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OMB Approved
0579-0196
EXP: XX/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. 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

APPLICANT NAME (Last, First, Middle)	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NUMBER
ADDRESS (Number, Street, City, State, ZIP)		TITLE OF POSITION APPLIED FOR

SELF CERTIFICATION QUESTIONNAIRE

SECTION A - PHYSICAL LIMITATIONS		SECTION C - ENVIRONMENTAL ENDURANCE FACTORS	
Answer each item "YES" or "NO" by placing an "X" in the proper box to the right. If you answer "NO" to any item, give additional details in Section D.		Some positions may involve unusual working conditions or working outdoors. Answer each item "YES" or "NO" by placing an "X" in the proper box to the right. If you answer "NO" to any item, give additional details in Section D.	
	YES	NO	
1. Can you read small newspaper print (corrective lenses are permitted)?			Can you work under the following conditions:
2. Can you distinguish basic colors (red, green, blue)?			28. Outdoors and indoors?
3. Can you distinguish shades of colors?			29. Severe heat?
4. Can you distinguish normal tastes?			30. Severe cold?
5. Can you distinguish normal smells?			31. Severe humidity?
6. Can you communicate effectively and independently by telephone?			32. Severe dampness or chilling?
SECTION B - PHYSICAL ENDURANCE FACTORS		33. Dry atmospheric conditions?	
Answer each item "YES" or "NO" by placing an "X" in the proper box to the right 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.		34. Severe noise?	
	YES	NO	35. Constant noise?
7. Sitting for long periods of time?			36. Dusty atmosphere?
8. Standing for long periods of time?			37. Some exposure to fumes, smoke, and/or gasses?
9. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?			38. Some (incidental) contact with solvents, greases, and/or oils?
10. Frequent walking and/or climbing stairs or steep inclines?			39. Some contact with laboratory substances and/or chemicals?
11. Continuous pulling (____ hours)?			40. Working with hands in water?
12. Occasional pushing and pulling?			41. Occasional walking over rough terrain?
13. Frequent pushing and pulling motions?			42. Slippery or uneven walking surfaces?
14. Occasional bending, stooping, and crouching?			43. Around machinery with moving parts?
15. Frequent bending, stooping, and crouching?			44. Around moving objects and/or vehicles?
16. Lifting and carrying under 15 pounds?			45. Climbing ladders and/or scaffolding?
17. Lifting and carrying 15 to 44 pounds?			46. Working below ground surface?
18. Lifting and carrying 45 pounds or more?			47. Working alone?
19. Reaching above shoulders?			48. Working closely with others?
20. Repeated bending (____ hours)?			49. Protracted or irregular hours of work?
21. Standing (____ hours)?			50. Commercial air travel?
22. Crawling (____ hours)?			51. Rotating shifts?
23. Kneeling (____ hours)?			52. Nights?
24. Climbing, use of arms and legs?			
25. Operating a motor vehicle?			
26. Working under pressure and time constraints?			
27. Performing rapid mental and muscular coordination simultaneously?			

SECTION D - ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and/or C and any additional information you may wish to provide. Annotate the Item number and description.

ITEM NUMBER	DESCRIPTION	ITEM NUMBER	DESCRIPTION

If you need more space, attach additional sheet(s)

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 IS 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 him or 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. For positions having unusual sight or hearing requirements, an appropriate specialized examination may be required at the Federal Government's expense.

THE AGENCY OFFICIAL WILL:

1. Complete the field "Title of Position Applied For" under "IDENTIFICATION OF APPLICANT".
2. 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.
3. 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.
4. In accordance with 5 CFR 339.306, the Appointing Officer is authorized to medically disqualify a non-preference eligible. If the candidate is a preference eligible, the Office of Personnel Management (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 Form 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 OPM for a decision.