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Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If your answer is YES, explain fully to the physician performing the examination)</i>		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. <hr/> <i>(Signature of applicant)</i>	

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input checked="" type="checkbox"/> PREAPPOINTMENT <input checked="" type="checkbox"/> OTHER (Specify) and predeployment	2. POSITION TITLE Deployable ASC DA Civilian Position *()*
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Serves as Deployable DA Civilian to CENTCOM AOR for the U.S. Army Sustainment Command (ASC) which requires individuals to deploy overseas, wear BDU, OCIE and CDE in support of mobilization of major field exercises, and be able to live in a field environment. There will be total exposure to the prevailing conditions at the particular geographical locations of military activities worldwide. Normal Pulmonary Function (PFT) with spirometry is required; refrigeration for medications and CPAP for OSA is not assured.	
4. Circle the number preceding each functional requirement and each environmental factor 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, attached the specific medical standards for the information of the examining physician.	
A. FUNCTIONAL REQUIREMENTS, All in <input checked="" type="checkbox"/>.	
<ul style="list-style-type: none"> 1. Heavy lifting, 45 pounds and over <input checked="" type="checkbox"/> 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 45 pounds and over <input checked="" type="checkbox"/> 5. Moderate carrying, 15-44 pounds 6. Light carrying, 15-44 pounds 7. Straight pulling (hours) 8. Pulling hand over hand (hours) 9. Pushing (hours) <input checked="" type="checkbox"/> 10. Reaching above shoulder <input checked="" type="checkbox"/> 11. Use of fingers <input checked="" type="checkbox"/> 12. Both hands required <input checked="" type="checkbox"/> 13. Walking (2 hours) <input checked="" type="checkbox"/> 14. Standing (2 hours) 	<ul style="list-style-type: none"> 15. Crawling (hours) <input checked="" type="checkbox"/> 16. Kneeling (0.5 hours) <input checked="" type="checkbox"/> 17. Repeated bending (0.5 hours) 18. Climbing, legs only (hours) 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use and desirability of using firearms 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4
	<ul style="list-style-type: none"> 25. Far vision correctable in one eye <input checked="" type="checkbox"/> 26. Far vision correctable in one eye to 20/40 <input checked="" type="checkbox"/> 27. Specific visual requirement (specify) 28. Both eyes required <input checked="" type="checkbox"/> 29. Depth perception <input checked="" type="checkbox"/> 30. Ability to distinguish basic colors 31. Ability to distinguish shades of colors 32. Hearing (aid permitted) 33. Hearing without aid 34. Specif hearing requirements (specify) <input checked="" type="checkbox"/> 35. Other (specify) vision IAW Par 3-16e, AR40.501. Mental & Emotional stability
B. ENVIRONMENTAL FACTORS, All in <input checked="" type="checkbox"/>.	
<ul style="list-style-type: none"> 1. Outside <input checked="" type="checkbox"/> 2. Outside and inside <input checked="" type="checkbox"/> 3. Excessive heat <input checked="" type="checkbox"/> 4. Excessive cold <input checked="" type="checkbox"/> 5. Excessive humidity <input checked="" type="checkbox"/> 6. Excessive dampness or chilling <input checked="" type="checkbox"/> 7. Dry atmospheric conditions <input checked="" type="checkbox"/> 8. Excessive noise, intermittent <input checked="" type="checkbox"/> 9. Constant noise <input checked="" type="checkbox"/> 10. Dust 	<ul style="list-style-type: none"> 11. Silica, asbestos, etc. <input checked="" type="checkbox"/> 12. Fumes, smoke, or gases <input checked="" type="checkbox"/> 13. Solvents (degreasing agents) <input checked="" type="checkbox"/> 14. Grease and oils <input checked="" type="checkbox"/> 15. Radiant energy <input checked="" type="checkbox"/> 16. Electrical energy <input checked="" type="checkbox"/> 17. Slippery or uneven walking surfaces <input checked="" type="checkbox"/> 18. Working around machinery with moving parts <input checked="" type="checkbox"/> 19. Working around moving objects or vehicles
	<ul style="list-style-type: none"> 20. Working on ladders or scaffolding 21. Working below ground <input checked="" type="checkbox"/> 22. Unusual fatigue factors (specify) 23. Working with hands in water 24. Explosives 25. Vibration <input checked="" type="checkbox"/> 26. Working closely with others <input checked="" type="checkbox"/> 27. Working alone 28. Protracted or irregular hours of work <input checked="" type="checkbox"/> 29. Other (specify) High altitude work; high altitude travel flying in military aircraft

Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. EXAMINING PHYSICIAN'S NAME (Type or print) ASC Command Surgeon, MD or DO	3. SIGNATURE OF EXAMINING PHYSICIAN <hr/> <i>(Signature)</i>
2. ADDRESS (Including ZIP Code) AMSAS-SG RIA, IL 61299	<hr/> <i>(Date)</i>
IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.	

examining
physician
completes

78-110

STANDARD FORM NO. 78
OCTOBER 1969 (REVISION)
CIVIL SERVICE COMMISSION
FPM 239

EXAMINING PHYSICIAN COMPLETES

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors circled on the other side of this form. Please take these, and the brief description of the job duties above them, into consideration as you make your examination and report your findings and conclusions.

