

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0196. The time required to complete this information collection is estimated to average .0167 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB No.
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.

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? - - - - -

YES	NO

SECTION B - PHYSICAL ENDURANCE FACTOR

Answer each item "YES" or "NO" by placing an "X" in the proper box below to show your physical ability to carry out the listed activities during each workday. If you answer "NO" to any item, give additional details in Section D.

- During the workday are you able to perform activities involving the following:
1. Sitting for long periods of time?.....
 2. Standing for long periods of time?.....
 3. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?.....
 4. Frequent walking and/or climbing stairs or steep inclines?.....
 5. Continuous pulling (____ hours)?.....
 6. Occasional pushing and pulling
 7. Frequent pushing and pulling motions?.....
 8. Occasional bending, stooping, and crouching?.....
 9. Frequent bending, stooping, and crouching?.....
 10. Lifting and carrying under 15 pounds?.....
 11. Lifting and carrying 15 to 44 pounds?.....
 12. Lifting and carrying 45 pounds or over?.....
 13. Reaching above shoulders?.....
 14. Repeated bending (____ hours)?.....
 15. Standing (____ hours)?.....
 16. Crawling (____ hours)?.....
 17. Kneeling (____ hours)?.....
 18. Climbing, use of arms and legs?.....
 19. Operating a motor vehicle?.....
 20. Working under pressure and time constraints?.....
 21. Performing rapid mental and muscular coordination simultaneously?.....

YES	NO

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)

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.