TO BE GIVEN TO PERSON EXAMINED WITH A PRE-ADDRESSED "CONFIDENTIAL-MEDICAL" ENVELOPE

## UNITED STATES CIVIL SERVICE COMMISION CERTIFICATE OF MEDICAL EXAMINATION

Form Approved Budget Bureau No. 50-R0073

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)											
1. NAME (last, first, middle)					AL SECURITY ACCOUNT	NO.	3. SEX	4. DATE OF BIRTH			
							☐ MALE				
							□ FEMALE				
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN					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.						
BELOW?											
	our answer is "YES" explain fully to the ination)	physic	an performing the			(signa	ture of applicant)				
	<u> </u>										
	Part B. 1	о ве	COMPLETED B	EFORE EXAMINATION BY APPOINTING OFFICER							
	POSE OF EXAMINATION			2. POSITIO	2. POSITION TITLE						
	PREAPPOINTMENT				Firefighter (Arduous Level)						
	OTHER (specify)				i ii eligiilei (Ai uuous Levei)						
3. BRII	EF DESCRIPTION OF WHAT POSITION R	EQUIR	ES EMPLOYEE TO	) DO							
	s involve fieldwork requiring physical pe				e and superior condition	nina T	hasa dutias may includa :	an occasional demand			
	traordinarily strenuous activities in eme										
runni	ng, walking, climbing, jumping, twisting,	bendi	ng and lifting mor	e than 50 p	ounds; the pace of work	typical	ly is set by the emergency	situation. Unusual			
Fatig	ue Factors: Work is performed in a fore	st envi	onment in steep t	terrain whe	e surfaces may be extre	mely ur	neven, rocky, covered wit	h thick vegetation, etc.			
4. Cir	cle (shaded) the number preceding ea	achfur	ctional requirem	ent and ea	ch environmental facto	r esser	ntial to the duties of this	position. List any			
	ditional essential factors in the blank s										
	edical standards for the information of	•			•		, 5 5,	·			
			A. FUN	ICTIONAL	REQUIREMENTS						
1.	Heavy lifting, 50 pounds and over	15.	Crawling (	hours)		25	Far vision correctable	in one eve to 20/20			
2.	Moderate lifting, 15-44 pounds	16.	Kneeling (12 ho	/		_0.	and to 20/40 in the oth				
3.	Light lifting, under 15 pounds	17.	Repeated bend		rs)	26.		n one eye to 20/50 and			
4.	Heavy carrying, 50 pounds & over	18.	Climbing, legs of	only (8 hou	re)	27.		ment (specify) Have sight			
5.	Moderate carrying, 15-44 pounds	19.	0. 0	• (	,	28.		Tierre (Specify) Have signi			
	· · · · · · · · · · · · · · · · · · ·		_	of legs and arms							
6.	Light carrying, under 15 pounds	20.	Both legs requi	rea ane, truck, tractors, or motor		29.	Depth perception				
7.	Straight pulling ( hours)	21.	vehicle	ane, truck,	tractors, or motor	30.	Ability to distinguish ba				
8.	Pulling hand over hand (8 hours)	22.	Ability for rapid			31.	Ability to distinguish sh	ades of colors			
9.	Pushing ( hours)		coordination sin	nultaneous	ly	32.	Hearing (aid permitted	)			
10.	Reaching above shoulder	23.	Ability to use on	d docirobil	ity of using firearms	33.	Hearing without aid				
11.	Use of fingers		Ability to use ar	iu uesirabii	ity of using lifearins	34.	Specific hearing requir	ements (specify)			
12.	Both hands required	24.	Near vision cor	rectable at	13" to 16" to						
13.	Walking (14 hours)		Jaeger 1 to 4								
14.	Standing (14 hours)										
1	Training (Training)		B. FN	VIRONME	NTAL FACTORS						
1.	Outside	11.	Silica, asbesto	_		20.	Working on ladders or	scaffolding			
2.	Outside and Inside	12.	Fumes, smoke	-		21.	Working below ground	•			
3.	Excessive heat	13.	Solvents (degre	-	nts)	22.		s (specify) See A.3 above			
4.	Excessive cold	14.	Grease and oils		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23.	Working with hands in				
5.	Excessive humidity (Southern states)	15.	Radiant energy			24.	Explosives	Wator			
6.	Excessive dampness or chilling	16.	Electrical energy			25.	Vibration				
7.	Dry atmospheric conditions	17.	Slippery or une		n surfaces	26.	Working closely with of	thers			
8.	Excessive noise, intermittent	18.	Working around			27.	Working alone	11013			
9.	Constant noise	10.	parts	u macillilel	y with moving	27. 28.	Protracted or irregular	hours of work			
•			d movina o	hioata ar vahialas	20. 29.	Other (specify)	Hours of work				
10. Dust (Severe)  19. Working around moving objects or vehicles  29. Other (specify)  Part C. TO BE COMPLETED BY PHYSICIAN											
			Part C. 101	BE COMP							
1. EXAMINING PHYSICIAN'S NAME (type or print)					3. SIGNATURE OF EXAM	IINING	PHYSICIAN				
2. ADDRESS (including ZIP code)					(signa	(date)					

 $\label{local_equation} \textbf{IMPORTANT:} \quad \text{After signing, return} \quad \textit{the entire form intact} \quad \text{in the pre-addressed "Confidential-Medical" envelope, which the person you examined gave you.}$ 

