According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection is 0579-0196. The time required to complete this information collection is estimated to average .167 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden statement or any other aspect of this information collection, including suggestions for reducing this burden, to APHIS.PRA@usda.gov.

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.		NO	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			
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  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.		-	33. Dry atmospheric conditions?						
		NO	34. Severe noise?						
7. Sitting for long periods of time?			35. Constant noise?						
8. Standing for long periods of time?			36. Dusty atmosphere?						
Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?			37. Some exposure to fumes, smoke, and/or gasses?						
10. Frequent walking and/or climbing stairs or steep inclines?			38. Some (incidental) contact with solvents, greases, and/or oils?						
11. Continuous pulling ( hours)?			39. Some contact with laboratory substances and/or chemicals?						
12. Occasional pushing and pulling?			40. Working with hands in water?						
13. Frequent pushing and pulling motions?			41. Occasional walking over rough terrain?						
14. Occasional bending, stooping, and crouching?			42. Slippery or uneven walking surfaces?						
15. Frequent bending, stooping, and crouching?			43. Around machinery with moving parts?						
16. Lifting and carrying under 15 pounds?			44. Around moving objects and/or vehicles?						
17. Lifting and carrying 15 to 44 pounds?			45. Climbing ladders and/or scaffolding?						
18. Lifting and carrying 45 pounds or more?			46. Working below ground surface?						
19. Reaching above shoulders?			47. Working alone?						
20. Repeated bending ( hours)?			48. Working closely with others?						
21. Standing ( hours)?			49. Protracted or irregular hours of work?						
22. Crawling ( hours)?			50. Commercial air travel?						
23. Kneeling ( hours)?			51. Rotating shifts?						
24. Climbing, use of arms and legs?			52. Nights?						
25. Operating a motor vehicle?									
26. Working under pressure and time constraints?									
27 Performing rapid mental and muscular coordination simultaneously?	Ī								

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	DES	SCRIPTION				
	If you need more space,							
	SECTION E - CERTIFIC	ATION BY	APPLICANT					
	I certify that all the information I have furnished i	is correct to	o the best of my knowledge an	nd 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 SIGNE		. DATE SIGNED (Month, Day, Year)				
4. SIGNATURE OF APPOINTING OFFICER		5. OFFICIA	L 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.