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OMB No.  
0579-0196

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 on page 4. 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**

NAME (*Last, First, Middle*)

Date of Birth (*Month, Day, Year*)

SOCIAL SECURITY NUMBER

ADDRESS (*Number, Street, City, State and Zip*)

TITLE OF POSITION APPLIED FOR

**SECTION A - PHYSICAL LIMITATIONS**

Answer each item "YES" or "NO" by placing an "X" in the proper box below. If you answer "NO" to any item, give additional details in Section D.

- 1. Can you read small newspaper print (corrective lenses permitted)? - - - - -
- 2. Can you distinguish basic colors (red, green, blue)? - - - - -
- 3. Can you distinguish shades of colors? - - - - -
- 4. Can you distinguish normal tastes and smells? - - - - -
- 5. Can you communicate effectively and independently by telephone? - - - - -

YES	NO





