OMB Control Number: XXXX-XXXX Expires: (date) Estimated Burden: 5 Minutes SV-2018-XXXX

PRA Statement

Public reporting burden for this collection of information is estimated to average 5 minutes 0 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: 2401 E St NW, RM L201, Washington, D.C. 20521

Exam Clinic Survey

January	July
February	August
March	September
April	October
May	November
June	December
Peacecorps	○ FCS
DOS	ou are a family member list the Employees agency) FAS
DHS	BBG
USAID	OTHER
Other (please specify)	

Pre-Employment (Foreign Service Officer) Pre-Assignment (Civil Service) End-Of-Assignment (Civil Service) Contractor/PSC Inservice (FSO) Frequent TDY and Excursion tour assignments (Civil Service) Separation/Retirement (FSO)	
End-Of-Assignment (Civil Service) Contractor/PSC Inservice (FSO) Frequent TDY and Excursion tour assignments (Civil Service) Separation/Retirement (FSO)	
Contractor/PSC Inservice (FSO) Frequent TDY and Excursion tour assignments (Civil Service) Separation/Retirement (FSO)	
Inservice (FSO) Frequent TDY and Excursion tour assignments (Civil Service) Separation/Retirement (FSO)	
Frequent TDY and Excursion tour assignments (Civil Service) Separation/Retirement (FSO)	
Separation/Retirement (FSO)	
WAE	
Other	
LNA (Limited Non-Appointed)	
Satisfied	
Indifferent	
Dissatisfied	
Other (please specify)	

\bigcirc	NO
	YES
Othe	(please specify)
7. W	as there any particular employee who showed professionalism you would like to mention?
	Yes
	No
Othe	(please specify)
٥.	
	d the lab waiting area, bathroom, phlebotomy room appear clean?
	Extremely Satisfied
	Satisfied
	Indifferent
\bigcirc	Dissatisfied
	Other(please specify)
Othe	(please specify)
	ere you told to fast 10-12 hours and drink plenty of water before your first appointment, for your ng lab work?
	Yes
	No
Othe	(please specify)
40	
	Did you have to go to a lab more than once for additional blood tests?
()	Yes
	No

