

CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

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.

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

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Form Approved
OMB No. 3206 - 0250

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>)	

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Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. Purpose of examination <input type="checkbox"/> Pre-placement <input checked="" type="checkbox"/> Other (Specify) _____	2. Position Title, Series, and Grade Law Enforcement
3. Brief description of what the position requires the employee to do.	

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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</u> hours) | <input checked="" type="checkbox"/> Both eyes required |
| <input type="checkbox"/> Moderate lifting, 15-44 pounds | <input checked="" type="checkbox"/> Climbing, legs only (<u>1</u> hours) | <input 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 checked="" type="checkbox"/> Both legs required | <input checked="" type="checkbox"/> Ability to distinguish shades of colors |
| <input type="checkbox"/> Moderate carrying, 15-44 pounds | <input checked="" 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 checked="" type="checkbox"/> Ability for rapid mental and muscular coordination simultaneously | <input checked="" type="checkbox"/> Hearing without aid |
| <input checked="" type="checkbox"/> Straight pulling (_____ hours) | <input checked="" type="checkbox"/> Ability to use and desirability of using firearms | <input type="checkbox"/> Specific hearing requirements (specify)
Other (specify) |
| <input checked="" type="checkbox"/> Pulling hand over hand (_____ hours) | <input checked="" type="checkbox"/> Near vision correctable at 13" to 16" to Jaeger 1 to 4 | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Pushing (_____ hours) | <input checked="" type="checkbox"/> Far vision correctable in one eye to 20/20 and to 20/40 in the other | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Reaching above shoulder | <input type="checkbox"/> Specific visual requirement (specify)
_____ | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Use of fingers | | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Both hands required | | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Walking (<u>2</u> hours) | | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Standing (<u>1</u> hours) | | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Crawling (<u>1</u> hours) | | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Kneeling (<u>1</u> hours) | | <input type="checkbox"/> _____ |

4b. Environmental Factors

- | | | |
|--|--|---|
| <input type="checkbox"/> Outside | <input checked="" type="checkbox"/> Electrical energy | <input checked="" type="checkbox"/> Working alone |
| <input checked="" type="checkbox"/> Outside and inside | <input checked="" type="checkbox"/> Slippery or uneven walking surfaces | <input checked="" type="checkbox"/> Protracted or irregular hours of work |
| <input checked="" type="checkbox"/> Excessive heat | <input checked="" type="checkbox"/> Working around machinery with moving parts | Other (specify) |
| <input checked="" type="checkbox"/> Excessive cold | <input checked="" type="checkbox"/> Working around moving objects or vehicles | <input type="checkbox"/> Applicant will be performing _____ |
| <input checked="" type="checkbox"/> Excessive humidity | <input checked="" type="checkbox"/> Working on ladders or scaffolding | <input type="checkbox"/> Law Enforcement Duties, _____ |
| <input checked="" type="checkbox"/> Excessive dampness or chilling | <input type="checkbox"/> Working below ground | <input type="checkbox"/> enforcing laws making Arrest _____ |
| <input checked="" type="checkbox"/> Dry atmospheric conditions | <input type="checkbox"/> Unusual fatigue factors (specify)
_____ | <input type="checkbox"/> all hours of the day or night _____ |
| <input checked="" type="checkbox"/> Excessive noise, intermittent | <input checked="" type="checkbox"/> Working with hands in water | <input type="checkbox"/> 24-7 _____ |
| <input checked="" type="checkbox"/> Constant noise | <input checked="" type="checkbox"/> Explosives | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Dust | <input type="checkbox"/> Vibration | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Silica, asbestos, etc. | <input checked="" type="checkbox"/> Working closely with others | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Fumes, smoke, or gases | | |
| <input checked="" type="checkbox"/> Solvents (degreasing agents) | | |
| <input checked="" type="checkbox"/> Grease and oils | | |
| <input checked="" type="checkbox"/> Radiant energy | | |

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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.

Audiometer in dB (if given) for Right Ear:									
250	500	1000	2000	3000	4000	5000	6000	7000	8000

Left Ear _____
 20 ft.

