

## Peace Corps Medical Clearance System

Thank you for participating in Peace Corps Office of Inspector General Medical Clearance survey. Peace Corps hopes that as a result of this survey, the Medical Screening Process is more efficient and transparent for applicants.

Your response to this survey is voluntary. Peace Corps will neither confer on you, nor deny you any benefit as a result of your response to this survey. This is a one-time written survey request. We estimate that it will take you 20 minutes to complete this survey. We appreciate your assistance in helping improve upon the service and efforts Peace Corps makes worldwide.



## Peace Corps Medical Clearance System

A small portion of respondents to this survey will be contacted to respond to a **follow-up telephone interview**. We estimate that the telephone interview will take 60 to 90 minutes; however, that timeframe may change dependent on the medical clearance issues each applicant wishes to discuss.

Any personal information you provide in response to this survey will be kept confidential, consistent with the provisions of the **Privacy Act, 5 USC 552a**. Peace Corps will create a report summarizing all information collected. However, the report will not mention the names of respondents.


1

Name

2

Telephone

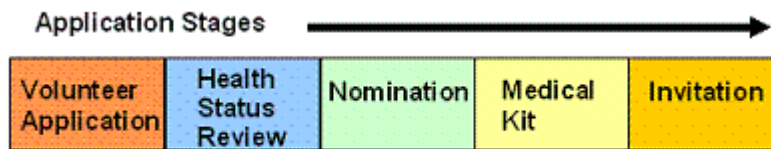
3

Applicant Type 


- Applied but did not serve
- Invitee
- Trainee
- Peace Corps Volunteer
- Returned Peace Corps Volunteer



This survey addresses the stages of the Peace Corps application process shown below.



4

In the process of applying to the Peace Corps, was the application process (see diagram above) clear to you? 

Not at all clear    Minimally clear    More or less clear    Very clear    Extremely clear    No opinion

1

2

3


4

5

6



5

Would posting a diagram of the application stages, like the one above, have been helpful to your understanding of the application process? 

Not at all Helpful Minimally Helpful More or less Helpful Very Helpful Extremely Helpful No opinion


1  2  3  4  5  6



The following questions address these stages of the application process:




6

During the application process, did you ask your **recruiting officer** medical-related questions? 

YES  NO 

7


Were you satisfied with the answers provided by the **recruiting officer** about your medical-related questions? 

Not at all satisfied Minimally satisfied More or less satisfied Very satisfied Extremely satisfied No opinion

1  2  3  4  5  6




8

Did your **recruiting officer** provide you with the Office of Medical Services (OMS) **Nurse Line** telephone number? 


YES  NO 

9

Were you able to speak to a nurse? 

YES  NO 


10

How many times did you call the **Nurse Line** before you were able to speak with a nurse? 

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- More than 5 times




11

Were you satisfied with the nurse's responses to your medical or dental related questions? 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all Satisfied	Minimally Satisfied	More or Less Satisfied	Very Satisfied	Extremely Satisfied	No opinion
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6




12

Were you made aware or provided the document, [Medical Information for Applicants](#), which lists medical conditions that may delay or deter medical clearance? 



13

Where did you find or from whom did you receive this document? 

Recruiting Officer

Online


Screening Assistant

Screening Nurse

Other, please specify



14

Did you find this document useful? 

.

Not at all useful  Minimally useful  More or less useful  Very useful  Extremely useful  No opinion

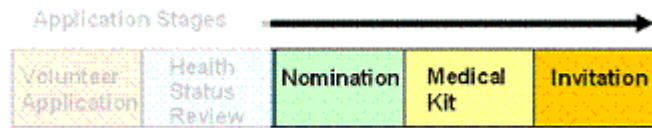
.




15

If you found this document, **"Not at all useful"** or **"Minimally Useful"** please tell us why and how it could be improved.

The following questions address these stages of the application process:




16

From the time you received your **Nomination Letter**, approximately how many business days (Mon-Fri) did it take for you to receive your **Medical Kit**? 

