

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>AIRCRAFT MECHANIC, WG-8852</p>
<p>3. Brief description of what the position requires the employee to do.</p> <p>Performs duties as a Flight Engineer on multi-engine cargo helicopters. Flight Engineer duties are for maintenance test flights, training flights for USAR pilots and flight engineers, and authorized missions to support the tenant unit and the USAR. Aircraft missions include cargo/passenger airlift or delivery. These duties require knowledge and skills of systems critical to the performance of the aircraft to include complete range of flight operations and procedures, including theoretical and operational knowledge of aircraft systems and components. Performs pre-flight through post-flight inspections, and monitors the operation of the aircraft hydraulic, electrical, and other components to ensure proper operation. Reports all abnormal and/or emergency conditions to the pilot. Recommends and/or takes appropriate and coordinated actions to correct and/or repair the situation. Monitors the maintenance panel. During takeoff and landings, ensures that the rotor system and entire aircraft is clear of obstructions and ready for departure or landing. Performs external load operations, assisting the pilot in load hook-ups, monitors load height, stability, placement and release. Guides and directs the pilot over sling loads and directs load hook-up. Performs visual inspections of cargo loads during flight and makes adjustments as required, to ensure that internal and external loads do not shift or oscillate and remain airworthy. Services or supervises aircraft servicing when away from home station. Serves as a flight engineer on functional test flights and maintenance operational checks.</p> <p>Performs the full range of aircraft mechanics duties such as conducting inspections, diagnoses malfunctions, and troubleshoots to determine cause. Performs operational checks of systems using external power sources, powered ground equipment, or functional tests. Removes, disassembles, inspects, repairs, adjusts, overhauls, modifies, reassembles, installs, repairs, or replaces turbine engines; major assemblies, sub-assemblies, components and systems such as oil, fuel, vacuum, and hydraulic pump assemblies, main rotor assemblies, driveshafts, transmissions, gear boxes, and other power train units, trim tabs, cooling fan assemblies, control valves, shrouds, fuel controls, etc. Installs, connects and adjust fuel, electrical, and hydraulic systems. Installs and aligns fuselage and airframe parts. Builds up, balances, aligns, and installs rotor assemblies. Rigs complete flight control systems. May perform temporary and permanent sheet metal repairs to airframes. Conducts on-the-job training and directs the work of lower graded mechanics and Army Reserve personnel.</p> <p>Pre-plans and assists in the computation and distribution of all cargo to be loaded into the various stations and compartments of the aircraft, in order to produce the optimum weight and balance condition to assist the pilot with the safe operation of the aircraft. Loads or supervises the loading of cargo, ties down cargo, and jettisons load in flight in the event of an emergency. Unloads or supervises the unloading of cargo and/or passengers in a safe and orderly manner. Performs ground operational check of helicopter. Makes adjustments, tracks rotor blades, adjusts pitch of blades, oil and fuel pressures, and checking engines. Checks for vibrations and makes required adjustments. Dispense fuel to aircraft as required. Operates a variety of vehicles as needed to pick up supplies and parts and to recover equipment. Performs operator and organizational level maintenance and operational inspection, repair, installation, and removal of assemblies and subassemblies on associated aviation ground support equipment.</p> <p>May conduct flight training for USAR TPU soldiers and MILTECH Flight Engineers in areas such as aircraft performance, aircraft systems, weight and balance, aircraft loading techniques, cargo and troop/passenger safety, jettison plans, ditching and emergency plans and flight and ground safety. May perform missions supporting the USAR or the Aviation Support Facility.</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 checked="" type="checkbox"/> Climbing, legs only ( <u>1/2</u> hours)                   | <input checked="" type="checkbox"/> Depth perception                        |
| <input type="checkbox"/> Light lifting, under 15 pounds                  | <input checked="" type="checkbox"/> Climbing, use of legs and arms                            | <input checked="" type="checkbox"/> Ability to distinguish basic colors     |
| <input checked="" type="checkbox"/> Heavy carrying, 45 pounds and over   | <input type="checkbox"/> Both legs required                                                   | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Straight pulling ( <u>1/2</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 checked="" type="checkbox"/> Near vision correctable at 13" to 16" to Jaeger 1 to 4    | Other (specify)                                                             |
| <input checked="" type="checkbox"/> Pushing ( <u>1/2</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 checked="" type="checkbox"/> Walking ( <u>1/2</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 type="checkbox"/> Excessive heat                           | <input checked="" type="checkbox"/> Working around machinery with moving parts | Other (specify)                                                |
| <input type="checkbox"/> Excessive cold                           | <input checked="" type="checkbox"/> Working around moving objects or vehicles  | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Excessive humidity                       | <input type="checkbox"/> Working on ladders or scaffolding                     | <input type="checkbox"/> _____                                 |
| <input 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 checked="" 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 checked="" type="checkbox"/> Solvents (degreasing agents)  |                                                                                | <input type="checkbox"/> _____                                 |
| <input checked="" type="checkbox"/> Grease and oils               |                                                                                | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Radiant energy                           |                                                                                | <input type="checkbox"/> _____                                 |

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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:

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 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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**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)