

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

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 B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

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.			
A. FUNCTIONAL REQUIREMENTS			
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)			
B. ENVIRONMENTAL FACTORS			
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

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

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors circled on the other side of this form. Please take these, and the brief description of the job duties above them, into consideration as you make your examination and report your findings and conclusions.

1. HEIGHT: _____ FEET, _____ INCHES. WEIGHT: _____ POUNDS.

1. EYES: _____ 20 20 _____ 20 20
(A) Distant vision (Snellen): without glasses: right _____ left _____ ; with glasses, if worn; right _____ left _____
(B) What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the applicant? Test each eye separately.

Jaeger No. 2 Type _____
employees in the Federal classified service as may be required by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 18, 1923 (Executive Order, September 4, 1924).

without glasses: { L _____ in. to _____ in. R _____ in. to _____ in. with glasses, if used: L _____ in. to _____ in. R _____ in. to _____ in.

(B) Color vision: Is color vision normal when Ishihara or other color plate test is used? YES NO
If not, can applicant pass lantern, yarn, or other comparable test? YES NO

3. EARS: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)
Ordinary conversation: RIGHT EAR _____ ; LEFT EAR _____
Audiometer (if given):
250 500 1000 2000 3000 4000 5000 6000 7000 8000

4. OTHER FINDINGS: In items a through l briefly describe any abnormality (including diseases, scars, and disfigurations). Include brief history, if pertinent. If normal, so indicate.

a. Eyes, ears, nose, and throat (including tooth and oral hygiene)	e. Abdomen
b. Head and back (including face, hair, and scalp)	f. Peripheral blood vessels
c. Speech (note any malfunction)	g. Extremities
d. Skin and lymph nodes (including thyroid gland)	h. Urinalysis (if indicated) Sp. gr. _____ Sugar _____ Blood _____ Albumen _____ Casts _____ Pus _____
i. Respiratory tract (X-ray if indicated)	
j. Heart (size, rate, rhythm, function) Blood pressure _____ Pulse _____ EKG (if indicated) _____	
k. Back (special consideration for positions involving heavy lifting and other strenuous duties)	
l. Neurological and mental Health	

Jaeger No. 2 Type _____
Conclusions: Summarize below any medical findings which, in your opinion, would limit this person's performance of the job duties and/or would make him a hazard to himself or others. If none, so indicate.
 No limiting conditions for this job
 Limiting conditions as follows _____

FOR AGENCY USE ONLY

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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.

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 | | |

1. EXAMINING PHYSICIAN'S NAME (<i>type or print</i>)	3. SIGNATURE OF EXAMINING PHYSICIAN _____ <i>(signature)</i> _____ <i>(date)</i>
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