

HEALTH QUALIFICATION PLACEMENT RECORD
(NONAPPROPRIATED FUNDS)

1. NAME (CAPS) LAST - FIRST - MIDDLE	MR. - MISS - MRS.	2. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3. BIRTH DATE (Mo., day, year)
5. STREET ADDRESS AND APARTMENT NO.		6. CITY, STATE, AND ZIP CODE	
7. POSITION TITLE AND NUMBER	8. PAY PLAN AND OCCUPATION CODE	9. GRADE OR LEVEL	10. SALARY

11. NAME AND LOCATION OF EMPLOYING OFFICE

12. (A) ARE YOU NOW EMPLOYED IN POSITION SHOWN IN ITEM 7 <input type="checkbox"/> YES <input type="checkbox"/> NO	(B) IF "YES" GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:
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TO BE COMPLETED BY APPOINTING OFFICER: SECTIONS 13 AND 14

<p>(A). BRIEF OUTLINE OF WHAT WORKER DOES For the physician's use, set down in brief and simple terms what the employee does on this job, including environmental details such as stairs to climb, distance to rest room facilities, cafeteria, workshift, etc. (Use Section 13 below.)</p>	<p>(B). PHYSICAL DEMANDS OF THE POSITION In Section 14 below, encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed.</p>
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13. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION *(Advise use of dictionary of occupational titles as guide, as applicable)*

TO BE COMPLETED BY EXAMINING PHYSICIAN: SECTIONS 14 THROUGH 20

INSTRUCTIONS: The items circled below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers encircled. If the individual has any other physical limitations relating to physical requirements not encircled or not covered by this form, indicate these under **"Remarks"** on the reverse side. Whenever **PARTIAL** capacity has been indicated, explain under **"Remarks,"** giving specific quantities.

14. PHYSICAL REQUIREMENTS	ENVIRONMENTAL FACTORS				CAPACITY		
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE
1. OUTSIDE				18. WORKING AROUND MACHINERY WITH MOVING PARTS			
2. OUTSIDE AND INSIDE				19. MOVING OBJECTS OR VEHICLES			
3. EXCESSIVE HEAT				20. WORKING ON LADDERS OR SCAFFOLDING			
4. EXCESSIVE COLD				21. WORKING BELOW GROUND			
5. EXCESSIVE HUMIDITY				22. UNUSUAL FATIGUE FACTORS <i>(Specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EXCESSIVE DAMPNESS OR CHILLING				23. WORKING WITH HANDS IN WATER			
7. DRY ATMOSPHERIC CONDITIONS				24. EXPLOSIVES			
8. EXCESSIVE NOISE, INTERMITTENT				25. VIBRATION			
9. CONSTANT NOISE				26. WORKING CLOSELY WITH OTHERS			
10. DUST				27. WORKS ALONE			
11. SILICA, ASBESTOS, ETC.				28. PROTRACTED OR IRREGULAR HOURS OF WORK			
12. FUMES, SMOKE, OR GASES				29. SPECIAL FACTORS <i>(Specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SOLVENTS <i>(Degreasing agents)</i>							
14. GREASES AND OILS							
15. RADIANT ENERGY							
16. ELECTRICAL ENERGY							
17. SLIPPERY OR UNEVEN WALKING SURFACES							