- 1-3 days
- 4-6 days
- 7-9 days
- 10-12 days
- 13-15 days
- 16-18 days
- More than 18 days



17


Were you made aware by your recruiting officer or online instructions, that if it took **MORE than 14 days** to receive your **Medical Kit**, you should call Office of Medical Services (OMS)? 

- Yes- via recruiting officer
- Yes- via online
- No



## Medical Kit Instructions to the Applicant

18

Please rank the clarity of instructions provided to you on the following items: 

1 Not at all clear    2 Minimally clear    3 More or less clear    4 Very clear    5 Extremely clear    6 Could not find    7 Did not read    8 No opinion

**Medical Kit**

1     2     3     4     5     6     7     8

**Physical exam forms**

1     2     3     4     5     6     7     8

**Dental exam forms**


1     2     3     4     5     6     7     8

**Eye exam forms**

1     2     3     4     5     6     7     8



19

Did the medical kit instructions give **YOU** a better understanding about why Peace Corps required all the medical and dental examinations? 

Yes

No

Somewhat



---

20


How could Peace Corps improve the Medical Kit guidance and instructions in terms of tone, format, clarity, etc.?

---

## Medical Kit Instructions to your Physician and Dentist

---

21

When you went to the doctor's office for your physical exam, who did you **show the "Instructions to the Examining Physician"** found in your Medical Kit? (Please check all that apply) 

- Medical Clerk
- Attending Nurse
- Physician
- Other, please specify





22

Did your examining **physician read the instructions** provided by Peace Corps to better understand why Office of Medical Services (OMS) required all the medical tests and examinations listed in the Medical Kit?




- Yes
- No
- Partially read
- Did not read
- Don't know



---


23

When you went to the dentist's office for your dental exam, who did you **show the "Instructions to the Examining Dentist"** found in your Medical Kit? (Please check all that apply) 

- Dental Clerk
- Dental Hygenist
- Dentist
- Other, please specify



24

Did your examining **dentist read the instructions** provided by Peace Corps to better understand why OMS required all the dental examinations listed in the Medical Kit? 

- Yes
- No
- Partially read
- Did not read
- Don't know



---


25

What kind of **response did you get from your physician or dentist** regarding the instructions or information required in the Medical Kit?

---

## Medical Clearance Processing Time


26

In the process of completing your Medical Kit did you require **replacement or additional forms**? 

YES  NO 

---


27

After you received your **Medical Kit**, how long did it take before you were able to send it back to Office of Medical Services (OMS)? 

- 1 month or less
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 1 year
- More than 2 years
- Did not submit the medical kit



28


Please check all reasons that accurately explain **why you did not submit your Medical Kit** to Office of Medical Services (OMS): 

- Medical costs
- Dental costs
- Medical Screening process took too much time
- Frustrated by lack of clarity in Medical Screening process
- Had condition listed on the [Medical Information for Applicants](#) document and I did not think Peace Corps would accept me
- Lack of Recruiting Officer Customer Service
- Lack of OMS Customer Service
- Returned to school
- Accepted a job offer
- Withdrew from entire application process
- Other, please specify


---


29

Did Office of Medical Services (OMS) request any additional medical information or tests **not specified** in your original **Medical Kit**? 



---

30


How many times did Office of Medical Services (OMS) contact you to request missing or additional medical information/tests **not specified** in your original **Medical Kit**? 

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- More than 5 times



---


31

What type(s) of additional **information/testing** were requested? (Please check all that apply; do not list medically confidential information) 

- Test/Lab results
- Personal statements
- Doctor statements
- Specialist work
- Follow-up to previous medical conditions
- Other, please specify



32

In the process of completing your Medical Kit, was the meaning of the following terms clear to you: 

1 Not at all clear    2 Minimally clear    3 More or less clear    4 Very clear    5 Extremely clear    6 Never heard the term before    7 No opinion

**Medically qualified**

1     2     3     4     5     6     7

**Deferred**

1     2     3     4     5     6     7

**Medical accommodation/restrict**

1     2     3     4     5     6     7


**Medically not qualified**

1     2     3     4     5     6     7



---

33


How long did it take you to **Complete your Medical Kit**, including any additional information requested by OMS? 

- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 1 year
- More than 2 years
- Did not submit medical kit to OMS



---


34

From the time you sent in your **Complete Medical Kit**, how long did it take to **hear back from OMS** whether your were qualified, deferred, medically accommodated, or not qualified? 

- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 1 year
- More than 2 years
- Did not submit medical kit to OMS



35


In total, how long did it take you to receive **Medical Qualification**? This refers to the period of time from receiving your Medical Kit to receiving your medical qualification letter. (This includes any appeals, medical accommodations, deferment, etc.) 

- Less than 1 month
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 1 year
- More than 2 years
- Did not receive medical qualification



---


36

Did you **appeal** the Office of Medical Services' (OMS) decision regarding your medical suitability to serve as a Volunteer? 

YES  NO 

---

37


Were you made aware by a Screening Nurse of the **appeals process** and all possible outcomes that could result from your appeal? 

- Yes
- No
- Somewhat





38

After submitting additional documentation, how long did it take for you to **hear back from OMS regarding the outcome of your appeal?** 


- 1 month or less
- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 1 year
- Did not hear back from OMS



---

## Correspondence with the Office of Medical Services (OMS)


39

Throughout the medical screening process, did **OMS lose or misplace** any portion of your **Medical Kit** at any time? This includes lab results, personal statements, doctors' statements, medical forms, etc. 

- Yes
- No
- Do not know



40


During the entire medical screening process, how many times did you contact your assigned **Medical Screening Assistant** to clarify instructions and requirements listed in the medical kit? 

- Did not contact the Medical Screening Assistant
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- More than 5 times



---


41

How would you describe the customer service provided by your **Medical Screening Assistant**? 

- |                            |                           |                              |                          |                           |                          |
|----------------------------|---------------------------|------------------------------|--------------------------|---------------------------|--------------------------|
| Not at all<br>satisfactory | Minimally<br>satisfactory | More or less<br>satisfactory | Very<br>satisfactory     | Extremely<br>satisfactory | No<br>opinion            |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>1</b>                   | <b>2</b>                  | <b>3</b>                     | <b>4</b>                 | <b>5</b>                  | <b>6</b>                 |



42


During the entire medical screening process, how many times did you contact the **Dental Screening Assistant** to clarify instructions and requirements listed in the medical kit? 

- Did not contact the Dental Screening Assistant
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- More than 5 times



---


43

How would you describe the customer service provided by your **Dental Screening Assistant**? 

- |                            |                           |                              |                          |                           |                          |
|----------------------------|---------------------------|------------------------------|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Not at all<br>satisfactory | Minimally<br>satisfactory | More or less<br>satisfactory | Very<br>Satisfactory     | Extremely<br>satisfactory | No<br>opinion            |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>1</b>                   | <b>2</b>                  | <b>3</b>                     | <b>4</b>                 | <b>5</b>                  | <b>6</b>                 |



44


During the entire medical screening process, how many times did you contact a **Screening Nurse** to clarify instructions, requirements, or questions of a clinical nature? 

- Did not contact the Screening Nurse
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- More than 5 times



---

45


How would you describe the customer service provided by your **Screening Nurse**? 

- |                            |                           |                              |                          |                           |                          |
|----------------------------|---------------------------|------------------------------|--------------------------|---------------------------|--------------------------|
| Not at all<br>satisfactory | Minimally<br>satisfactory | More or less<br>satisfactory | Very<br>satisfactory     | Extremely<br>satisfactory | No<br>opinion            |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>1</b>                   | <b>2</b>                  | <b>3</b>                     | <b>4</b>                 | <b>5</b>                  | <b>6</b>                 |



---

46

How would you describe the customer service provided by **any other member of the OMS Staff**? 

