

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors circled on page 1 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
 (A) Distant vision (Snellen): without glasses: right 20 left 20; with glasses, if worn: right 20 left 20

(B) What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the 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: R. _____ in. to _____ in. L. _____ in. to _____ in.
 with glasses, if used: R. _____ 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, yam, or other comparable test? YES NO

3. EARS: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)

Audiometer (if given):

250	500	1000	2000	3000	4000	5000	6000	7000	8000
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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

4. OTHER FINDINGS: In items a through i 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 back (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:

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Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE			
1. NAME <i>(last, first, middle)</i> 	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 PREVIOUSLY NOTED? <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. <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;"><i>(signature of applicant)</i></p>		

1. EXAMINING PHYSICIAN'S NAME <i>(type or print)</i> 	3. SIGNATURE OF EXAMINING PHYSICIAN <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;"><i>(signature)</i> <i>(date)</i></p>
2. ADDRESS <i>(including ZIP Code)</i> 	<p>IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.</p>