

**INSTRUCTIONS:** Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c; (F)Total/(D)Total = (E)Average (H)Total/(I)Total = (G)Average (K)Total/(J)Total = (J)Average  
**NOTE:** The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

**TITLE OF INFORMATION COLLECTION DOCUMENT**  
 0596-0164 2013 Health Screening Questionnaire

**OMB NO.**  
 0596-0164  
**DATE PREPARED**  
 January 7, 2012

SECTION OF REGS.	DESCRIPTION	FORMS NO. (S) (if "none" so state)	ANNUAL BURDEN							RECORDS		RESPONDENT COST	
			NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD-KEEPERS	ANNUAL HOURS PER RECORD-KEEPER	TOTAL RECORD-KEEPING HOURS (Col. I x J)	COST PER HOUR	TOTAL COST (Col. H x I)	
(A)	<b>Work Capacity Test Informed Consent</b> -- Forest Service	FS-5100-30	7,367	1	7,367	0.083	611.5	0.00	0.00	21.84	\$13,354.31		
		FS-5100-30	5,263	1	5,263	0.083	436.8	0.00	0.00	21.84	\$9,540.35		
		FS-5100-31	7,367	1	7,367	0.083	611.5	0.00	0.00	21.84	\$13,354.31		
		FS-5100-31	5,263	1	5,263	0.083	436.8	0.00	0.00	21.84	\$9,540.35		
OMB No. 3206-0250	<b>Certificate of Medical Examination</b> -- Forest Service	OF-178	660	-	0	0.00	0.00	0.00	0.00	0.00	\$0.00		
		OF-178	272	-	0	0.00	0.00	0.00	0.00	0.00	\$0.00		
<b>SUBTOTAL</b>			25,260		25,260		2,096.6	0.00	0.00	\$45,789			
<b>TOTAL OF ALL PAGES</b>			25,260		25,260		2,096.6	0.00	0.00	\$45,789			
<b>TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b;</b>													
<b>COLUMNS "H" AND "K" = OMB 831, 13c</b>													