- |                            |                           |                              |                          |                           |                          |
|----------------------------|---------------------------|------------------------------|--------------------------|---------------------------|--------------------------|
| Not at all<br>satisfactory | Minimally<br>satisfactory | More or less<br>satisfactory | Very<br>satisfactory     | Extremely<br>satisfactory | No<br>opinion            |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| <b>1</b>                   | <b>2</b>                  | <b>3</b>                     | <b>4</b>                 | <b>5</b>                  | <b>6</b>                 |



47


If you had a **"Not at all satisfactory"** or **"Minimally satisfactory"** customer service experience, please let us know. Please describe phone calls, e-mails, faxes, letters, specific individuals, conversations, etc. so we can identify the problem areas and make improvements to the process.

48

How could Peace Corps **improve the medical screening process?**

### Medical Costs

49


Were ALL costs in completing your Medical Kit **fully covered by your health insurance?** 



50

Approximately what was your **out of pocket cost?**


51

Please rank whether the **medical costs** were a **burden to your completing your Medical Kit right away.** 

Not at all	Minimally	More or less	Very	Extremely	No Opinion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6



52

Please rank whether the **medical costs** were a **burden to becoming a Volunteer.** 

Not at all	Minimally	More or less	Very	Extremely	No Opinion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6




53

Please rank whether the **dental costs** were a **burden to your completing your Medical Kit right away.** 

Not at all	Minimally	More or less	Very	Extremely	No Opinion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6



54

Please rank whether the **dental costs** were a **burden to becoming a Volunteer.** 

Not at all	Minimally	More or less	Very	Extremely	No Opinion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6



55

Did **you receive outside support** (i.e. family members, church, etc.) with any of the Medical Kit costs? 

YES


NO



56

How could Peace Corps **improve the medical reimbursement process**?

57


Did you complete the application process? 

YES

NO



58

At what **stage** did you withdraw? 

- Volunteer Application
- Health Status Review (HSR)
- Nomination
- Medical Kit (Before completion)
- Medical Kit (After completion)
- Invitation to serve as Volunteer




59

Why did you drop out at that **stage**?





60

Take a look at the list of categories below. Please check all categories that accurately explain **why you withdrew from the application process**: 

- Returning to school
- Extended travel plans
- Personal/familial reasons
- Romantic involvement
- Work-related
- Military Issues
- Intelligence Activities
- Different Volunteer program found
- No longer interested in Peace Corps
- PC Program Cancelled
- Could not be assigned to desired country
- Medical Screening took too much time
- Medical condition would not permit service
- Burdensome medical costs
- Burdensome dental costs
- Other financial responsibilities
- Poor communication with Recruiting Officer
- Poor communication with Medical Screening
- Poor communication with Placement
- Other, please specify



61

What one thing would you do to make the Medical Clearance process better?

62

Are there any other comments you would like to make regarding Medical Screening?

## Demographics

(Please answer these 5 demographic questions so we may determine whether the medical screening process is more burdensome to a particular type of applicant.)

63

Gender

Male

Female



64


Age 

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 and over



---


65

Ethnicity (please check all that apply) 

- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Hispanic
- Latino/Latina
- Asian
- Prefer not to respond



66

Highest Level of Education 

- Did not complete High School
- High School Graduate/GED
- Technical School Graduate
- One or two years of College Completed
- A.A. Degree or Equivalent
- 3rd year of College Completed
- College Graduate
- Graduate Study
- Graduate Degree
- Doctorate Degree
- Other



---

67

Marital Status 

- Single (never married)
- Planning to Marry within One Year
- Married - Serving with Spouse
- Married - Serving without Spouse
- Widowed
- Divorced or Legally Separated
- Married while Serving as a Peace Corps Volunteer