1. HEIGHT: _____ FEET, _____ INCHES. WEIGHT: _____ POUNDS. B.M.I. = _____

1. EYES: 20 20 20 20
 (A) Distant vision (Snellen): without glasses: right _____ left _____ ; with glasses, if worn; right _____ left _____
 (B) 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 _____
 employees in the Federal classified service as may be required by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 18, 1923 (Executive Order, September 4, 1924).

without glasses: { L _____ in. to _____ in. R _____ in. to _____ in.
 with glasses, if used: L _____ in. to _____ in. R _____ in. to _____ in.

(B) Color vision: Is color vision normal when Ishihara or other color plate test is used? YES NO
 If not, can applicant pass lantern, yarn, or other comparable test? YES NO

3. EARS: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)
 Ordinary conversation: _____
 Audiometer (if given):
 RIGHT EAR _____ ; LEFT EAR _____

250	500	1000	2000	3000	4000	5000	6000	7000	8000

4. OTHER FINDINGS: In items a through l briefly describe any abnormality (including diseases, scars, and disfigurations). Include brief history, if pertinent. If normal, so indicate.

a. Eyes, ears, nose, and throat (including tooth and oral hygiene)	e. Abdomen
b. Head and back (including face, hair, and scalp)	f. Peripheral blood vessels
c. Speech (note any malfunction)	g. Extremities
d. 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) Are there any medical or functional limitations which precludes safe wear of U.S. Army M40 negative pressure respirator? yes or no; if yes, what is the condition or limitation?

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 and mental Health

Jaeger No. 2 Type _____

Conclusions: Summarize below any medical findings which, in your opinion, would limit this person's performance of the job duties and/or would make him a hazard to himself or others. If none, so indicate.

- No limiting conditions for this job
- Limiting conditions as follows

Reference: use CENTCOM PPG & Tab-A, Mod 9, Sept2008; also use AR 40-501, Accessioning Section

FOR AGENCY USE ONLY

Applicant completes

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER			
1. NAME (<i>last, first, middle</i>)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If your answer is YES, explain fully to the physician performing the examination)</small>		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. _____ <small>(Signature of applicant)</small>	

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. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F.

Do Not Complete

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 (<i>type or print</i>)	3. LOCATION (<i>city, State, ZIP Code</i>)	4. DATE	
ASC Command Surgeon, MD or DO	AMSAS-SG RIA, IL 61299		

Part E. TO BE COMPLETED BY AGENCY PERSONNEL OFFICER

NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate handicap code in part F is circled. **IMPORTANT:** See FPM Chapter 293, Subchapter 3; FPM Chapter 339; and FPM Supplement 339-31 for disposition and/or filing of both parts of this form, either separately or together.

for ASC Command Surgeon Only

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 PERSONNEL OFFICER'S NAME (<i>Type or print</i>)	3. SIGNATURE	4. DATE	

Part F. HANDICAP CODE (*to be completed only in pre-appointment cases*)

If the person examined has or had a handicap listed below, circle the code number which pertains to that handicap. If more than one handicap applies, circle the one considered most limiting. If none of the handicap codes apply, circle code "00".

- | | | |
|---|---|--|
| 00 No handicap of the type listed | 40 Hearing aid required | 52 Diabetes-controlled |
| 10 Amputations-one major extremity | 41 No usable hearing | 53 Epilepsy-adequately controlled |
| 11 Amputation-two or more major extremities | 42 No usable hearing, with speech malfunction | 54 History of emotional behavioral problems requiring special placement effort |
| 20 Deformity or impaired function-upper extremity | 43 Normal hearing, with speech malfunction | 55 Mentally retarded |
| 21 Deformity or impaired function-lower extremity or back | 50 Tuberculosis-inactive pulmonary | 56 Mentally restored |
| 30 Vision-one eye only | 51 Organic heart disease (<i>compensated</i>)-Valvular, arrhythmia, arteriosclerosis, healed coronary lesions | |
| 31 No usable vision | | |

1. EXAMINING PHYSICIAN'S NAME (<i>type or print</i>)	3. SIGNATURE OF EXAMINING PHYSICIAN
ASC Command Surgeon, MD or DO	_____ <small>(signature)</small> _____ <small>(date)</small>
2. ADDRESS (including ZIP Code)	IMPORTANT: After signing, return <i>the entire form intact</i> in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.
AMSAS-SG RIA, IL 61299	