Note to Examining Physician: The person on the other side of this form. Please take report your findings and conclusions.											
1. HEIGHT: FEET,	INCHES			W	EIGHT:	:		POUNE	os		
2. EYES:	<u>20</u>		<u>20</u>	; wit	h glasse	s, if wor	n:	2	0		<u>20</u>
(A) Distant vision (Snellen): without gla (B) What is the longest and shortest dis separately	=	left ng specim	nen of Ja	aeger No	o. 2 type	can be r		ht applican		Left Each ey	e
Jaeger No. 2 Type without glasses: with glasses, if used: Employees in the Federal classified service as may be											
Requested by the Civil Service Comm Representative. This order will supple Orders of May 29 and June 18, 1923 September 4, 1924)	nission or its authorized ement the Executive										in. in.
(C) Color vision: Is color vision normal v If not, can applicant pass lantern, ya					YES [	□ NO					
EARS: (Consider denominators indicate Ordinary conversation:		rd as num Audiom			test dist	ance he	ard.)				
RIGHT EAR; LEFT EAR _ 20 ft.	 20 ft	250	500	1000	2000	3000	4000	5000	6000	7000	8000
2011.	2011.										
4. OTHER FINDINGS: In items a through pertinent. If normal, so indicate.	I briefly describe any abno	ormality (i	ncluding	disease	es, scars	s, and dis	figuration	ons). Ind	clude bri	ief histor	y , if
a. Eyes, ears, nose, and throat (including	ng tooth and oral hygiene)		e. Ab	domen							
b. Head and neck (including face, hair,	and scalp)		f. Per	ipheral b	lood ves	ssels					
c. Speech (note any malfunction)			g. Ext	remities							
d. Skin and lymph nodes (including thyr	oid gland)		Sp			ted) Sug Cas					
i. Respiratory tract (X-ray if indicated)			Aik	oumen_		<i>Cas</i>	is		rus _		
j. Heart (size, rate, rhythm, function)											
Blood pressure											
Pulse											
EKG (if indicated)											
k. Back (special consideration for position	ons involving heavy lifting	and othe	r strenu	ous dutie	es)						
I. Neurological and mental health											
CONCLUSIONS: Summarize below any make him a hazard to himself or others.		in your o	oinion, v	vould lim	it this pe	erson's p	erforma	nce of th	ne job dı	uties and	d/or would
☐ No limiting conditions for this job☐ Limiting conditions as follows:											

## FOR AGENCY USE ONLY

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)										
NAME (last, first, middle)		2. so	OCIAL SI	ECURITY ACC	OUNT NO.	3. SEX	4. DATE OF BIRTH			
						☐ FEMALE				
<ol><li>DO YOU HAVE ANY MEDICAL DISORDER OR F IMPAIRMENT WHICH WOULD INTERFERE IN A WITH THE FULL PERFORMANCE OF THE DUT</li></ol>	TH	6. I CERTIFY THAT ALL THE IFNORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.								
☐ YES ☐ NO	)									
(If your answer is "YES" explain full to the phy										
examination)				(signatur	e of applicant)					
Part D. TO	BE COMPLETED BY	Y AGENC	(signature of applicant)  GENCY MEDICAL OFFICER (if one is available)							
NOTE: Review the attached certificate of medical expurposes, circle the appropriate handicap code in pa	camination and make yo				,	,	done for pre-appointment			
1. RECOMMENDATION:										
HIRE OR RETAIN DESCRIBE LIMITAT	TIONS, IF ANY, HERE.									
TAKE ACTION TO SEPARATE OR DO	NOT HIRE, EXPLAIN	WHY.								
2. AGENCY MEDICAL OFFICER'S NAME (type	or print) 3	R LOCAT	ION (city	, State, ZIP Co	ode)		4. DATE			
2		<b>).</b>	( ,	,,	/		4.			
Part	E. TO BE COMPLE	ETED BY A	AGENC'	PERSONNI	EL OFFICEI	₹				
NOTE: Enter the action taken below. If this form is the Chapter 293, Subchapter 3; FPM Chapter 339 and F										
<ol> <li>ACTION TAKEN:</li> <li>HIRE OR RETAINED.</li> </ol>		□ NO	N-SELEC	TED FOR API	POINTMENT	OR ELIGIBILITY OB	IECTED TO			
ACTION TAKEN TO SEPARATE.			OLLEC	TED TOR ALL	OIIVI WIEIVI,	OK ELIGIBILITY OB	JEOTED TO			
AGENCY PERSONNEL OFFICER'S NAME (ty	3. SIGNA	TURE		4. DATE						
	HANDICAP CODE (	` .	'							
If the person examined has or had a handicap circle the one considered most limiting. If none					s to that han	dicap. If more than	n one handicap applies,			
00 No handicap of the type listed	ired	52 Diabetes controlled								
10 Amputation – one major extremity	41 No usable hearin			controlled						
11 Amputation – two or more major extremities	42 No usable hearin									
20 Deformity or impaired function upper	43 Normal hearing, with speech malfund					nent efforts				
extremity 50 Tuberculosis – inactive pulr										
21 Deformity or impaired f unction lower	51 Organic heart dis	sease (comp	· ·							
extremity or back	valvular, arrhythmia, arterioscle									
30 Vision – one eye only	healed coronary lesions									
31 No usable vision										
EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN									
· · · · · · · · · · · · · · · · · · ·										
2. ADDRESS (including ZIP code)		(signature) (date)								
				IMPORTANT: After signing, return the entire form intact in the pre- addressed "Confidential-Medical" envelope, which the person you						
		examined gave you.								