

**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 (Arduous Level)</p>																																										
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Participates in arduous fire suppression activities in rugged mountainous terrain from sea level to over 10,000 feet elevation. Use a variety of handtools, power saws, and pumps. Exposed to long and irregular working hours under exhausting conditions, including adverse weather conditions. Required to maintain physical performance over long period of time.																																											
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.																																											
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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;"> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <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> </div>

Note to Examining Physician: The person you are about to examine will have to cope with the functional requirements and environmental factors circled on the other side of this form. Please take them and the brief description of job duties above them, into consideration as you make your examination and report your findings and conclusions.

1. HEIGHT: _____ FEET, _____ INCHES WEIGHT: _____ POUNDS

2. EYES: _____ 20 _____ 20 ; with glasses, if worn: _____ 20 _____ 20

(A) Distant vision (Snellen): without glasses: right _____ left _____ right _____ Left _____

(B) What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by applicant? Test Each eye separately

Jaeger No. 2 Type
 Employees in the Federal classified service as may be Requested by the Civil Service Commission or its authorized Representative. This order will supplement the Executive Orders of May 29 and June 18, 1923 (Executive Order September 4, 1924)

without glasses: _____ with glasses, if used: _____
 R. _____ in. to _____ in. R. _____ in. to _____ in.
 L. _____ in. to _____ in. L. _____ in. to _____ in.

(C) Color vision: Is color vision normal when Ishihara or other color plate test is used? YES NO
 If not, can applicant pass lantern, yarn, or other comparable test? YES NO

3. EARS: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)
 Ordinary conversation: _____ Audiometer (if given): _____

RIGHT EAR _____; LEFT EAR _____
 20 ft. 20 ft.

250	500	1000	2000	3000	4000	5000	6000	7000	8000

4. OTHER FINDINGS: In items a through l briefly describe any *abnormality* (including diseases, scars, and disfigurements). Include brief history, if pertinent. If normal, so indicate.

a. Eyes, ears, nose, and throat (<i>including tooth and oral hygiene</i>)	e. Abdomen
b. Head and neck (<i>including face, hair, and scalp</i>)	f. Peripheral blood vessels
c. Speech (<i>note any malfunction</i>)	g. Extremities
d. Skin and lymph nodes (<i>including thyroid gland</i>)	h. Urinalysis (<i>if indicated</i>) Sp. Gr _____ Sugar _____ Blood _____ Albumen _____ Casts _____ Pus _____
i. Respiratory tract (<i>X-ray if indicated</i>)	
j. Heart (<i>size, rate, rhythm, function</i>) Blood pressure _____ Pulse _____ EKG (<i>if indicated</i>)	
k. Back (<i>special consideration for positions involving heavy lifting and other strenuous duties</i>)	
l. Neurological and mental health	

CONCLUSIONS: Summarize below any medical findings, which, in your opinion, would limit this person's performance of the job duties and/or would make him a hazard to himself or others. If none, so indicate.

- No limiting conditions for this job
 Limiting conditions as follows:

