

To be given to the individual  
examined with a pre-addressed  
envelope marked  
"Confidential - Medical".

**CERTIFICATE OF MEDICAL EXAMINATION**  
**U.S. OFFICE OF PERSONNEL MANAGEMENT**

Form Approved  
OMB No. 3206 - 0250

**Privacy Act Statement**

Solicitation of this information is authorized by Section 552a of Title 5, United States Code, regarding records maintained on individuals; Section 3301 of Title 5, United States Code, regarding determination as to an individual's fitness for employment with regard to age, health, character, knowledge and ability; and Section 3312 of Title 5 United States Code, regarding waiver of physical qualifications for preference eligibles. This form is used to collect medical information about individuals who are incumbents of positions in the Federal Government which require physical fitness testing and medical examinations, or individuals who have been selected for such a position contingent upon successful completion of physical fitness testing and medical examinations as a condition of their employment. The primary use of this information will be to determine the nature of a medical or physical condition that may affect safe and efficient performance of the work described. Additional potential routine uses of this information include using it to ensure fair and consistent treatment of employees and job applicants, to adjudicate requests to pass over preference eligibles, or to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended. Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction.

**Public Burden Statement**

We estimate an average of two to three hours per response to complete, including the time for reviewing instructions, getting needed information, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Strategic Human Resources Policy, Medical Policy and Programs Division, Attn: OMB Number (3206-0250), 1900 E Street, NW, Washington, D.C. 20415. The OMB number, 3206-0250, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

**Instructions**

There are five parts in this form:

- Part A** - To be completed by applicant or employee. Signature of the applicant or employee certifies that the information provided is complete and accurate; and that the applicant or employee consents to the release of the examination results to the employing agency.
- Part B** - To be completed by the appointing officer before the medical examination: identifies the purpose of the examination; the position title, series and grade; generally describes the position; and shows the specific functional requirements and environmental factors that the work requires.
- Part C** - To be completed and signed by the examining physician, and returned to the employing agency in the pre-paid/pre-addressed "Confidential-Medical" envelope provided.
- Part D** - To be completed by the agency medical officer who reviews the examination results and recommends action.
- Part E** - To be completed by the agency human resources officer in order to document the personnel action that is rendered.

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**Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE**

1. Name (Last, First, Middle Initial)		
2. Federal Employee Number	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Birth Date ( <i>month, day, year</i> )
5. Do you have any medical disorder or physical impairment which would interfere in any way with the full performance of the duties shown in Part B, No. 3? <input type="checkbox"/> Yes <input type="checkbox"/> No  (If your answer is YES, explain fully to the physician performing the examination)		
6. Address (including City, State, Zip Code)		
7. E-mail Address	8. Telephone Numbers (with Area Code)	
9. Applicant or Employee Consent and Certification  I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.		
10. Signature (Do not print)	11. Date ( <i>month, day, year</i> )	

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (29 C.F.R. 1635.8(b)(1)(i)(B))

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**Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER**

<p>1. Purpose of examination</p> <p><input type="checkbox"/> Pre-placement <input type="checkbox"/> Other (Specify) _____</p>	<p>2. Position Title, Series, and Grade</p> <p>MARINE MACHINERY MECHANIC INSPECTOR, WG-5334</p>
<p>3. Brief description of what the position requires the employee to do.</p> <p>Inspects, tests, and repairs various types of Marine equipment to include main propulsion unit (diesel), electric motors, aid compressors, capstans, windlasses, hoists, sewage ejectors, portable waste systems, salt water cooling systems, as well as fire, fuel, refrigeration, heating and ventilation systems involving floating plants, and equipment to include various landing craft, tug boats, floating cranes, and amphibians.</p> <p>a. Main Propulsion Units. Performs overhaul and repair of diesel engines, up to 600 h.p., either dismantled or installed in craft. Disassembles engines and examines for torn or damaged parts. Grinds and replaces valves, installs pistons, rings, rods and bearings, and gears, where exact fitting, seating, and adjusting is required. Also checks, adjusts, and/or replaces carburetors, distributors, gaskets, spark plugs, clutch and transmission assemblies and checks compression and oil pressure. Synchronizes engines on craft having multiple power plants and transmissions.</p> <p>b. Related Systems. Diagnoses failure in heating, cooling, fire, refrigeration, fuel, and other systems and disassembles, repairs or replaces defective parts such as pumps, valves, seals, lines, cylinders and linkage. Cleans, lubricates, reassembles, adjusts and tests same.</p> <p>c. Electrical Systems. Diagnoses failure in the electrical systems, including ignition, lighting, and power circuits. Traces circuits and checks generators, motors, voltage regulators, magnetos, and magnetic, hydraulic, and pneumatic actuated electrical controls. Repairs, replaces and adjusts defective assemblies, parts and wiring.</p> <p>In the performance of the above uses various types of testing equipment to include: Compression gauges, thermocouples, thermometers, viscosimeters, chemical analyzer kits, hydrometers, water purification test kits, inside and outside micrometers, universal dial indicators, and hand tools common to the trade. May instruct and explain work and procedures to Reserve unit maintenance personnel assigned during training periods to assist in repair and maintenance work. Exercises a working knowledge of supply procedures and supply manuals so as to requisition and maintain an adequate stockage of authorized repair parts.</p> <p>Performs inspection of Marine Equipment issued to USAR units within the area being supported and as required other Reserve activities, to determine overall conditions of equipment and degree of adherence to Coast Guard regulations and inspection procedures, whether unit is performing preventive maintenance as required, to determine modifications required and extent of repairs necessary whether or not, the equipment should be evacuated to higher echelons for repair, whether sufficient quantities of repair parts are stocked to support equipment on hand, and that maintenance directives are being effectively implemented by the units. Prepares unsatisfactory reports on equipment which have repeated faults and, if possible, giving substantiation for a modification to correct the noted fault.</p> <p>Conducts on-the-job and classroom training of Reserve unit personnel, on both operation and maintenance of Marine equipment utilizing instruction material and operation and maintenance manuals developed at higher echelons. Operation instructions normally consist of explaining and demonstrating proper methods of operating the different types of equipment and systems and required preventive maintenance to be performed. Maintenance training usually consists of individual on-the-job training and on occasion formal classroom training, regarding general repair procedures, use and characteristics of test equipment, methods of diagnosing trouble, and proper safety practices to be followed.</p>	

