

UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (type or print in ink)

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| 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 _____ (signature of applicant) | | |

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

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| 1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input type="checkbox"/> OTHER (specify) | 2. POSITION TITLE SMALL CRAFT OPERATOR, WG-5786 | |
| 3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Operates small craft (180 ft or less), usually motorized. Required to steer, navigate, and operate craft in open water and harbor/mooring situations, as well as during lading operations. Frequently lifts, carries and positions equipment up to 50 lbs. Hand/eye coordination is necessary to maneuver craft and to hoist, lower and tend on board equipment. Must stand for prolonged periods and climb narrow, steep stairways and ladders. | | |
| 4. Circle 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 fire fighting, attach the specific medical standards for the information of the examining physician. | | |
| A. FUNCTIONAL REQUIREMENTS | | |
| <ul style="list-style-type: none"> 1. Heavy lifting, 45 pounds and over 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 45 pounds and over 5. Moderate carrying, 15-44 pounds 6. Light carrying, under 15 pounds 7. Straight pulling (hours) 8. Pulling hand over hand (hours) 9. Pushing (hours) 10. Reaching above shoulder 11. Use of fingers 12. Both hands required 13. Walking (hours) 14. Standing (8 hours) | <ul style="list-style-type: none"> 15. Crawling (hours) 16. Kneeling (hours) 17. Repeated bending (hours) 18. Climbing, legs only (hours) 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle motorboat 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use and desirability of using firearms 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4 | <ul style="list-style-type: none"> 25. Far vision correctable in one eye to 20/20 and to 20/40 in the other 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other 27. Specific visual requirement (specify) 28. Both eyes required 29. Depth perception 30. Ability to distinguish basic colors 31. Ability to distinguish shades of colors 32. Hearing (aid permitted) 33. Hearing without aid 34. Specific hearing requirements (specify) 35. Other (specify) * |
| B. ENVIRONMENTAL FACTORS | | |
| <ul style="list-style-type: none"> 1. Outside 2. Outside and inside 3. Excessive heat 4. Excessive cold 5. Excessive humidity 6. Excessive dampness or chilling 7. Dry atmospheric conditions 8. Excessive noise, intermittent 9. Constant noise 10. Dust | <ul style="list-style-type: none"> 11. Silica, asbestos, etc. 12. Fumes, smoke, or gases 13. Solvents (degreasing agents) 14. Grease and oils 15. Radiant energy 16. Electrical energy 17. Slippery or uneven walking surfaces 18. Working around machinery with moving parts 19. Working around moving objects or vehicles | <ul style="list-style-type: none"> 20. Working on ladders or scaffolding 21. Working below ground 22. Unusual fatigue factors (specify) 23. Working with hands in water 24. Explosives 25. Vibration 26. Working closely with others 27. Working alone 28. Protracted or irregular hours of work 29. Other (specify) |

Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

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