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0579-0196  
Expiration Date: XXX-XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE  
MARKETING AND REGULATORY PROGRAMS

**SELF - CERTIFICATION  
MEDICAL STATEMENT**

**INSTRUCTIONS TO APPLICANT:** Please read instructions for each section carefully before answering the question. Type or print answers in ink. If additional space is required to provide details use Section D on page 4. After completing this statement be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. **NOTE:** At the discretion of the appointing officer, a medical examination at the Government's expense may be required.

**PRIVACY ACT STATEMENT**

Solicitation of this information is authorized by Section 3301 of Title 5, U.S. Code, which provides for a determination as to an individual's fitness for employment with regard to age, health, and physical ability. This information will be used in determining your fitness and ability to perform duties of the position for which you are applying.

Executive Order 9397 (Numbering System of Federal Accounts Relating to Individual Persons) authorizes the collection of your social security number (SSN). Your SSN is used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary. However, failure to provide complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position.

**IDENTIFICATION OF APPLICANT**

NAME ( <i>Last, First, Middle</i> )	Date of Birth ( <i>Month, Day, Year</i> )	SOCIAL SECURITY NUMBER
ADDRESS ( <i>Number, Street, City, State and Zip</i> )		TITLE OF POSITION APPLIED FOR

**SECTION A - PHYSICAL LIMITATIONS**

Answer each item "YES" or "NO" by placing an "X" in the proper box below. If you answer "NO" to any item, give additional details in Section D.

	YES	NO
1. Can you read small newspaper print (corrective lenses permitted)? - - - - -		
2. Can you distinguish basic colors (red, green, blue)? - - - - -		
3. Can you distinguish shades of colors? - - - - -		
4. Can you distinguish normal tastes and smells? - - - - -		
5. Can you communicate effectively and independently by telephone? - - - - -		





**SECTION D - ADDITIONAL DETAILS**

This space is for detailed answers to Section A, B, and C and any additional information you may wish to provide. (Give section letter and item number.)

SECTION LETTER/ITEM NUMBER	DESCRIPTION	SECTION LETTER/ITEM NUMBER	DESCRIPTION

**IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS**

**SECTION E - CERTIFICATION BY APPLICANT**

*I certify that all the information I have furnished is correct to the best of my knowledge and belief.*

APPLICANT (Signature)	DATE SIGNED (Month, Day, Year)
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**SECTION F - AGENCY USE ONLY**

1. POSITION TO WHICH APPLICANT ASSIGNED	2. OTHER ACTION TAKEN	3. DATE SIGNED (Month, Day, Year)
4. SIGNATURE OF APPOINTING OFFICER	5. OFFICIAL TITLE	
6. ADDRESS OF AGENCY		

**INSTRUCTIONS TO THE AGENCY**

This document may be used in conjunction with or in lieu of a Certification of Medical Examination for positions whose physical requirements do not exceed those identified on the questionnaire, and which may properly be evaluated by an appointing officer.

If, either as a result of replies on the document or a personal observation, the appointing officer believes the applicant is physically unable to do the job or would create a hazard to himself, herself, or others, the appointing officer may require the applicant to undergo a medical examination. (The examination may not be required solely on the basis of the applicant's age, sex, or other non job-related factor.) In addition, for positions having unusual sight or hearing requirements, an appropriate specialized examination, at the Government's expense, may be required.

**AGENCY OFFICIAL WILL:**

- Fill in "Title of Position Applied For" under "IDENTIFICATION OF APPLICANT."
- Circle the item number of the questions, in each section, which will determine the applicant's ability to perform the duties of the position. Circle ONLY those items which pertain to the physical requirements of the job, or in the case of Section C, the environmental factors.
- After the applicant completes the statement, take appropriate action as indicated by the applicant's replies. A Federal medical officer should be consulted when indicated by detailed replies.
- In accordance with 5 CFR 339.306, the appointing officer is authorized to medically disqualify a nonpreference eligible. If the candidate is a preference eligible, OPM must approve the agency's determination to pass over the preference eligible on that ground. The appointing officer must request a medical examination. He/she must then submit the entire record (including the SF-78, Certificate of Medical Examination; the MRP-5-R, Self-Certification Medical Statement; and the candidate's application and/or resume for Federal Employment, if available) with the SF-62, Agency Request to Pass Over a Preference Eligible or Object to an Eligible, to the Office of Personnel Management, for a decision.