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**Part B. CONTINUED - TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER**

4. Check the box for each functional requirement in section 4a and each environmental factor in section 4b 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.

**4a. Functional Requirements**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Heavy lifting, 45 pounds and over  | <input checked="" type="checkbox"/> Repeated bending ( <u>1/2</u> hours)                      | <input type="checkbox"/> Both eyes required                      |
| <input type="checkbox"/> Moderate lifting, 15-44 pounds                | <input type="checkbox"/> Climbing, legs only ( <u>      </u> hours)                           | <input type="checkbox"/> Depth perception                        |
| <input type="checkbox"/> Light lifting, under 15 pounds                | <input type="checkbox"/> Climbing, use of legs and arms                                       | <input type="checkbox"/> Ability to distinguish basic colors     |
| <input checked="" type="checkbox"/> Heavy carrying, 45 pounds and over | <input type="checkbox"/> Both legs required   | <input type="checkbox"/> Ability to distinguish shades of colors |
| <input type="checkbox"/> Moderate carrying, 15-44 pounds               | <input type="checkbox"/> Operation of crane, truck, tractor, or motor vehicle                 | <input type="checkbox"/> Hearing (aid permitted)                 |
| <input type="checkbox"/> Light carrying, under 15 pounds               | <input type="checkbox"/> Ability for rapid mental and muscular coordination simultaneously    | <input type="checkbox"/> Hearing without aid                     |
| <input type="checkbox"/> Straight pulling ( <u>      </u> hours)       | <input type="checkbox"/> Ability to use and desirability of using firearms                    | <input type="checkbox"/> Specific hearing requirements (specify) |
| <input type="checkbox"/> Pulling hand over hand ( <u>      </u> hours) | <input type="checkbox"/> Near vision correctable at 13" to 16" to Jaeger 1 to 4               | Other (specify)  |
| <input type="checkbox"/> Pushing ( <u>      </u> hours)                | <input type="checkbox"/> Far vision correctable in one eye to 20/20 and to 20/40 in the other | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Reaching above shoulder                       | <input type="checkbox"/> Specific visual requirement (specify)                                | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Use of fingers                                | _____   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Both hands required                           |   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Walking ( <u>      </u> hours)                |   | <input type="checkbox"/> _____                                   |
| <input checked="" type="checkbox"/> Standing ( <u>1/2</u> hours)       |   | <input type="checkbox"/> _____                                   |
| <input checked="" type="checkbox"/> Crawling ( <u>1/2</u> hours)       |   | <input type="checkbox"/> _____                                   |
| <input checked="" type="checkbox"/> Kneeling ( <u>1/2</u> hours)       |   | <input type="checkbox"/> _____                                   |

