

**OMB Control Number:** 0583-0167

**Title of Clearance:** Certificates of Medical Examination

**Agency Form Number affected by Change Worksheet:** 4339-1 *Certificate of Medical Examination (with Report of Medical History)*

**Summary of Non-substantive Changes:** FSIS has made the following non-substantive, administrative changes to FSIS Form 4339-1 to clarify and more clearly explain the information needed from the respondents. There are no changes to the estimated burden. The items from the FSIS Form 4339-1 have been reworded and reordered as described below:

- **Part B, #13 (page 11)**

**CURRENT**

**16. BLOOD PRESSURE/PULSE.** Measure pulse and blood pressure. Agency Medical Qualification Standards indicate that systolic blood pressure greater than **155** and/or diastolic blood pressure greater than **95** may be disqualifying.

If blood pressure readings show signs of hypertension as described in the agency's Medical Qualification Standards, it will be necessary to take three (3) additional readings.

BP Reading 1 \_\_\_\_\_ Date \_\_\_\_\_ Pulse Reading \_\_\_\_\_ Date \_\_\_\_\_

BP Reading 2 \_\_\_\_\_ Date \_\_\_\_\_ (Take this additional reading if systolic and/or diastolic are above established standards on Reading 1.)

BP Reading 3 \_\_\_\_\_ Date \_\_\_\_\_ (Take this additional reading if systolic and/or diastolic are above established standards on Reading 1.)

BP Reading 4 \_\_\_\_\_ Date \_\_\_\_\_ (Take this additional reading if systolic and/or diastolic are above established standards on Reading 1.)

**CHANGED TO**

**16. BLOOD PRESSURE/PULSE.** Measure pulse and blood pressure. Agency Medical Qualification Standards indicate that systolic blood pressure greater than **155** and/or diastolic blood pressure greater than **95** may be disqualifying.

BP Reading 1 \_\_\_\_\_ Date \_\_\_\_\_ Pulse Reading \_\_\_\_\_ Date \_\_\_\_\_

If blood pressure readings show signs of hypertension as described in the agency's Medical Qualification Standards, please take three (3) additional, serial readings on three different days.

BP Reading 2 \_\_\_\_\_ Date \_\_\_\_\_ (Take this additional reading if systolic and/or diastolic are above **155/95** on Reading 1.)

BP Reading 3 \_\_\_\_\_ Date \_\_\_\_\_ (Take this additional reading if systolic and/or diastolic are above 155/95 on Reading 1.)

BP Reading 4 \_\_\_\_\_ Date \_\_\_\_\_ (Take this additional reading if systolic and/or diastolic are above 155/95 on Reading 1.)

- **Part B, #16 (page 11)**

**CURRENT**

**16. COMMUNICABLE OR CONTAGIOUS DISEASE.**

Please administer the following Tuberculin test: \_\_\_\_\_

Date administered: \_\_\_\_\_ Date read: \_\_\_\_\_ Induration: \_\_\_\_\_ (measurement in mm) \_\_\_\_\_

Other results:

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**CHANGED TO**

**16. COMMUNICABLE OR CONTAGIOUS DISEASE.**

Administer a Tuberculin test and show results below.

[NOTE: If there is any history of TB, including a positive skin test for TB or a BCG vaccination, please also perform an X-ray to determine if the individual has active TB or residual damage from TB, and note results below.]

Name of Tuberculin test administered: \_\_\_\_\_

Date administered: \_\_\_\_\_ Date read: \_\_\_\_\_ Induration: \_\_\_\_\_ (measurement in mm) \_\_\_\_\_

Other results:

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- **Part C, #23 (page 13)**

**CURRENT**

**23. PERIPHERAL VISION.** Any abnormalities?  Yes  No (If yes, please explain.)

Note peripheral visual fields: \_\_\_\_\_ degrees temporally \_\_\_\_\_ degrees nasally.

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**CHANGE TO**

**23. PERIPHERAL VISION.** Please measure peripheral visual fields. Degrees temporally: \_\_\_\_\_ Degrees nasally: \_\_\_\_\_

Any abnormalities?  Yes  No (If yes, please explain.)

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