	OMB Control Number: XXXX-XXX Expires: (date) Entimated Burden: 5 Minutes SV-2018-XXXX
RA Statement	
blic reporting burden for this collection of in searching existing data sources, gathering the viewing the final collection. You do not hav	information is estimated to average 5 minutes 0 hours per response, including time required the necessary documentation, providing the information and/or documents required, and the to supply this information unless this collection displays a currently valid OMB control by of this burden estimate and/or recommendations for reducing it, please send them to: 240
am Clinic Survey	
1. What month did you have your	physical?
January	July
February	August
March	September
April	October
May	November
June	December
2 What agency are you with? (If y	you are a family member list the Employees agency)
	FAS
 Peacecorps 	
	BBG
USAID	OTHER
Other (please specify)	

3. \	Why are you getting a clearance physical? (Family members status is that of the empolyee)
\bigcirc	Pre-Employment (Foreign Service Officer)
\bigcirc	Pre-Assignment (Civil Service)
\bigcirc	End-Of-Assignment (Civil Service)
\bigcirc	Contractor/PSC
\bigcirc	Inservice (FSO)
\bigcirc	Frequent TDY and Excursion tour assignments (Civil Service)
\bigcirc	Separation/Retirement (FSO)
\bigcirc	WAE
\bigcirc	Other
\bigcirc	LNA (Limited Non-Appointed)
\bigcirc	Satisfied
\bigcirc	Extremely Satisfied
\bigcirc	
\bigcirc	Indifferent
\bigcirc	Dissatisfied
\bigcirc	Other (please specify)
	You have received a clearance from the Exam Clinic.
	n you provide us with any suggestions for improvement day 1 (lab day)of your visit?
	Yes
	Νο
	MMENTS;
-COI	
CO	

	ou have a clearance from the Exam Clinic. Can you provide us with an estions for improvement for day 2 (physical exam day) of your visit?
	NO
\bigcirc	/ES
Other	(please specify)
7. W	as there any particular employee who showed professionalism you would like to mention?
\bigcirc	/es
\bigcirc	Νο
Other	(please specify)
8. Di	d the lab waiting area, bathroom, phlebotomy room appear clean?
	Extremely Satisfied
\bigcirc	Satisfied
	ndifferent
	Dissatisfied
\bigcirc	Other(please specify)
Other	(please specify)
	ere you told to fast 10-12 hours and drink plenty of water before your first appointment, for your ng lab work?
\bigcirc	Yes
	No
Other	(please specify)
10 F	Nid you have to go to a lab more than once for additional blood toots?
\sim	Did you have to go to a lab more than once for additional blood tests?
\sim	/es
	No
\bigcirc	N/A