**4b. Environmental Factors**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Outside                                   | <input checked="" type="checkbox"/> Electrical energy                          | <input type="checkbox"/> Working alone                         |
| <input checked="" type="checkbox"/> Outside and inside             | <input checked="" type="checkbox"/> Slippery or uneven walking surfaces        | <input type="checkbox"/> Protracted or irregular hours of work |
| <input checked="" type="checkbox"/> Excessive heat                 | <input checked="" type="checkbox"/> Working around machinery with moving parts | Other (specify)  |
| <input type="checkbox"/> Excessive cold                            | <input type="checkbox"/> Working around moving objects or vehicles             | <input type="checkbox"/> _____                                 |
| <input checked="" type="checkbox"/> Excessive humidity             | <input type="checkbox"/> Working on ladders or scaffolding                     | <input type="checkbox"/> _____                                 |
| <input checked="" type="checkbox"/> Excessive dampness or chilling | <input type="checkbox"/> Working below ground                                  | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Dry atmospheric conditions                | <input type="checkbox"/> Unusual fatigue factors (specify)                     | <input type="checkbox"/> _____                                 |
| <input checked="" type="checkbox"/> Excessive noise, intermittent  | _____  | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Constant noise                            | <input type="checkbox"/> Working with hands in water                           | <input type="checkbox"/> _____                                 |
| <input checked="" type="checkbox"/> Dust                           | <input type="checkbox"/> Explosives  | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Silica, asbestos, etc.                    | <input type="checkbox"/> Vibration   | <input type="checkbox"/> _____                                 |
| <input checked="" type="checkbox"/> Fumes, smoke, or gases         | <input type="checkbox"/> Working closely with others                           | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Solvents (degreasing agents)              |  |  |
| <input checked="" type="checkbox"/> Grease and oils                |  |  |
| <input type="checkbox"/> Radiant energy                            |  |  |

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**Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN**

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors checked in Part 4 of this form. Please take these, and the brief description of the job duties, 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 corrective lenses: right 20 left 20; with corrective lenses, if worn; right 20 left 20

b. Depth perception Type of test: \_\_\_\_\_  
\_\_\_\_\_ Seconds of Arc

Number correct: \_\_\_\_\_ of \_\_\_\_\_ tested

Interpretation  Normal  Abnormal

c. Peripheral vision Right Nasal \_\_\_\_\_ degrees Temporal \_\_\_\_\_ degrees  
Left Nasal \_\_\_\_\_ degrees Temporal \_\_\_\_\_ degrees

d. 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**  
The President may -  
(1) prescribe such regulations for the admission of individuals into the civil service in the executive branch as will best promote the efficiency of that service; (2) ascertain the fitness of applicants as to age, health, character, knowledge, and ability for the employment sought; and (3) appoint and prescribe the duties of individuals to make inquiries for the purpose of this section.  
(Title 5 U.S. Code 3301)

without corrective lenses:

L \_\_\_\_\_ in. to \_\_\_\_\_ in.

R \_\_\_\_\_ in. to \_\_\_\_\_ in.

with corrective lenses, if used:

L \_\_\_\_\_ in. to \_\_\_\_\_ in.

R \_\_\_\_\_ in. to \_\_\_\_\_ in.

e. Color vision: Is color vision normal by Ishihara or other color plate test?

Yes  No

If not, can applicant pass lantern test?

Yes  No

Can see red/green/yellow?

Yes  No

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**Part C. CONTINUED - TO BE COMPLETED BY EXAMINING PHYSICIAN**

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

Ordinary conversation:

Audiometer in dB (if given) for Right Ear:									
250	500	1000	2000	3000	4000	5000	6000	7000	8000

Right Ear \_\_\_\_\_ ;  
20 ft.

Left Ear \_\_\_\_\_ ;  
20 ft.

Audiometer in dB (if given) for Left Ear:									
250	500	1000	2000	3000	4000	5000	6000	7000	8000

4. Other Findings: Describe any abnormality (including diseases, scars, and disfigurements). Include brief pertinent history. If normal, so indicate.

- a. Eyes, ears, nose, and throat (including tooth and oral hygiene)
- b. Abdomen
- c. Head and back (including face, hair, and scalp)
- d. Peripheral blood vessels
- e. Speech (note any malfunction)
- f. Extremities (including strength, range of motion)
- g. 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 (including reflexes, sensation) and mental health

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**Part C. CONTINUED - TO BE COMPLETED BY EXAMINING PHYSICIAN**

5. Conclusions: Summarize below any medical findings that in your opinion, would limit this person's ability to perform these job duties or make them a hazard to themselves or others. If none, so indicate.

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

6. Examining Physician's Name	7. E-Mail Address
8. Address (Including Street, City, State and ZIP Code)	9. Telephone Number
10. Signature of Examining Physician	11. Date (Month, Day, Year)
<b>IMPORTANT:</b> After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.	

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**Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)**

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below.

1. Recommendation: <input type="checkbox"/> Hire or retain; describe limitations, if any, here.  <input type="checkbox"/> Take action to separate or do not hire; explain why.	
2. Agency Medical Officer's Name	3. E-Mail Address
4. Address (Including Street, City, State and ZIP Code)	5. Telephone Number
6. Signature of Agency Medical Officer	7. Date (Month, Day, Year)

FOR AGENCY USE ONLY

**Part E. TO BE COMPLETED BY AGENCY HUMAN RESOURCES OFFICER**

1. Action Taken: <input type="checkbox"/> Hired or Retained <input type="checkbox"/> Non-Selected for Appointment, or Eligibility Objected To <input type="checkbox"/> Action Taken to Separate	
2. Agency Human Resources Officer's Name	3. E-Mail Address
4. Address (Including Street, City, State and ZIP Code)	5. Telephone Number
6. Signature of Agency Human Resources Officer	7. Date (Month, Day, Year)