

TO BE GIVEN TO PERSON
EXAMINED WITH A PRE-
ADDRESSED "CONFIDEN-
TIAL-MEDICAL" ENVELOPE.

**UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION**

Form Approved
Budget Bureau
No. 50-R0073

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)

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| 1. NAME (<i>last, first, middle</i>) | 2. SOCIAL SECURITY ACCOUNT NO. | 3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 4. DATE OF BIRTH |
| 5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If your answer is YES, explain fully to the physician performing the examination)</i> | | 6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. <hr/> <i>(Signature of applicant)</i> | |

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

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| 1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input type="checkbox"/> OTHER (<i>Specify</i>) | 2. POSITION TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attached the specific medical standards for the information of the examining physician. <p style="text-align: center;">A. FUNCTIONAL REQUIREMENTS</p> <table><tr><td>1. Heavy lifting, 45 pounds and over</td><td>15. Crawling (hours)</td><td>25. Far vision correctable in one eye to 20/20 and to 20/40 in the other</td></tr><tr><td>2. Moderate lifting, 15-44 pounds</td><td>16. Kneeling (hours)</td><td>26. Far vision correctable in one eye to 20/50 and to 20/100 in the other</td></tr><tr><td>3. Light lifting, under 15 pounds</td><td>17. Repeated bending (hours)</td><td>27. Specific visual requirement (specify)</td></tr><tr><td>4. Heavy carrying, 45 pounds and over</td><td>18. Climbing, legs only (hours)</td><td>28. Both eyes required</td></tr><tr><td>5. Moderate carrying, 15-44 pounds</td><td>19. Climbing, use of legs and arms</td><td>29. Depth perception</td></tr><tr><td>6. Light carrying, 15-44 pounds</td><td>20. Both legs required</td><td>30. Ability to distinguish basic colors</td></tr><tr><td>7. Straight pulling (hours)</td><td>21. Operation of crane, truck, tractor, or motor vehicle</td><td>31. Ability to distinguish shades of colors</td></tr><tr><td>8. Pulling hand over hand (hours)</td><td>22. Ability for rapid mental and muscular coordination simultaneously</td><td>32. Hearing (aid permitted)</td></tr><tr><td>9. Pushing (hours)</td><td>23. Ability to use and desirability of using firearms</td><td>33. Hearing without aid</td></tr><tr><td>10. Reaching above shoulder</td><td>24. Near vision correctable at 13" to 16" to Jaeger 1 to 4</td><td>34. Specific hearing requirements (specify)</td></tr><tr><td>11. Use of fingers</td><td></td><td>35. Other (specify)</td></tr><tr><td>12. Both hands required</td><td></td><td></td></tr><tr><td>13. Walking (hours)</td><td></td><td></td></tr><tr><td>14. Standing (hours)</td><td></td><td></td></tr></table> <p style="text-align: center;">B. ENVIRONMENTAL FACTORS</p> <table><tr><td>1. Outside</td><td>11. Silica, asbestos, etc.</td><td>20. Working on ladders or scaffolding</td></tr><tr><td>2. Outside and inside</td><td>12. Fumes, smoke, or gases</td><td>21. Working below ground</td></tr><tr><td>3. Excessive heat</td><td>13. Solvents (degreasing agents)</td><td>22. Unusual fatigue factors (specify)</td></tr><tr><td>4. Excessive cold</td><td>14. Grease and oils</td><td>23. Working with hands in water</td></tr><tr><td>5. Excessive humidity</td><td>15. Radiant energy</td><td>24. Explosives</td></tr><tr><td>6. Excessive dampness or chilling</td><td>16. Electrical energy</td><td>25. Vibration</td></tr><tr><td>7. Dry atmospheric conditions</td><td>17. Slippery or uneven walking surfaces</td><td>26. Working closely with others</td></tr><tr><td>8. Excessive noise, intermittent</td><td>18. Working around machinery with moving parts</td><td>27. Working alone</td></tr><tr><td>9. Constant noise</td><td>19. Working around moving objects or vehicles</td><td>28. Protracted or irregular hours of work</td></tr><tr><td>10. Dust</td><td></td><td>29. Other (specify)</td></tr></table> | | 1. Heavy lifting, 45 pounds and over | 15. Crawling (hours) | 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other | 2. Moderate lifting, 15-44 pounds | 16. Kneeling (hours) | 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other | 3. Light lifting, under 15 pounds | 17. Repeated bending (hours) | 27. Specific visual requirement (specify) | 4. Heavy carrying, 45 pounds and over | 18. Climbing, legs only (hours) | 28. Both eyes required | 5. Moderate carrying, 15-44 pounds | 19. Climbing, use of legs and arms | 29. Depth perception | 6. Light carrying, 15-44 pounds | 20. Both legs required | 30. Ability to distinguish basic colors | 7. Straight pulling (hours) | 21. Operation of crane, truck, tractor, or motor vehicle | 31. Ability to distinguish shades of colors | 8. Pulling hand over hand (hours) | 22. Ability for rapid mental and muscular coordination simultaneously | 32. Hearing (aid permitted) | 9. Pushing (hours) | 23. Ability to use and desirability of using firearms | 33. Hearing without aid | 10. Reaching above shoulder | 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4 | 34. Specific hearing requirements (specify) | 11. Use of fingers | | 35. Other (specify) | 12. Both hands required | | | 13. Walking (hours) | | | 14. Standing (hours) | | | 1. Outside | 11. Silica, asbestos, etc. | 20. Working on ladders or scaffolding | 2. Outside and inside | 12. Fumes, smoke, or gases | 21. Working below ground | 3. Excessive heat | 13. Solvents (degreasing agents) | 22. Unusual fatigue factors (specify) | 4. Excessive cold | 14. Grease and oils | 23. Working with hands in water | 5. Excessive humidity | 15. Radiant energy | 24. Explosives | 6. Excessive dampness or chilling | 16. Electrical energy | 25. Vibration | 7. Dry atmospheric conditions | 17. Slippery or uneven walking surfaces | 26. Working closely with others | 8. Excessive noise, intermittent | 18. Working around machinery with moving parts | 27. Working alone | 9. Constant noise | 19. Working around moving objects or vehicles | 28. Protracted or irregular hours of work | 10. Dust | | 29. Other (specify) |
| 1. Heavy lifting, 45 pounds and over | 15. Crawling (hours) | 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Moderate lifting, 15-44 pounds | 16. Kneeling (hours) | 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Light lifting, under 15 pounds | 17. Repeated bending (hours) | 27. Specific visual requirement (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Heavy carrying, 45 pounds and over | 18. Climbing, legs only (hours) | 28. Both eyes required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Moderate carrying, 15-44 pounds | 19. Climbing, use of legs and arms | 29. Depth perception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Light carrying, 15-44 pounds | 20. Both legs required | 30. Ability to distinguish basic colors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Straight pulling (hours) | 21. Operation of crane, truck, tractor, or motor vehicle | 31. Ability to distinguish shades of colors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pulling hand over hand (hours) | 22. Ability for rapid mental and muscular coordination simultaneously | 32. Hearing (aid permitted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Pushing (hours) | 23. Ability to use and desirability of using firearms | 33. Hearing without aid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Reaching above shoulder | 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4 | 34. Specific hearing requirements (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Use of fingers | | 35. Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Both hands required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Walking (hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Standing (hours) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Outside | 11. Silica, asbestos, etc. | 20. Working on ladders or scaffolding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Outside and inside | 12. Fumes, smoke, or gases | 21. Working below ground | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Excessive heat | 13. Solvents (degreasing agents) | 22. Unusual fatigue factors (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Excessive cold | 14. Grease and oils | 23. Working with hands in water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Excessive humidity | 15. Radiant energy | 24. Explosives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Excessive dampness or chilling | 16. Electrical energy | 25. Vibration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Dry atmospheric conditions | 17. Slippery or uneven walking surfaces | 26. Working closely with others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Excessive noise, intermittent | 18. Working around machinery with moving parts | 27. Working alone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Constant noise | 19. Working around moving objects or vehicles | 28. Protracted or irregular hours of work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Dust | | 29. Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

