

## 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.**

<b>1. AGENCY/SUBAGENCY ORIGINATING REQUEST</b> U.S. Office of Personnel Management		<b>2. OMB CONTROL NUMBER</b> a. <u>3206 - XXXX</u> <input type="checkbox"/> b. NONE <input type="checkbox"/>	
<b>3. TYPE OF INFORMATION COLLECTION (X one)</b> (For b. - f., note Item A2 of Supporting Statement instructions) <input checked="" type="checkbox"/> a. NEW COLLECTION <input type="checkbox"/> b. REVISION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> c. EXTENSION OF A CURRENTLY APPROVED COLLECTION <input type="checkbox"/> d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED <input type="checkbox"/> f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER		<b>4. TYPE OF REVIEW REQUESTED (X one)</b> <input checked="" type="checkbox"/> a. REGULAR SUBMISSION <input type="checkbox"/> b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___ <input type="checkbox"/> c. DELEGATED <b>5. SMALL ENTITIES</b> Will this information collection have a significant economic impact <input type="checkbox"/> YES <input type="checkbox"/> NO <b>6. REQUESTED EXPIRATION DATE</b> <input type="checkbox"/> a. THREE YEARS FROM APPROVAL DATE <input type="checkbox"/> b. OTHER:	
<b>7. TITLE</b> Certificate of Medical Examination			
<b>8. AGENCY FORM NUMBER(S) (if applicable)</b> Optional Form XX (OF-XX)			
<b>9. KEYWORDS</b> medical, examination, certificate			
<b>10. ABSTRACT</b> The Optional Form XX (formerly SF-78) may be used for all positions which require a medical examination.			
<b>11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")</b> <input checked="" type="checkbox"/> a. INDIVIDUALS OR HOUSEHOLDS <input type="checkbox"/> d. FARMS <input type="checkbox"/> b. BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> e. FEDERAL GOVERNMENT <input type="checkbox"/> c. NOT-FOR-PROFIT INSTITUTIONS <input type="checkbox"/> f. STATE, LOCAL OR TRIBAL GOVERNMENT		<b>12. OBLIGATION TO RESPOND (X one)</b> <input checked="" type="checkbox"/> a. VOLUNTARY <input type="checkbox"/> b. REQUIRED TO OBTAIN OR RETAIN BENEFITS <input type="checkbox"/> c. MANDATORY	
<b>13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN</b> a. NUMBER OF RESPONDENTS: <u>45,000</u> b. TOTAL ANNUAL RESPONSES: <u>45,000</u> (1) Percentage of these responses collected electronically: <u>0</u> % c. TOTAL ANNUAL HOURS REQUESTED: <u>135,000</u> d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) (2) Adjustment (+, -)		<b>14. ANNUALIZED COST TO RESPONDENTS (In thousands of dollars)</b> a. TOTAL CAPITAL/STARTUP COSTS b. TOTAL ANNUAL COSTS (O&M) c. TOTAL ANNUALIZED COST REQUESTED d. CURRENT OMB INVENTORY e. DIFFERENCE (+, -) f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -) (2) Adjustment (+, -)	
<b>15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")</b> <input type="checkbox"/> a. APPLICATION FOR BENEFITS <input type="checkbox"/> e. PROGRAM PLANNING OR MANAGEMENT <input checked="" type="checkbox"/> b. PROGRAM EVALUATION <input type="checkbox"/> f. RESEARCH <input type="checkbox"/> c. GENERAL PURPOSE <input type="checkbox"/> g. REGULATORY OR COMPLIANCE <input type="checkbox"/> d. AUDIT		<b>16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)</b> <input checked="" type="checkbox"/> a. RECORDKEEPING <input type="checkbox"/> b. THIRD PARTY DISCLOSURE c. REPORTING: <input type="checkbox"/> (1) On Occasion <input type="checkbox"/> (2) Weekly <input type="checkbox"/> (3) Monthly <input type="checkbox"/> (4) Quarterly <input type="checkbox"/> (5) Semi-Annually <input type="checkbox"/> (6) Annually <input type="checkbox"/> (7) Biennially <input type="checkbox"/> (8) Other (Describe)	
<b>17. STATISTICAL METHODS</b> Does this information collection employ statistical <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>18. AGENCY CONTACT (Person who can best answer questions regarding the content of this submission)</b> a. NAME (Last, First, Middle Initial): <u>Smith-Toomey, Mary Beth</u> b. TELEPHONE NUMBER (Include area code): <u>202-606-8358</u>	

OMB CONTROL NUMBER <b>3206 - XXXX</b>	TITLE <b>Certificate of Medical Examination</b>
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**19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS**

**a. PROGRAM OFFICIAL CERTIFICATION** *(Internal DoD Use Only)*

(1) Signature	(2) Date
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On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (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 DESIGNEE CERTIFICATION**

(1) Signature	(2) Date
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