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FACILITY  
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JUN 2 1970

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OLB General Files  
D. J. Skovholt, DRL

Mr. William Cavanaugh  
Assistant Superintendent  
ARKANSAS NUCLEAR ONE  
Arkansas Power & Light Company  
9th & Louisiana Streets  
Little Rock, Arkansas 72203

THIS DOCUMENT CONTAINS  
POOR QUALITY PAGES

Dear Mr. Cavanaugh:

We have received and reviewed the Certificate of Medical Examination for Mr. Jack Robertson submitted by you on May 14, 1970, to have us provide a medical determination prior to the submission of his application for an operator's license.

The certificate submitted was incomplete. Therefore, we cannot make a complete determination that Mr. Robertson's physical condition and general health is, or is not, satisfactory for licensing. However, in regard to his distant and near visual acuity (Items 6, 7, 8, & 9 page 2 of the certificate), the following license condition would be imposed:

-The licensee shall wear protective, corrective eyeglasses while performing the activities for which he is licensed.

Should subsequent certificates indicate Mr. Robertson's depth perception is impaired due to his "weak left eye", an additional condition would be imposed as follows:

-The licensee shall not perform work which requires depth perception, such as fuel handling.

I hope this information will be of use to you.

Sincerely yours,

ORIGINAL SIGNED BY  
P. F. COLLINS  
Paul F. Collins, Chief  
Operator Licensing Branch  
Division of Reactor Licensing

|           |              |            |  |  |  |
|-----------|--------------|------------|--|--|--|
| OFFICE ▶  | OLB:DRL      | DRL        |  |  |  |
| SURNAME ▶ | PFCollins:eh | DJskovholt |  |  |  |
| DATE ▶    | 5/28/70      | 6/1/70     |  |  |  |

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**MEMO ROUTE SLIP**

Form AEC-95 (R.v. May 24, 1947) AECM .0

See me about this.

For concurre

For action.

Note and return

For signat.

For information.

|                         |                |   |   |
|-------------------------|----------------|---|---|
| TO (Name and unit)      |                | INITIALS  | REMARKS   |
| <i>J. T. Deane M.D.</i> |                | <i>7274</i>   |   |
| <del>_____</del>        |                | DATE  | <i>As long as the entire console can be visualized at the same time by the operator no restriction other than wearing glasses at work would be needed</i> |
| <del>_____</del>        |                | <i>5/19/70</i>  |   |
| TO (Name and unit)      |                | INITIALS  | REMARKS   |
| <i>P.F. Collett</i>     |                |   |   |
| <i>Room 342-A</i>       |                | DATE  | <i>needed</i><br><i>D.D.</i>  |
|                         |                |   |   |
| TO (Name and unit)      |                | INITIALS  | REMARKS   |
|                         |                |   |   |
|                         |                | DATE  | <i>Complete. However, what conditions of any, would be required</i>   |
|                         |                |   |   |
| FROM (Name and unit)    |                | REMARKS   |   |
| <i>P.F. Collett</i>     |                | <i>based on item 6 and 7, please page should this individual submit an application for the same</i> |   |
| PHONE NO.               | DATE           |   |   |
|                         | <i>5/19/70</i> |   |   |

USE OTHER SIDE FOR ADDITIONAL REMARKS