

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</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>2. Position Title, Series, and Grade</p> <p>MAINTENANCE WORKER (SECURITY GUARD), WG-4749</p>
<p>3. Brief description of what the position requires the employee to do.</p> <p>Performs facilities maintenance work primarily involving maintenance and repair of various floating craft and related fixtures and utilities. Position also performs a variety of protective duties in guarding government property on and around an Area Maintenance Activity (AMSA) and in safeguarding persons in and around property being protected.</p> <p>Security Guard/Safety Technician Duties: Performs a variety of protective duties in guarding government property on and around an AMSA and in safeguarding persons in and around property being protected. Conducts safety inspections throughout the AMSA, identifying and/or reporting such incidents as fires, accidents, and hazardous material spills. Conducts operational inspections to ensure normal functions of such items as gangways, mooring lines, brows, battery chargers, fuel oil day tanks, and bilge boilers. Controls access by land or water to designated areas of the AMSA and scrutinizes personnel entering the facility to include establishing the identity of persons who seek admittance. Notifies the office/area to be visited and arranges for issuance of authorization and/or escort before allowing the visitor to enter (when an individual has no entrance authorization). Operates and monitors closed security television and security and alarm systems maintained within area of responsibility. Responds to, directs response to, and completes initial investigation of alarm activity determining required action according to existing policies. Answers telephone, operates radio, dispatches vehicles, maintains records, prepares reports, and maintains key and access control rosters. Performs traffic control for vehicles in/around parking areas, to include vehicle flow, pedestrian safety, enforcement of parking areas, identification of traffic hazards, and area patrol for crime/safety potential. Performs initial investigation of larceny, vandalism, injuries, and other disturbances. Based upon the nature of action, makes appropriate notifications and requests assistance or completes incident documentation by questioning, receiving statements, and fact finding. Reports fires, accidents, hazards, unusual or suspicious activities, and other problems encountered to local police and fire agencies. Takes emergency action such as calling for emergency vehicles, using fire extinguishers, applying first aid, and warning persons to evacuate areas of danger. Assists fire department during code situations and aids in crowd control and security during mock disaster drills. Checks each building, vessel, and areas designated on the security and safety checklists. Ensures that all doors are readily accessible or closed and/or secured. Checks fences and gates for indications of sabotage or attempted entry. Visually checks pier, mooring lines, electrical service, water lines, air lines, and security lighting to ensure continual support requirements are met. Reviews operational conditions of gangways, brows, battery chargers, fuel oil day tanks, bilge boilers, and other items of equipment to ensure normal operational functions of facilities. Patrols assigned areas on foot or in authorized vehicles to detect and prevent hazards such as theft, fire, equipment seepage or leaks into surrounding waters, hazardous materials spills, accidental or willful damage/destruction, and possible sabotage and/or espionage and to enforce pertinent laws, security controls, traffic control, and administrative rules/regulations. Keeps supervisor and law enforcement personnel advised of potential security threats to vessels, grounds, and/or buildings. Records the results of safety and security checks on forms provided and returns to the supervisor at the conclusion of shift. Prepares other required written reports of unusual situations encountered during tour of duty. Inventories evidence, property, and valuables including required accountability documentation until proper disposition (inclusive of lost and found items).</p> <p>Carpentry Worker Duties: Measures, cuts, constructs, installs, repairs, and modifies wood, composite, and wood substitutes to produce usable items such as frame structures, decking, partitions, shelving, doors, forms, siding, and scaffolds. Applies standard measurements, specifications, and instructions to produce a serviceable product or make repairs or modifications where specific fit and accuracy are within allowable limits. Operates and maintains a variety of hand and power tools and equipment such as biscuit joiners, power nailers, and cordless drills to plan, lay out, measure, cut, construct, and install materials following established safety practices. Applies specific standard woodworking techniques and a knowledge of materials to prevent splitting, chipping, and splintering of materials and uses appropriate nails, screws, specialized fasteners, bonding materials, and wood, composite, or wood substitutes. Follows specific instructions such as sketches, work orders, and basic blueprints to determine materials and methods to be used.</p> <p>Plumbing Worker Duties: The employee repairs and replaces traps, defective faucets and flushometers, sections of defective tile or pipe, and leaky drains. Performs similar plumbing work that involves removing, cleaning, replacing, and sealing defective parts and small sections of water, sewage, and similar utility systems.</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 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 checked="" type="checkbox"/> Light lifting, under 15 pounds | <input checked="" type="checkbox"/> Climbing, use of legs and arms | <input type="checkbox"/> Ability to distinguish basic colors |
| <input 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 checked="" 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)
Other (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 | <input type="checkbox"/> _____ |
| <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 type="checkbox"/> Electrical energy | <input type="checkbox"/> Working alone |
| <input checked="" type="checkbox"/> Outside and inside | <input type="checkbox"/> Slippery or uneven walking surfaces | <input type="checkbox"/> Protracted or irregular hours of work |
| <input checked="" type="checkbox"/> Excessive heat | <input type="checkbox"/> Working around machinery with moving parts | Other (specify) |
| <input checked="" type="checkbox"/> Excessive cold | <input type="checkbox"/> Working around moving objects or vehicles | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Excessive humidity | <input checked="" 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 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 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)
IMPORTANT: 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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FOR AGENCY USE ONLY

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)