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OMB Approved
0579-0196
EXP: 02/2025

**UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS**

**SELF-CERTIFICATION
MEDICAL STATEMENT**

INSTRUCTIONS TO APPLICANT: Please read instructions for each section carefully before answering the question. Type or print answers in ink. If additional space is required to provide details, use Section D. After completing this statement, be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. **NOTE:** At the discretion of the appointing officer, a medical examination at the Government's expense may be required.

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by Section 3301 of Title 5, U.S. Code, which provides for a determination as to an individual's fitness for employment with regard to age, health, and physical ability. This information will be used in determining your fitness and ability to perform duties of the position for which you are applying.

Executive Order 9397 (Numbering System of Federal Accounts Relating to Individual Persons) authorizes the collection of your social security number (SSN). Your SSN is used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary. However, failure to provide complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position.

IDENTIFICATION OF APPLICANT

| | | |
|---|---|--------------------------------------|
| APPLICANT NAME (Last, First, Middle) | DATE OF BIRTH (Month, Day, Year) | SOCIAL SECURITY NUMBER |
| ADDRESS (Number, Street, City, State, ZIP) | | TITLE OF POSITION APPLIED FOR |

SELF CERTIFICATION QUESTIONNAIRE

| SECTION A - PHYSICAL LIMITATIONS <i>Answer each item "YES" or "NO" by placing an "X" in the proper box to the right. If you answer "NO" to any item, give additional details in Section D.</i> | | | SECTION C - ENVIRONMENTAL ENDURANCE FACTORS <i>Some positions may involve unusual working conditions or working outdoors. Answer each item "YES" or "NO" by placing an "X" in the proper box to the right. If you answer "NO" to any item, give additional details in Section D.</i> | | |
|---|-----|----|--|-----|----|
| | YES | NO | | YES | NO |
| 1. Can you read small newspaper print (corrective lenses are permitted)? | | | Can you work under the following conditions: | | |
| 2. Can you distinguish basic colors (red, green, blue)? | | | 28. Outdoors and indoors? | | |
| 3. Can you distinguish shades of colors? | | | 29. Severe heat? | | |
| 4. Can you distinguish normal tastes? | | | 30. Severe cold? | | |
| 5. Can you distinguish normal smells? | | | 31. Severe humidity? | | |
| 6. Can you communicate effectively and independently by telephone? | | | 32. Severe dampness or chilling? | | |
| SECTION B - PHYSICAL ENDURANCE FACTORS <i>Answer each item "YES" or "NO" by placing an "X" in the proper box to the right to show your physical ability to carry out the listed activities during each workday. If you answer "NO" to any item, give additional details in Section D.</i> | | | 33. Dry atmospheric conditions? | | |
| | YES | NO | 34. Severe noise? | | |
| 7. Sitting for long periods of time? | | | 35. Constant noise? | | |
| 8. Standing for long periods of time? | | | 36. Dusty atmosphere? | | |
| 9. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs? | | | 37. Some exposure to fumes, smoke, and/or gasses? | | |
| 10. Frequent walking and/or climbing stairs or steep inclines? | | | 38. Some (incidental) contact with solvents, greases, and/or oils? | | |
| 11. Continuous pulling (____ hours)? | | | 39. Some contact with laboratory substances and/or chemicals? | | |
| 12. Occasional pushing and pulling? | | | 40. Working with hands in water? | | |
| 13. Frequent pushing and pulling motions? | | | 41. Occasional walking over rough terrain? | | |
| 14. Occasional bending, stooping, and crouching? | | | 42. Slippery or uneven walking surfaces? | | |
| 15. Frequent bending, stooping, and crouching? | | | 43. Around machinery with moving parts? | | |
| 16. Lifting and carrying under 15 pounds? | | | 44. Around moving objects and/or vehicles? | | |
| 17. Lifting and carrying 15 to 44 pounds? | | | 45. Climbing ladders and/or scaffolding? | | |
| 18. Lifting and carrying 45 pounds or more? | | | 46. Working below ground surface? | | |
| 19. Reaching above shoulders? | | | 47. Working alone? | | |
| 20. Repeated bending (____ hours)? | | | 48. Working closely with others? | | |
| 21. Standing (____ hours)? | | | 49. Protracted or irregular hours of work? | | |
| 22. Crawling (____ hours)? | | | 50. Commercial air travel? | | |
| 23. Kneeling (____ hours)? | | | 51. Rotating shifts? | | |
| 24. Climbing, use of arms and legs? | | | 52. Nights? | | |
| 25. Operating a motor vehicle? | | | | | |
| 26. Working under pressure and time constraints? | | | | | |
| 27. Performing rapid mental and muscular coordination simultaneously? | | | | | |

