





**HEALTH QUALIFICATION PLACEMENT RECORD**  
(NONAPPROPRIATED FUNDS)

<b>1. NAME (CAPS) LAST - FIRST - MIDDLE</b>	<b>MR. - MISS - MRS.</b>	<b>2. SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>3. BIRTH DATE</b> (Mo., day, year)
<b>5. STREET ADDRESS AND APARTMENT NO.</b>		<b>6. CITY, STATE, AND ZIP CODE</b>	
<b>7. POSITION TITLE AND NUMBER</b>		<b>8. PAY PLAN AND OCCUPATION CODE</b>	<b>9. GRADE OR LEVEL</b>
<b>10. SALARY</b>			
<b>11. NAME AND LOCATION OF EMPLOYING OFFICE</b>			

<b>12. (A) ARE YOU NOW EMPLOYED IN POSITION SHOWN IN ITEM 7</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>(B) IF "YES" GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:</b>
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**TO BE COMPLETED BY APPOINTING OFFICER: SECTIONS 13 AND 14**

<p><b>(A). BRIEF OUTLINE OF WHAT WORKER DOES</b> For the physician's use, set down in brief and simple terms what the employee does on this job, including environmental details such as stairs to climb, distance to rest room facilities, cafeteria, workshift, etc. (Use Section 13 below.)</p>	<p><b>(B). PHYSICAL DEMANDS OF THE POSITION</b> In Section 14 below, encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed.</p>
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**13. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION** (Advise use of dictionary of occupational titles as guide, as applicable)

**TO BE COMPLETED BY EXAMINING PHYSICIAN: SECTIONS 14 THROUGH 20**

**INSTRUCTIONS:** The items circled below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers encircled. If the individual has any other physical limitations relating to physical requirements not encircled or not covered by this form, indicate these under "Remarks" on the reverse side. Whenever PARTIAL capacity has been indicated, explain under "Remarks," giving specific quantities.

<b>14. PHYSICAL REQUIREMENTS</b>				<b>ENVIRONMENTAL FACTORS</b>			
	CAPACITY				CAPACITY		
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE
1. OUTSIDE				18. WORKING AROUND MACHINERY WITH MOVING PARTS			
2. OUTSIDE AND INSIDE				19. MOVING OBJECTS OR VEHICLES			
3. EXCESSIVE HEAT				20. WORKING ON LADDERS OR SCAFFOLDING			
4. EXCESSIVE COLD				21. WORKING BELOW GROUND			
5. EXCESSIVE HUMIDITY				22. UNUSUAL FATIGUE FACTORS (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EXCESSIVE DAMPNES OR CHILLING				23. WORKING WITH HANDS IN WATER			
7. DRY ATMOSPHERIC CONDITIONS				24. EXPLOSIVES			
8. EXCESSIVE NOISE, INTERMITTENT				25. VIBRATION			
9. CONSTANT NOISE				26. WORKING CLOSELY WITH OTHERS			
10. DUST				27. WORKS ALONE			
11. SILICA, ASBESTOS, ETC.				28. PROTRACTED OR IRREGULAR HOURS OF WORK			
12. FUMES, SMOKE, OR GASES				29. SPECIAL FACTORS (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SOLVENTS (Degreasing agents)							
14. GREASES AND OILS							
15. RADIANT ENERGY							
16. ELECTRICAL ENERGY							
17. SLIPPERY OR UNEVEN WALKING SURFACES							

