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 ☐ Male ☐ Female	4. Birth Date *(month, day, year)*
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? ☐ Yes ☐ 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 *(month, day, year)*	

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

1. Purpose of examination	2. Position Title, Series, and Grade
☐ Pre-placement ☐ Other (Specify)_____	SMALL ARMS REPAIRER/INSPECTOR, WG-6610

3. Brief description of what the position requires the employee to do.

Performs the full range of work involved in the maintenance and repair of small arms. Makes initial diagnosis and locates deficiencies and malfunctions in automatic pistols, revolvers, shotguns, carbines, automatic rifles, submachine and machine guns, mortars, rocket launchers, and other small arms and accessories. Disassembles weapons, assemblies, subassemblies and other components; examines for defects, mechanical misalignment and malfunctions. Inspects bores for bulges, pits, or other defects. Inspects chambers for pits, gouges, and powder fouling. Inspects recoil and automatic firing mechanisms, breech mechanisms, machine gun cooling jackets, mounts, elevating and traversing mechanisms, and various other weapon parts, units and assemblies. Replaces barrels, firing pins, springs, trigger mechanisms, shell ejectors, sights, safety devices, bolts, stocks and other parts and assemblies. Repairs small weapons by replacing obsolete parts and/or assemblies. Uses hand tools, precision gauges and test instruments, and jigs and alignment devices in making repairs and adjustments. Makes operational checks of repaired weapons to assure safety, accuracy, and ease of operation. Performs unit and DS level Preventive Maintenance Checks and Services (PMCS) to include periodic gauging. Observes all safety and Physical Security rules, regulations, and procedures.

Performs scheduled and special inspection of small arms issued to USAR units to determine serviceability and condition, modification required, and extent of repairs necessary. Conducts a complete initial inspection to determine if defects indicated on the job order are actual malfunctions. Conducts acceptance inspection to determine if all organizational maintenance has been completed by units and if maintenance repair is warranted. Lists repairs required on appropriate forms indicating what assembly or subassembly is to be repaired, modified, adjusted or replaced and the parts and materials required. Determines if repairs are authorized at the local level or must be evacuated to the next level of maintenance support for repairs and identifies needed repairs on weapons evacuated to the next level. Conducts operational tests and inspects weapons to ensure specifications are met prior to issue to units or turn-in for storage.

Provides training to military personnel in supported units as required. Participates in command inspections while serving on the Maintenance Evaluation Team. Makes technical assistance visits to support unit maintenance operations, deployment exercises, etc. Provides training, advice and assistance pertaining to deficiencies/adequacy of each units organizational equipment maintenance program compared with the material readiness. Prepares reports on recurring equipment failures, and suggests corrective actions to preclude recurring faults. Assists supply personnel in identifying small arms components and parts.

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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

- ☐ Heavy lifting, 45 pounds and over
- ☒ Moderate lifting, 15-44 pounds
- ☐ Light lifting, under 15 pounds
- ☐ Heavy carrying, 45 pounds and over
- ☒ Moderate carrying, 15-44 pounds
- ☐ Light carrying, under 15 pounds
- ☐ Straight pulling (_____ hours)
- ☐ Pulling hand over hand (_____ hours)
- ☐ Pushing (_____ hours)
- ☐ Reaching above shoulder
- ☒ Use of fingers
- ☒ Both hands required
- ☒ Walking (_____ hours)
- ☒ Standing (_____ hours)
- ☐ Crawling (_____ hours)
- ☐ Kneeling (_____ hours)
- ☒ Repeated bending (_____ hours)
- ☐ Climbing, legs only (_____ hours)
- ☐ Climbing, use of legs and arms
- ☒ Both legs required
- ☐ Operation of crane, truck, tractor, or motor vehicle
- ☐ Ability for rapid mental and muscular coordination simultaneously
- ☐ Ability to use and desirability of using firearms
- ☐ Near vision correctable at 13" to 16" to Jaeger 1 to 4
- ☐ Far vision correctable in one eye to 20/20 and to 20/40 in the other
- ☐ Specific visual requirement (specify)

  _____
- ☒ Both eyes required
- ☐ Depth perception
- ☒ Ability to distinguish basic colors
- ☒ Ability to distinguish shades of colors
- ☒ Hearing (aid permitted)
- ☐ Hearing without aid
- ☐ Specific hearing requirements (specify)

Other (specify)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

4b. Environmental Factors

- ☐ Outside
- ☒ Outside and inside
- ☐ Excessive heat
- ☐ Excessive cold
- ☐ Excessive humidity
- ☐ Excessive dampness or chilling
- ☐ Dry atmospheric conditions
- ☒ Excessive noise, intermittent
- ☐ Constant noise
- ☐ Dust
- ☐ Silica, asbestos, etc.
- ☐ Fumes, smoke, or gases
- ☒ Solvents (degreasing agents)
- ☒ Grease and oils
- ☐ Radiant energy
- ☐ Electrical energy
- ☐ Slippery or uneven walking surfaces
- ☐ Working around machinery with moving parts
- ☐ Working around moving objects or vehicles
- ☐ Working on ladders or scaffolding
- ☐ Working below ground
- ☐ Unusual fatigue factors (specify)

  _____
- ☐ Working with hands in water
- ☐ Explosives
- ☐ Vibration
- ☐ Working closely with others
- ☐ Working alone
- ☐ Protracted or irregular hours of work

Other (specify)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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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:	with corrective lenses, if used:
	L _____ in. to _____ in.	L _____ in. to _____ in.
	R _____ 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:

Right Ear _____ ;
20 ft.

Left Ear _____
20 ft.

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

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 disfigurations). 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:

☐ Hire or retain; describe limitations, if any, here.

☐ 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:

☐ Hired or Retained

☐ Non-Selected for Appointment, or Eligibility Objected To

☐ 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)