

INSTRUCTIONS:			TITLE OF INFORMATION COLLECTION DOCUMENT					OMB NO.		
			Self-Certification Medical Statement					0579-0196		
			DATE PREPARED							
			September 13, 2017							
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS					RECORDS		
SECTION OF REGS (TITLE 9, CFR)	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E) (F)	HOURS PER RESPONSE (G)	TOTAL HOURS (Col. F x G) (H)	NO. OF RECORD- KEEPERS (I)	ANNUAL HOURS PER RECORD- KEEPER (J)	RECORDKEEPING HOURS (Col. I x J) (K)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
5 CFR 339.203; 29 CFR 1630.14	Self-Certification Medical Statement (Individual)	MRP 5	606	1	606	0.167	101	0	0.000	0
5 CFR 339.204	Request for Waiver of Standards and Requirements (Individual)	none	1	1	1	1.000	1	0	0.000	0
SUBTOTAL					607		102	0		0
TOTAL OF ALL PAGES					607		102	0		0
TOTAL COLUMNS F + I = OMB 831, 13b COLUMNS H + K = OMB 831, 13c					607		102			