFORMING LICENSED DUTIES** if the applicant must wear corrective lenses in order to achieve the near and distant visual acuity specified in the applicable ANSI standard.

Check **3. HEARING AID BE WORN WHEN PERFORMING LICENSED DUTIES** if the applicant must wear a hearing aid in order to achieve the audiometric scores specified in the applicable ANSI standard.

Check **4. RESTRICTED LICENSE OR EXCEPTION** if, in the physician's judgment, a license condition is necessary to accommodate any identified medical or psychological situations that does not meet the minimum requirements in the applicable ANSI standard (e.g., no solo, submit a medical status report in (or every) 3, 6, or 12 months, no duties requiring a respirator, or other; refer to ES-605 of NUREG-1021 for more information). Fill out the **PROPOSED WORDING OF RESTRICTION** block, check the box for the applicable ANSI **GUIDANCE USED IN REACHING THIS DETERMINATION**, briefly explain how the recommended restriction will correct or accommodate the disqualifying condition in the **RELATIONSHIP OF RESTRICTION TO DISQUALIFYING CONDITION** block, and attach the supporting medical evidence for review by the NRC. If an applicant fails to meet a medical requirement but can demonstrate complete capacity to perform assigned duties, as proven by a practical test administered by the physician, the physician may recommend, and similarly justify, a waiver (exception) of that portion of the applicable ANSI standard. In all cases, check Item 4.f.4 on the associated license application (NRC Form 398).

Check **5. RESTRICTION CHANGE FROM PREVIOUS SUBMITTAL** if the physician recommends the modification or deletion of an existing restriction. Include an **EXPLANATION FOR RESTRICTION CHANGE** in the space provided. If the physician recommends an additional restriction, check and complete **4. RESTRICTED LICENSE OR EXCEPTION** as well.

Check **6. INFORMATION ONLY** if the form is being used simply to forward updated medical information (e.g., a 6-month blood pressure report required by an operator's license condition) to the NRC for evaluation. Be sure to attach supporting information, if necessary.