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| 1. EXAMINING PHYSICIAN'S NAME (<i>Type or print</i>) | 3. SIGNATURE OF EXAMINING PHYSICIAN <hr/> <i>(Signature)</i> <i>(Date)</i> |
| 2. ADDRESS (Including ZIP Code) | IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you. |

FOR AGENCY USE ONLY

| Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER | | | |
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| 1. NAME (<i>last, first, middle</i>) | 2. SOCIAL SECURITY ACCOUNT NO. | 3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 4. DATE OF BIRTH |
| 5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If your answer is YES, explain fully to the physician performing the examination)</i> | | 6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. _____ <i>(Signature of applicant)</i> | |

Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (*if one is available*)

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------|
| 1. RECOMMENDATION: <input type="checkbox"/> HIRE OR RETAIN, DESCRIBE LIMITATIONS, IF ANY, HERE. <input type="checkbox"/> TAKE ACTION TO SEPARATE OR DO NOT HIRE, EXPLAIN WHY | | |
| 2. AGENCY MEDICAL OFFICER'S NAME (<i>type or print</i>) | 3. LOCATION (<i>city, State, ZIP Code</i>) | 4. DATE |

Part E. TO BE COMPLETED BY AGENCY PERSONNEL OFFICER

NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate handicap code in part F is circled. **IMPORTANT:** See FPM Chapter 293, Subchapter 3; FPM Chapter 339; and FPM Supplement 339-31 for disposition and/or filing of both parts of this form, either separately or together.

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| 1. ACTION TAKEN: <input type="checkbox"/> HIRED OR RETAINED <input type="checkbox"/> NON-SELECTED FOR APPOINTMENT, OR ELIGIBILITY OBJECTED TO. <input type="checkbox"/> ACTION TAKEN TO SEPARATE | | |
| 2. AGENCY PERSONNEL OFFICER'S NAME (<i>Type or print</i>) | 3. SIGNATURE | 4. DATE |

Part F. HANDICAP CODE (*to be completed only in pre-appointment cases*)

If the person examined has or had a handicap listed below, circle the code number which pertains to that handicap. If more than one handicap applies, circle the one considered most limiting. If none of the handicap codes apply, circle code "00".

- | | | |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 00 No handicap of the type listed | 40 Hearing aid required | 52 Diabetes-controlled |
| 10 Amputations-one major extremity | 41 No usable hearing | 53 Epilepsy-adequately controlled |
| 11 Amputation-two or more major extremities | 42 No usable hearing, with speech malfunction | 54 History of emotional behavioral problems requiring special placement effort |
| 20 Deformity or impaired function-upper extremity | 43 Normal hearing, with speech malfunction | 55 Mentally retarded |
| 21 Deformity or impaired function-lower extremity or back | 50 Tuberculosis-inactive pulmonary | 56 Mentally restored |
| 30 Vision-one eye only | 51 Organic heart disease (<i>compensated</i>)-Valvular, arrhythmia, arteriosclerosis, healed coronary lesions | |
| 31 No usable vision | | |

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|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. EXAMINING PHYSICIAN'S NAME (<i>type or print</i>) | 3. SIGNATURE OF EXAMINING PHYSICIAN _____ <i>(signature)</i> _____ <i>(date)</i> |
| 2. ADDRESS (including ZIP Code) | IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you. |