

**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
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO	
4. Check 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.	
<b>A. FUNCTIONAL REQUIREMENTS</b>	
<input type="checkbox"/> 1. Heavy lifting, 50 pounds and over <input type="checkbox"/> 2. Moderate lifting, 15-44 pounds <input type="checkbox"/> 3. Light lifting, under 15 pounds <input type="checkbox"/> 4. Heavy carrying, 50 pounds & over <input type="checkbox"/> 5. Moderate carrying, 15-44 pounds <input type="checkbox"/> 6. Light carrying, under 15 pounds <input type="checkbox"/> 7. Straight pulling (      hours) <input type="checkbox"/> 8. Pulling hand over hand (      hours) <input type="checkbox"/> 9. Pushing (      hours) <input type="checkbox"/> 10. Reaching above shoulder <input type="checkbox"/> 11. Use of fingers <input type="checkbox"/> 12. Both hands required <input type="checkbox"/> 13. Walking (      hours) <input type="checkbox"/> 14. Standing (      hours)	<input type="checkbox"/> 15. Crawling (      hours) <input type="checkbox"/> 16. Kneeling (      hour) <input type="checkbox"/> 17. Repeated bending (      hours) <input type="checkbox"/> 18. Climbing, legs only (      hours) <input type="checkbox"/> 19. Climbing, use of legs and arms <input type="checkbox"/> 20. Both legs required <input type="checkbox"/> 21. Operation of crane, truck, tractor, or motor vehicle <input type="checkbox"/> 22. Ability for rapid mental and muscular coordination simultaneously <input type="checkbox"/> 23. Ability to use and desirability of using firearms <input type="checkbox"/> 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4  <div style="text-align: right;">Total Hours: _____</div>
<input type="checkbox"/> 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other <input type="checkbox"/> 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other <input type="checkbox"/> 27. Specific visual requirement (specify) <i>Have sight</i> <input type="checkbox"/> 28. Both eyes required <input type="checkbox"/> 29. Depth perception <input type="checkbox"/> 30. Ability to distinguish basic colors <input type="checkbox"/> 31. Ability to distinguish shades of colors <input type="checkbox"/> 32. Hearing ( <i>aid permitted</i> ) <input type="checkbox"/> 33. Hearing without aid <input type="checkbox"/> 34. Specific hearing requirements (specify)	
<b>B. ENVIRONMENTAL FACTORS</b>	
<input type="checkbox"/> 1. Outside <input type="checkbox"/> 2. Outside and Inside <input type="checkbox"/> 3. Excessive heat <input type="checkbox"/> 4. Excessive cold <input type="checkbox"/> 5. Excessive humidity <input type="checkbox"/> 6. Excessive dampness or chilling <input type="checkbox"/> 7. Dry atmospheric conditions <input type="checkbox"/> 8. Excessive noise, intermittent <input type="checkbox"/> 9. Constant noise <input type="checkbox"/> 10. Dust (Severe)	<input type="checkbox"/> 11. Silica, asbestos, etc. <input type="checkbox"/> 12. Fumes, smoke, or gases <input type="checkbox"/> 13. Solvents ( <i>degreasing agents</i> ) <input type="checkbox"/> 14. Grease and oils <input type="checkbox"/> 15. Radiant energy <input type="checkbox"/> 16. Electrical energy <input type="checkbox"/> 17. Slippery or uneven walking surfaces <input type="checkbox"/> 18. Working around machinery with moving parts <input type="checkbox"/> 19. Working around moving objects or vehicles <input type="checkbox"/> 20. Working on ladders or scaffolding <input type="checkbox"/> 21. Working below ground <input type="checkbox"/> 22. Unusual fatigue factors (specify) <input type="checkbox"/> 23. Working with hands in water <input type="checkbox"/> 24. Explosives <input type="checkbox"/> 25. Vibration <input type="checkbox"/> 26. Working closely with others <input type="checkbox"/> 27. Working alone <input type="checkbox"/> 28. Protracted or irregular hours of work <input type="checkbox"/> 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;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <span><i>(signature)</i></span> <span><i>(date)</i></span> </div> <p><b>IMPORTANT:</b> After signing, return <i>the entire form intact</i> 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 \_\_\_\_\_ 20 \_\_\_\_\_ 20

(A) Distant vision (Snellen): without glasses: right \_\_\_\_\_ left \_\_\_\_\_ ; with glasses, if worn: 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 _____	250	500	1000	2000	3000	4000	5000	6000	7000	8000
20 ft.	20 ft.										

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