14. PHYSICAL REQUIREMENTS (Continued)				FUNCTIONAL FACTORS			
	CAPACITY				CAPACITY		
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE
33. HEAVY LIFTING - 45 POUNDS AND OVER				54. ABILITY FOR RAPID MENTAL AND MUSCULAR COORDINATION SIMULTANEOUSLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. MODERATE LIFTING - 15-44 POUNDS				55. ABILITY TO USE AND DESIRABILITY OF USING FIREARMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. LIGHT LIFTING - UNDER 15 POUNDS				56. NEAR VISION CORRECTIBLE AT 13 TO 16 INCHES TO (Jaeger 1 to 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. HEAVY CARRYING - 45 POUNDS AND OVER				57. FAR VISION CORRECTIBLE TO 20/20 TO 20/40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. MODERATE CARRYING - 15-44 POUNDS				58. FAR VISION CORRECTIBLE TO 20/50 TO 20/100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. LIGHT CARRYING - UNDER 15 POUNDS				59. SPECIFIC VISUAL REQUIREMENT (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. STRAIGHT PULLING (HOURS)				60. BOTH EYES REQUIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. PULLING - HAND OVER HAND (HOURS)				61. DEPTH PERCEPTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. PUSHING (HOURS)				62. ABILITY TO DISTINGUISH BASIC COLORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. REACHING ABOVE SHOULDER				63. ABILITY TO DISTINGUISH SHADES OF COLORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43. USE OF FINGERS				64. HEARING (Aid permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44. BOTH HANDS REQUIRED				65. HEARING WITHOUT AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45. WALKING (HOURS)				66. SPECIFIC HEARING REQUIREMENTS (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46. STANDING (HOURS)				67.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47. CRAWLING (HOURS)				68.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48. KNEELING (HOURS)				69.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49. REPEATED BENDING (HOURS)				70.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50. CLIMBING - LEGS ONLY (HOURS)					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51. CLIMBING - USE OF LEGS AND ARMS					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52. BOTH LEGS REQUIRED		<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53. OPERATION OF CRANE, TRUCK, TUG, TRACTOR OR MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

15. THIS PERSON SHOULD USE: (A) PROPERLY FITTED EYEGLASSES (B) PROPERLY FITTED HEARING AID
 (C) OTHER PROSTHETIC AID (Specify)

16. REMARKS AND RECOMMENDATIONS:

17. PHYSICAL HANDICAP CODE

18. SIGNATURE OF PHYSICIAN OR EXAMINER _____ NAME TYPED OR PRINTED _____ DATE _____

19. ADDRESS OF EXAMINING PHYSICIAN (Typed or printed) _____ 20. DO YOU HAVE FEDERAL DESIGNATION? YES NO
 IF "YES," SPECIFY _____
 FULL TIME PART TIME FEE BASIS

TO BE COMPLETED BY SUPERVISOR

21. POSITION TO WHICH INDIVIDUAL WAS ASSIGNED

22. SIGNATURE OF SUPERVISOR _____ NAME TYPED OR PRINTED _____ DATE _____

PHYSICAL HANDICAP CODE INSTRUCTIONS

If the person examined has or has had a handicap which is listed on the back of these instructions, enter the code number in Item No. 17 on the Health Qualification Placement Record.

If more than one handicap applies, enter the one you think most limiting. If none of the handicaps apply, enter the code "00."

Detach these instructions after entering Physical Handicap Code on the Health Qualification Placement Record.

PHYSICAL HANDICAP CODE

00	NO REPORTABLE HANDICAP
10	AMPUTATION - ONE EXTREMITY
11	AMPUTATION - TWO OR MORE EXTREMITIES
20	DEFORMITY OR IMPAIRED FUNCTION - UPPER EXTREMITY
21	DEFORMITY OR IMPAIRED FUNCTION - LOWER EXTREMITY OR BACK
30	VISION - BEST CORRECTED VISION OF POORER EYE NOT MORE THAN 20/200
31	VISION - BEST CORRECTED VISION OF BETTER EYE NOT MORE THAN 20/200
40	HEARING - SOME IN ONE EAR, NONE IN OTHER
41	HEARING - IN BOTH EARS BUT NOT MORE THAN 12/20 IN BETTER EAR WITHOUT USE OF A HEARING AID
42	HEARING - 0/20 IN EACH EAR, INCLUDING SPEECH MALFUNCTION
50	TUBERCULOSIS - INACTIVE PULMONARY
51	ORGANIC HEART DISEASE (<i>Compensated</i>) - VALVULAR, ARRHYTHMIA, ARTERIOSCLEROSIS, HEALED CORONARY LESIONS
52	DIABETES - CONTROLLED
53	EPILEPSY - ADEQUATELY CONTROLLED
54	HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS REQUIRING SPECIAL PLACEMENT EFFORT
55	MENTALLY RETARDED (<i>Diagnosis must be certified by appropriate State Office of Vocational Rehabilitation</i>)