

**UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION**

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE *(typewrite or print in ink)*

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If your answer is "YES" explain fully to the physician performing the examination)</i>		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. <i>(signature of applicant)</i>	

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input type="checkbox"/> OTHER <i>(specify)</i>	2. POSITION TITLE Firefighter (Light Level)
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Duties mainly involve office type work with occasional exertion requiring basic good health. Activities may include climbing stairs, standing, operating a vehicle and long hours of work, as well as some bending, stooping or light lifting. Individuals almost always can govern the extent and pace of their physical activity. Unusual Fatigue Factors: Work is performed in a forest environment in steep terrain where surfaces may be extremely uneven, rocky, covered with thick vegetation, etc.	
4. Circle (<i>shaded</i>) the number preceding <i>each</i> functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or firefighting, attach the specific medical standards for the information of the examining physician.	
A. FUNCTIONAL REQUIREMENTS	
1. Heavy lifting, 50 pounds and over 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 50 pounds & over 5. Moderate carrying, 15-44 pounds 6. Light carrying, under 15 pounds 7. Straight pulling (hours) 8. Pulling hand over hand (8 hours) 9. Pushing (hours) 10. Reaching above shoulder 11. Use of fingers 12. Both hands required 13. Walking (hours) 14. Standing (hours)	15. Crawling (hours) 16. Kneeling (hour) 17. Repeated bending (hours) 18. Climbing, legs only (0.5 hours) 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use and desirability of using firearms 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4
B. ENVIRONMENTAL FACTORS	
1. Outside 2. Outside and Inside 3. Excessive heat 4. Excessive cold 5. Excessive humidity 6. Excessive dampness or chilling 7. Dry atmospheric conditions 8. Excessive noise, intermittent 9. Constant noise 10. Dust (<i>Severe</i>)	11. Silica, asbestos, etc. 12. Fumes, smoke, or gases 13. Solvents (<i>degreasing agents</i>) 14. Grease and oils 15. Radiant energy 16. Electrical energy 17. Slippery or uneven walking surfaces 18. Working around machinery with moving parts 19. Working around moving objects or vehicles 20. Working on ladders or scaffolding 21. Working below ground 22. Unusual fatigue factors (<i>specify</i>) See B.3 above 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 29. Other (<i>specify</i>)

Part C. TO BE COMPLETED BY PHYSICIAN

1. EXAMINING PHYSICIAN'S NAME <i>(type or print)</i>	3. SIGNATURE OF EXAMINING PHYSICIAN
2. ADDRESS <i>(including ZIP code)</i>	<i>(signature)</i> _____ <i>(date)</i> _____
<p>IMPORTANT: After signing, return <i>the entire form intact</i> in the pre-addressed "Confidential-Medical" envelope, which the person you examined gave you.</p>	

