STATEMENT OF PHYSICAL ABILITY FOR LIGHT DUTY WORK

INSTRUCTIONS AND PRIVACY ACT INFORMATION FOR APPLICANT

Please read instructions for each section carefully before answering the questions. Type or print answers in ink. If additional details are req ired,u 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. (AT THE DISCRETION OF THE APPOINTING OFFICER, ADDITIONAL MEDICAL INFORMATION MAY BE REQUIRED.)

Solicitation of this information is authorized by Title 5 U.S.C. Section 3301, which provides for a determination as to an individual's fitness for employment with regard to age, health, and physical ability. The information will be

used in determining your eligibility for employment and, to that end may be provided to appropriate sources in order to identify you and to obtain an evaluation of your fitness and ability to perform the duties of the position f r which you are applying.

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as the means of identifying individuals in personnel record systems. Solicitation of your SSN is thus authorized by this executive order and will be 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, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility o holdt a Federal position.

IDENTIFICATION OF APPLICANT

Name (Last, First, Middle)		rthdat e(Month, Day, Year)	Social Security Number	Social Security Number		
Addres s(Number, Street, City, State and ZIP Code)	Ti	tle of Position Applied For				
	SECTION A PHYSICA	AL LIMITATIONS				
Answer eac hcircled item "YES" or "NO" by placing an additional details in Section D.	"X" in the proper box below. If	you answe <i>"YES</i> " to any circled i	item, give			
Do you have any problem:				YES	NO	
(a) reading small newspaper print (glasses permit	ted)?					
(b) reading ordinary newspaper headlines without glasses?						
(c) seeing distant objects with either eye (glasses	permitted)?			🗀		
2. Do you have difficulty in distinguishing basic colors (red, green, blue)?						
3. Do you have difficulty in distinguishing shades of colors?						
4. Do you have any hearing problem, including hearing telephone conversations (he ring aid permitted)?						
5. Do you wear a hearing aid?	·			🗀		
6. Do you have any speech impairment which hinders	3:					
(a) person-to-person conversation?						
(b) telephone conversation?						
(c) talking to groups of people?						
7. Do you have an amputation or abnormality of a leg	, foot, arm, hand, and/or fin er?	g				
8. Do you have difficulty in using arms, hands, or fing	gers for reaching in any di ection	nr grasping, handling, or fingering	?			
Do you have any disease or disability which would						

	SECTION B PHYSICAL ENDURANCE FACTORS		
	swer eac hcircled item "YES" or "NO" by placing an "X" in the proper box to show your physical bility ta carry out the listed activities ing each work day. If you answe "NO" to any item, give additional details in Section D.		
DU	RING THE WORK DAY ARE YOU PHYSICALLY ABLE TO PERFORM ACTIVITIES INVOLVING:	VEC	NO
4	Citting for long poriods of time?	TES	INO
	Sitting for long periods of time?		-
2.	Standing for long periods of time?		
3.	Some walking on flat surfaces, slight inclines, and occasionally climbing stai s?r		
4.	Frequent walking and/or climbing of stairs or steep inclines?		
5.	Occasional pushing and pulling motions as needed? (For example, opening and cl sing obors, drawers, etc.)		
6.	Frequent pushing and pulling motions? (For example, frequent opening and closi g file drawers)		
7.	Occasional bending, stooping, and crouching? (For example, reaching the botto shelfrof a supply cabinet)		
8.	Frequent bending, stooping, and crouching? (For example, frequently opening a d closing lower file drawers)		
9.	Occasionally lifting objects weighing up to 10-12 lbs. and frequently carryin lightwoeight items? (For example, ledgers, dockets, or		
	lightweight equipment)		
10.	Occasionally lifting objects weighing up to 20-25 lbs. and frequently carryin objects weighing up to 10-12 lbs.?		

		SECTION C ENVIRO	NMENTAL FACTORS			
	Some positions may involve unusual in the proper box. If you answer "N		g outside. Answer each <i>circled</i> item "YES" or "NO" by additional details in Section D.	placing an "X"		
 Outside (fr Severe hea Severe col Severe hui Severe dai Dry atmosi Severe noi Constant n 	under the following conditions: equently)		10. Some exposure to fumes, smoke, or gases 11. Some contact with solvents, greases, and oils 12. Occasional walking over rough terrain 13. Some climbing of short ladders (For example, to reach upper supply shelves) 14. Working below ground surface 15. Working alone 16. Occasional travel 17. Frequent travel		YES	NO
		SECTION D ADD	DITIONAL DETAILS			
Item No.	This space is for d		A, B, and C. (Give item No. & Section letter)			
Item No.						
Item No.						
Item No.						
Item No.						
Item No.						
Item No.						
	IF YO	U NEED MORE SPACE, A	ATTACH ADDITIONAL SHEETS			
I CERTIFY that Applicant's Sign	t all the information I have furnished is co		CATION BY APPLICANT wledge and belief.	Date Signed (M Day, Year)	lonth,	
		OFOTION F. FOR	ACENOV HOE ONLY			
1. Position To	Which Applicant Assigned	SECTION F FOR A 2. Other Action Taken	AGENCY USE UNLY	3. Date (Month Year)	, Day	',
4. Signature of	f Appointing Officer	5. Official Title				
6. Department	or Agency	7. Address of Agency				