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. TC	BE C	OMPLETED BY	APPLICANT OR EMPLOYEE	(typewrite	e or print in ink)	
1. NA	AME (last, first, middle)			2. SOCIAL SECURITY ACCOUNT	NT NO.	3. SEX	4. DATE OF BIRTH
						☐ MALE	
						☐ FEMALE	
	YOU HAVE ANY MEDICAL DISORDER OF			6. I CERTIFY THAT ALL THE IN			
	'AIRMENT WHICH WOULD INTERFERE IN 'H THE FULL PERFORMANCE OF THE DI			THIS EXAMINATION IS COR	RECT TO	THE BEST OF MY KNOWI	LEDGE AND BELIEF.
	OW?	01120	51101111				
	☐ YES ☐ I	OV					
(If yo	our answer is "YES" explain fully to the	physic	ian performing the				
exam	ination)				(signa	ature of applicant)	
	Part B.	то ве	COMPLETED B	EFORE EXAMINATION BY A	PPOINTI	NG OFFICER	
1. PUF	RPOSE OF EXAMINATION			2. POSITION TITLE			
	PREAPPOINTMENT			Fi	refichter	(Moderate Level)	
] OTHER (specify)				rengniei	(Moderate Lever)	
3. BRI	EF DESCRIPTION OF WHAT POSITION R	REQUIR	ES EMPLOYEE TO	DO			
Dutie	es involve field work requiring complete	control	of all physical fac	ulties and may include considera	able walkii	ng over irregular ground,	standing for long
	ods of time, lifting 25 to 50 pounds, climb						
	nuous activities in emergencies over long st environment in steep terrain where sur						ork is performed in a
	rcle (shaded) the number preceding e						nosition List any
	ditional essential factors in the blank s						
	edical standards for the information of	•				3,	
			A. FUN	CTIONAL REQUIREMENTS			
1.	Heavy lifting, 50 pounds and over	15.	Crawling (hours)	25.	Far vision correctable	in one eye to 20/20
2.	Moderate lifting, 15-44 pounds	16.	Kneeling (hour)		and to 20/40 in the oth	ner
3.	Light lifting, under 15 pounds	17.	Repeated bend	ing (4 hours)	26.		in one eye to 20/50 and
0.	Light inting, under to pounds	.,.	Repeated bend	ing (4 flours)	20.	to 20/100 in the other	
4.	Heavy carrying, 50 pounds & over	18.	Climbing, legs of		27.	Specific visual require	ment (specify) Have sight
5.	Moderate carrying, 15-44 pounds	19.	Climbing, use of	_	28.	Both eyes required	
6.	Light carrying, under 15 pounds	20.	Both legs requir	red	29.	Depth perception	
7.	Straight pulling (hours)	21.	Operation of cravehicle	ane, truck, tractor, or motor	30.	Ability to distinguish ba	asic colors
8.	Pulling hand over hand (2 hours)	22.	Ability for rapid	mental and muscular	31.	Ability to distinguish sl	nades of colors
9.	Pushing (hours)		coordination sim	nultaneously	32.	Hearing (aid permitted))
10.	Reaching above shoulder	23.	Ability to use on	d decirability of using firearms	33.	Hearing without aid	
11.	Use of fingers		Ability to use an	d desirability of using firearms	34.	Specific hearing requi	rements (specify)
12.	Both hands required	24.	Near vision corr	ectable at 13" to 16" to			
13.	Walking (hours)		Jaeger 1 to 4				
14.	Standing (hours)						
			B. EN	VIRONMENTAL FACTORS			
1.	Outside	11.	Silica, asbestos			Working on ladders or	
2.	Outside and Inside	12.	Fumes, smoke,		21.	Working below ground	
3.	Excessive heat	13.	Solvents (degre		22.	_	s (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 energ		25.	Vibration	th
7.	Dry atmospheric conditions	17.		ven walking surfaces	26.	Working closely with o	iners
8.	Excessive noise, intermittent	18.	_	d machinery with moving	27.	Working alone	hours of work
9.	Constant noise	10	parts	I maying objects or yehicles	28.	Protracted or irregular	HOURS OF WORK
10.	Dust (Severe)	19.		I moving objects or vehicles BE COMPLETED BY PHYSICI	29.	Other (specify)	
4 57.	MININO DLIVOIQIANIO MANE "	- (1)	Part C. 101			DUNGIGIAN	
1. ヒ XA	MINING PHYSICIAN'S NAME (type or prin	it)		3. SIGNATURE OF EX	KAMINING	PHYSICIAN	

1. 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 "Confidential-Medical" envelope, which the person you	