14. PHYSICAL REQUIREMENTS (Continued)				FUNCTIONAL FACTORS									
	CAPACITY				CAPACITY								
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE						
33. HEAVY LIFTING - 45 POUNDS AND OVER				54. ABILITY FOR RAPID MENTAL AND MUSCULAR COORDINATION SIMULTANEOUSLY				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34. MODERATE LIFTING - 15-44 POUNDS				55. ABILITY TO USE AND DESIRABILITY OF USING FIREARMS				<input type="checkbox"/>		<input type="checkbox"/>			
35. LIGHT LIFTING - UNDER 15 POUNDS				56. NEAR VISION CORRECTIBLE AT 13 TO 16 INCHES TO (Jaeger 1 to 4)				<input type="checkbox"/>		<input type="checkbox"/>			
36. HEAVY CARRYING - 45 POUNDS AND OVER				57. FAR VISION CORRECTIBLE TO 20/20 TO 20/40				<input type="checkbox"/>		<input type="checkbox"/>			
37. MODERATE CARRYING - 15-44 POUNDS				58. FAR VISION CORRECTIBLE TO 20/50 TO 20/100				<input type="checkbox"/>		<input type="checkbox"/>			
38. LIGHT CARRYING - UNDER 15 POUNDS				59. SPECIFIC VISUAL REQUIREMENT (Specify)				<input type="checkbox"/>		<input type="checkbox"/>			
39. STRAIGHT PULLING (            HOURS)				60. BOTH EYES REQUIRED				<input type="checkbox"/>		<input type="checkbox"/>			
40. PULLING - HAND OVER HAND (            HOURS)				61. DEPTH PERCEPTION				<input type="checkbox"/>		<input type="checkbox"/>			
41. PUSHING (            HOURS)				62. ABILITY TO DISTINGUISH BASIC COLORS				<input type="checkbox"/>		<input type="checkbox"/>			
42. REACHING ABOVE SHOULDER				63. ABILITY TO DISTINGUISH SHADES OF COLORS				<input type="checkbox"/>		<input type="checkbox"/>			
43. USE OF FINGERS				64. HEARING (Aid permitted)				<input type="checkbox"/>		<input type="checkbox"/>			
44. BOTH HANDS REQUIRED				65. HEARING WITHOUT AID				<input type="checkbox"/>		<input type="checkbox"/>			
45. WALKING (            HOURS)				66. SPECIFIC HEARING REQUIREMENTS (Specify)				<input type="checkbox"/>		<input type="checkbox"/>			
46. STANDING (            HOURS)				67.				<input type="checkbox"/>		<input type="checkbox"/>			
47. CRAWLING (            HOURS)				68.				<input type="checkbox"/>		<input type="checkbox"/>			
48. KNEELING (            HOURS)				69.				<input type="checkbox"/>		<input type="checkbox"/>			
49. REPEATED BENDING (            HOURS)				70.				<input type="checkbox"/>		<input type="checkbox"/>			
50. CLIMBING - LEGS ONLY (            HOURS)								<input type="checkbox"/>		<input type="checkbox"/>			
51. CLIMBING - USE OF LEGS AND ARMS								<input type="checkbox"/>		<input type="checkbox"/>			
52. BOTH LEGS REQUIRED								<input type="checkbox"/>		<input type="checkbox"/>			
53. OPERATION OF CRANE, TRUCK, TUG, TRACTOR, OR MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
15. THIS PERSON SHOULD USE: (A) PROPERLY FITTED EYEGLASSES <input type="checkbox"/> (B) PROPERLY FITTED HEARING AID <input type="checkbox"/> (C) OTHER PROSTHETIC AID (Specify) <input type="checkbox"/>													
16. REMARKS AND RECOMMENDATIONS:													
17. PHYSICAL HANDICAP CODE													
18. SIGNATURE OF PHYSICIAN OR EXAMINER				NAME TYPED OR PRINTED					DATE				
19. ADDRESS OF EXAMINING PHYSICIAN (Typed or printed)				20. DO YOU HAVE FEDERAL DESIGNATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," SPECIFY  <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FEE BASIS									
TO BE COMPLETED BY SUPERVISOR													
21. POSITION TO WHICH INDIVIDUAL WAS ASSIGNED													
22. SIGNATURE OF SUPERVISOR				NAME TYPED OR PRINTED					DATE				

## **PHYSICAL HANDICAP CODE INSTRUCTIONS**

If the person examined has or has had a handicap which is listed on the back of these instructions, enter the code number in Item No. 17 on the Health Qualification Placement Record.

If more than one handicap applies, enter the one you think most limiting. If none of the handicaps apply, enter the code "00."

Detach these instructions after entering Physical Handicap Code on the Health Qualification Placement Record.

## PHYSICAL HANDICAP CODE

<b>00</b>	<b>NO REPORTABLE HANDICAP</b>
<b>10</b>	<b>AMPUTATION - ONE EXTREMITY</b>
<b>11</b>	<b>AMPUTATION - TWO OR MORE EXTREMITIES</b>
<b>20</b>	<b>DEFORMITY OR IMPAIRED FUNCTION - UPPER EXTREMITY</b>
<b>21</b>	<b>DEFORMITY OR IMPAIRED FUNCTION - LOWER EXTREMITY OR BACK</b>
<b>30</b>	<b>VISION - BEST CORRECTED VISION OF POORER EYE NOT MORE THAN 20/200</b>
<b>31</b>	<b>VISION - BEST CORRECTED VISION OF BETTER EYE NOT MORE THAN 20/200</b>
<b>40</b>	<b>HEARING - SOME IN ONE EAR, NONE IN OTHER</b>
<b>41</b>	<b>HEARING - IN BOTH EARS BUT NOT MORE THAN 12/20 IN BETTER EAR WITHOUT USE OF A HEARING AID</b>
<b>42</b>	<b>HEARING - 0/20 IN EACH EAR, INCLUDING SPEECH MALFUNCTION</b>
<b>50</b>	<b>TUBERCULOSIS - INACTIVE PULMONARY</b>
<b>51</b>	<b>ORGANIC HEART DISEASE (<i>Compensated</i>) - VALVULAR, ARRHYTHMIA, ARTERIOSCLEROSIS, HEALED CORONARY LESIONS</b>
<b>52</b>	<b>DIABETES - CONTROLLED</b>
<b>53</b>	<b>EPILEPSY - ADEQUATELY CONTROLLED</b>
<b>54</b>	<b>HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS REQUIRING SPECIAL PLACEMENT EFFORT</b>
<b>55</b>	<b>MENTALLY RETARDED (<i>Diagnosis must be certified by appropriate State Office of Vocational Rehabilitation</i>)</b>