PAPERWORK REDUCTION ACT SUBMISSION			
Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.			
1. AGENCY/SUBAGENCY ORIGINATING REQUEST 2. OMB CONTROL NUMBER			
U.S. Office of Personnel Mana	agement a. 3206 - XXX b. NONE		
3. TYPE OF INFORMATION COLLECTION (X one) (For b f., note Item A2 of Supporting Statement instructions)	4. TYPE OF REVIEW REQUESTED (X one) a. REGULAR SUBMISSION		
a. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED COLLECTION	b. EMERGENCY - APPROVAL REQUESTED BY:/		
c. EXTENSION OF A CURRENTLY APPROVED COLLEC	tion c. delegated 5. SMALL ENTITIES		
d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIO APPROVED COLLECTION FOR WHICH APPROVAL H.	Will this information collection have a significant economic		
e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSL' APPROVED COLLECTION FOR WHICH APPROVAL H			
f. EXISTING COLLECTION IN USE WITHOUT AN OMB C	ONTROL a. THREE YEARS FROM APPROVAL DATE b. OTHER:		
Certificate of Medical Examination 8. AGENCY FORM NUMBER(S) (If applicable) Optional Form XX (OF-XX) 9. KEYWORDS medical, examination, certificate			
10. ABSTRACT The Optional Form XX (Formerly 5F-78) may be used for all positions which require a medical examination.			
13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN 14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)			
a. NUMBER OF RESPONDENTS 45, 000 a. TOTAL CAPITAL/STARTUP COSTS			
b. TOTAL ANNUAL COSTS (0&M)			
(1) Percentage of these responses collected electronically c. TOTAL ANNUAL JED COST REQUESTED d. CURRENT OMB INVENTORY			
c. TOTAL ANNUAL HOURS REQUESTED d. CURRENT OMB INVENTORY d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -)			
e. DIFFERENCE (+, -)	f. EXPLANATION OF DIFFERENCE:		
f. EXPLANATION OF (1) Program change (+, -) DIFFERENCE: (2) Adustment (+, -) (1) Program change (+, -) (2) Adustment (+, -)			
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") 16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply) 17. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") 18. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") 19. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X") 19. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")			
A. APPLICATION FOR BENEFITS b. PROGRAM EVALUATION c. GENERAL PURPOSE c. GENERAL PURPOSE f. RESEARC c. REGULATION c. GEGULATION	GEMENT (1) On Occasion (2) Weekly (3) Monthly H (4) Quarterly (5) Semi-Annually (6) Annually		
d. AUDIT g. REGULAT.			
17. STATISTICAL METHODS Does this information collection employ statistical	18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission) a. NAME (Last, First, Middle Initial) b. TELEPHONE NUMBER (Include area		
YES X NO	Smith-Toomey, Mary Beth 202-606-8358		

OMB CONTROL NUMBER	TITLE		
3206 - XXXX Certificate of Medical Examination			
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS			
a. PROGRAM OFFICIAL CERTIFIC	ATION (Internal DoD Use Only)	(2) Poto	
(1) Signature		(2) Date	
On behalf of this Federal aç with 5 CFR 1320.9.	gency, I certify that the collection of information encom	passed by this request complies	
NOTE: The text of 5 CFR instructions. The certification instructions.	1320.9, and the related provisions of 5 CFR 1320.8(b)(on is to be made with reference to those regulatory pro	(3), appear at the end of the ovisions as set forth in the	
The following is a summary covers:	of the topics, regarding the proposed collection of info	ormation, that the certification	
(a) It is necessary for the proper performance of agency functions;			
(b) It avoids unnecessary duplication;			
(c) It reduces burden on small entities;			
(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;			
(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;			
(f) It indicates the retention periods for recordkeeping requirements;			
(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:			
(i) Why the information is being collected;			
(ii) Use of information;			
(iii) Burden estimate;			
(iv) Nature of response (voluntary, required for a benefit, or mandatory);			
(v) Nature and extent of confidentiality; and			
(vi) Need to display currently valid OMB control number;			
(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);			
(i) If applicable, it uses effective and efficient statistical survey methodology; and			
(j) It makes appropriate use of information technology.			
If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.			
b. SENIOR OFFICIAL OR DESIGNE	E CERTIFICATION	(2) Date	
(1) Signature		, -,	