Note to Examining Physician: The person you a on the other side of this form. Please take them report your findings and conclusions.												
1. HEIGHT: FEET,	INCHES				WEIGH	IT:		 _ POUI	NDS			_
2. EYES:	<u>20</u>		2	<u>:0</u>		glasses	, if		<u>20</u>		<u>20</u>	
(A) Distant vision (Snellen): without glasses: (B) What is the longest and shortest distance separately	=	left ing specin		aeger No		vorn: can be	read by	right applicar	nt? Test	Left Each ey	'e	
Jaeger No. 2 Type Employees in the Federal classified serv	vice as may be	without	glasses	:		v	vith glas	ses, if u	sed:			
Requested by the Civil Service Co authorized Representative. This order will supplem Orders of May 29 and June 18, 1923 (Ex September 4, 1924)	ommission or its lent the Executive		in.									
(C) Color vision: Is color vision normal when If not, can applicant pass lantern, yarn, or	other comparable to	est?	YES [] NO			ard)					
 EARS: (Consider denominators indicated he Ordinary conversation: 	re as normai. Reco		nerators neter <i>(if g</i>		itest dist	ance ne	ard.)					
RIGHT EAR; LEFT EAR 20 ft. 20	ft.	250	500	1000	2000	3000	4000	5000	6000	7000	8000	7
4. OTHER FINDINGS: In items a through I brief pertinent. If normal, so indicate. a. Eyes, ears, nose, and throat (including too b. Head and neck (including face, hair, and s. c. Speech (note any malfunction) d. Skin and lymph nodes (including thyroid gl. i. Respiratory tract (X-ray if indicated) j. Heart (size, rate, rhythm, function) Blood pressure Pulse EKG (if indicated)	eth and oral hygiene) calp) land))	e. Abo	pheral bremities nalysis (Gr umen	lood ves	ed)	ar		Blood_			
k. Back (special consideration for positions in	volving heavy litting	and othe	r strenu	ous dutie	es) 							
I. Neurological and mental health CONCLUSIONS: Summarize below any med make him a hazard to himself or others. If no No limiting conditions for this job Limiting conditions as follows:	lical findings, which, ne, so indicate.	, in your o	pinion, v	vould lim	iit this pe	erson's p	erforma	ance of ti	he job di	uties and	k/or wo	uld

FOR AGENCY USE ONLY

2. SOCIAL SECURITY ACCOUNT NO. 3. SEX 4. DATE OF BIRTH MALE 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? YES NO NO (If your answer is "YES" explain full to the physical performing the examination) Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available) NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F. RECOMMENDATION: TAKE ACTION TO SEPARATE OR DO NOT HIRE, EXPLAIN WHY. AGENCY MEDICAL OFFICER'S NAME (type or print) 3, LOCATION (city, State, ZIP Code) 4. DATE Part E. TO BE COMPLETED BY AGENCY PERSONNEL OFFICER NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate andicap code in Part F is circled. IMPORTANT: See FPM Note; 23, Subchapter 3: FPM Chapter 339 and FPM Supplement purposes, be sure the appropriate handicap or in Part F is circled. IMPORTANT: See FPM Note; 23, Subchapter 3: FPM Chapter 39 and FPM Supplement 393-91 for disposition and/or liting of both parts of this form, either separately or together.
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1. ACTION TAKEN:
☐ HIRE OR RETAINED. ☐ NON-SELECTED FOR APPOINTMENT, OR ELIGIBILITY OBJECTED TO
☐ ACTION TAKEN TO SEPARATE.
2. AGENCY PERSONNEL OFFICER'S NAME (type or print) 3. SIGNATURE 4. DATE
D (F HANDIOAD CODE ()
Part F. HANDICAP CODE (to be completed only in pre-appointment cases)
If the person examined has or had a handicap listed below, circle the code number, which pertains to that handicap. If more than one handicap applies,
circle the one considered most limiting. If none of the handicap codes apply, circle code "00". 00 No handicap of the type listed 40 Hearing aid required 52 Diabetes controlled
10 Amputation – one major extremity 41 No usable hearing 53 Epilepsy – adequately controlled 11 Amputation – two or more major extremities 42 No usable hearing with speech malfunction 54 History of emotional behavioral problems
11 Amputation – two or more major extremities 42 No usable hearing, with speech malfunction 54 History of emotional behavioral problems
11 Amputation – two or more major extremities 20 Deformity or impaired function – upper 42 No usable hearing, with speech malfunction 54 History of emotional behavioral problems requiring special placement efforts
11 Amputation – two or more major extremities 20 Deformity or impaired function – upper extremity 42 No usable hearing, with speech malfunction 54 History of emotional behavioral problems requiring special placement efforts 55 Mentally retarded
11 Amputation – two or more major extremities 20 Deformity or impaired function — upper extremity 21 Deformity or impaired f unction — lower 42 No usable hearing, with speech malfunction 43 Normal hearing, with speech malfunction 54 History of emotional behavioral problems requiring special placement efforts 55 Mentally retarded 56 Mentally restored
11 Amputation – two or more major extremities 20 Deformity or impaired function — upper extremity 21 Deformity or impaired f unction — lower extremity or back 42 No usable hearing, with speech malfunction 43 Normal hearing, with speech malfunction 54 History of emotional behavioral problems requiring special placement efforts 55 Mentally retarded 56 Mentally restored
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11 Amputation – two or more major extremities 20 Deformity or impaired function — upper extremity 21 Deformity or impaired function — lower extremity or back 30 Vision – one eye only 31 No usable vision 42 No usable hearing, with speech malfunction 43 Normal hearing, with speech malfunction 54 History of emotional behavioral problems requiring special placement efforts 55 Mentally retarded 56 Mentally restored 57 Mentally restored 58 Mentally restored 59 Mentally restored 50 Mentally restored
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