

**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. <div style="text-align: right;"><i>(signature of applicant)</i></div>		

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input type="checkbox"/> OTHER (specify)	2. POSITION TITLE <p align="center">Firefighter (Moderate Level)</p>	
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Duties involve field work requiring complete control of all physical faculties and may include considerable walking over irregular ground, standing for long periods of time, lifting 25 to 50 pounds, climbing, bending, stooping, squatting, twisting, and reaching. Occasional demands may be required for moderately strenuous activities in emergencies over long periods of time. Individuals usually set their own work pace. 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 (shaded) the number preceding each 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	15. Crawling (hours)	25. Far vision correctable in one eye to 20/20 and to 20/40 in the other
2. Moderate lifting, 15-44 pounds	16. Kneeling (hour)	26. Far vision correctable in one eye to 20/50 and to 20/100 in the other
3. Light lifting, under 15 pounds	17. Repeated bending (4 hours)	27. Specific visual requirement (specify) Have sight
4. Heavy carrying, 50 pounds & over	18. Climbing, legs only (7 hours)	28. Both eyes required
5. Moderate carrying, 15-44 pounds	19. Climbing, use of legs and arms	29. Depth perception
6. Light carrying, under 15 pounds	20. Both legs required	30. Ability to distinguish basic colors
7. Straight pulling (hours)	21. Operation of crane, truck, tractor, or motor vehicle	31. Ability to distinguish shades of colors
8. Pulling hand over hand (2 hours)	22. Ability for rapid mental and muscular coordination simultaneously	32. Hearing (aid permitted)
9. Pushing (hours)	23. Ability to use and desirability of using firearms	33. Hearing without aid
10. Reaching above shoulder	24. Near vision correctable at 13" to 16" to Jaeger 1 to 4	34. Specific hearing requirements (specify)
11. Use of fingers		
12. Both hands required		
13. Walking (hours)		
14. Standing (hours)		
B. ENVIRONMENTAL FACTORS		
1. Outside	11. Silica, asbestos, etc.	20. Working on ladders or scaffolding
2. Outside and Inside	12. Fumes, smoke, or gases	21. Working below ground
3. Excessive heat	13. Solvents (degreasing agents)	22. Unusual fatigue factors (specify) See A.3 above
4. Excessive cold	14. Grease and oils	23. Working with hands in water
5. Excessive humidity	15. Radiant energy	24. Explosives
6. Excessive dampness or chilling	16. Electrical energy	25. Vibration
7. Dry atmospheric conditions	17. Slippery or uneven walking surfaces	26. Working closely with others
8. Excessive noise, intermittent	18. Working around machinery with moving parts	27. Working alone
9. Constant noise	19. Working around moving objects or vehicles	28. Protracted or irregular hours of work
10. Dust (Severe)		29. Other (specify)

Part C. TO BE COMPLETED BY PHYSICIAN

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

