Directives and Standards

TO BE GIVEN TO PERSON

EXAMINED WITH A

UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

Form Approved

Budget Bureau
No. 50-

PREADDRESSED CONFIDENTIAL MEDICAL ENVELOPE

PART A. TO BE COMPLETED BY APPLIC	ANT OR EMPLOYEE (typewrite or print in ink)
	A DATE OF BIRTH
1.NAME (last, first, middle) Example	2. SOCIAL SECURITY NUMBER 3. SEX 4. DATE OF BIRTH □ MALE □ FEMALE
5. DO YOU HAVE ANY MEDICAL DISORDER OF PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANYWAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW?	6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF
(If your answer is YES explain fully to the physician performing the	(Circuture of analicant)
PART B. TO BE COMPLETED BEFORE	(Signature of applicant) RE EXAMINATION BY APPOINTING OFFICER
1. PURPOSE OF EXAMINATION √ PREAPPOINTMENT □ OTHER (specify) 2. POSITION TITLE POWERPLANT OPERA	TOR
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO: Job description or statement of duties attached	
4. Each functional requirement and each environmental factor essential to the duties of this position have been placed in <u>Bold and underlined</u> . List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician. A. FUNCTIONAL REQUIREMENTS	
1. Heavy lifting, 45 pounds and over 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 45 pounds and over 5. Moderate carrying, 15-44 pounds 6. Light carrying, under 15 pounds 7. Straight pulling (Hours) 8. Pulling hand over hand (Hours) 9. Pushing (Hours) 10. Reaching above shoulder 11. Use of fingers 12. Both hands required 13. Walking (4 Hours) 14. Standing (8 Hours) 15. Crawling (1 Hours) 17. Repeated bending 18. Climbing, legs of 19. Climbing, use of 20. Both legs require 21. Operation of cran or motor vehic 22. Ability for rapid using firearr 24. Near vision corr 16 to Jaege	and to 20/40 in the other 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other 27. Specific visual requirement (specify) 28. Both eyes required 29. Depth perception 29. Depth perception 29. Depth perception 29. Ability to distinguish basic colors 29. Depth perception 29. Depth perception 29. Hearing (aid permitted) 30. Ability to distinguish shades of colors 31. Ability to distinguish shades of colors 32. Hearing (aid permitted) 33. Hearing without aid 34. Specific hearing requirements (specify) 25. Other (specify)
B. ENVIRONMENTAL 1. Outside 2. Outside and inside 3. Excessive heat 4. Excessive cold 5. Excessive humidity 6. Excessive dampness or chilling 7. Dry atomospheric conditions 8. Excessive noise, intermittent 9. Constant noise 10. Dust B. ENVIRONMENTAL 11. Silica, asbestos, 12. Fumes, smoke or 13. Solvents (degreas 14. Grease and oils 15. Radiant energy 16. Electrical energy 17. Slippery or uneve 18. Working around not parts 19. Working around not rehicles	gasses 21. Working on ladders or scaffolding gasses 21. Working below ground 22. Unusual fatigue factors (specify) 23. Working with hands in water 24. Explosives 25. Vibration 26. Working closely with others 27. Working alone 28. Protracted or irregular hours of work
PART C. TO BE COMPLETED BY EXAMINING PHYSICIAN	
1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN
2. ADDRESS (including ZIP Code) 78-110	(Signature) (Date) IMPORTANT: After signing, return the entire form intact in the "Confidential-Medical" envelope which the person you examined gave you. STANDARD FORM NO. 78

(120) 8/25/00 NEW RELEASE