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 disfigurations). 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)

IMPORTANT: 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: <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	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: <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 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)

**South Dakota Law Enforcement Training Center
Pierre, South Dakota**

MEDICAL VERIFICATION OF PHYSICAL ABILITY

This form is designed to assist the administration of the South Dakota Law Enforcement Training Center in determining whether a student is physically able to perform the duties of a law enforcement officer and complete the required activities in the Basic Training Program. This form is a required part of the student's certification to become a law enforcement officer and application to attend the Basic Academy. Unless this form is signed by the student's physician and submitted with the application, a student will not be allowed to participate in a Basic Training Program.

Student Information	Box 1
Name: _____	
First	MI
Last	
Agency Name: _____	
<p>I hereby request and authorize my examining physician to release the information contained in this form. I further agree to release and hold harmless my examining physician from any and all liability that might arise from the disclosure of such information.</p>	
_____	_____
Student Signature	Date

Examining Physician Information	Box 2
Name: _____	
First	MI
Last	
Type of Medical Practice: _____	
Area of Specialization: _____	
Professional Credentials (Licenses, Certifications, Etc.): _____	

Contact Information:	
Address: _____	
Phone: _____	

Examining Physician Certification	Box 3
<p>After examining the student listed in Box 1 of this form and reviewing the training requirements listed in Box 4 through Box 8 of this form, based on my education, training and experience, it is my opinion that the student has no medical or physical condition that would prevent the student from completing the physical requirements of the Basic Certification program and perform the duties of a law enforcement officer.</p>	
_____	_____
Signature	Date

Physical Requirements of Physical Training and Assessments**Box 4**

Basic Law Enforcement Certification includes 25 hours of physical fitness testing and activities. During their first days at the academy, students participate in a fitness assessment which includes a step test (assuming acceptable blood pressure), sit-ups, push-ups, and a 1.5 mile run. Thereafter, the students participate in fitness sessions which include running/walking (2-5 miles maximum), calisthenics, including push ups, sit ups, leg lifts and other strength improving exercises, circuit training, aerobics, conditioning using jump ropes, resistance bands, and medicine balls, team sports, such as volleyball and basketball. At the conclusion of the academy, students again complete the fitness assessment to compare these results with their first week performance.

Physical Requirements for Defensive Tactics Training**Box 5**

Defensive Tactics Training is conducted over one continuous five-day period, most of which involves unarmed defense and close combat situations. Students will be involved in grappling, and deliver and receive strikes and kicks in dynamic scenarios, requiring a high level of physical exertion and body flexibility. Students will practice and demonstrate techniques involving pressure point application to sensitive areas of the body, dynamic forward, backward and lateral movements, and twisting and striking while swinging a baton. Handcuffing techniques will be performed, requiring flexibility and full range of movement of the wrist, arm and shoulder.

Physical Requirements for Practical Exercises**Box 6**

Students will be required to react to realistic scenarios involving simulated physical and weapon attacks in which they are expected to apprehend suspects, control resistance and restrain subjects. Officers will use training weapons, including firearms. During scenarios students may be required to run, crouch, crawl, kneel and fire handguns from various positions. Required movements will include entering and exiting a vehicle repeatedly, kneeling and standing for prolonged periods of time, and reaction to spontaneous threat situations with physical tactics and firearms skills that have already been taught. Scenarios will require sudden stops, starts and turns on hard surfaces. Scenarios may occur in all environments, such as inclement weather, hard surfaces, or stairwells.

Physical Requirements of Emergency Vehicle Operation Training**Box 7**

Each student must successfully complete Emergency Vehicle Operation Training (EVOC), an intensive battery of repeated driving drills conducted over one continuous five-day period. This battery subjects the student to several physically demanding maneuvers. Students drive in reverse for considerable distances, and perform reverse driving exercises that require significant rapid turns of the upper body and hips. The course also requires repeated sudden braking, stopping, and turning and requires a student to make strenuous, visual safety checks. These checks require considerable twisting of the head, neck, and upper body.

Physical Requirements of Firearms Training**Box 8**

Successful completion of firearms training is required for certification as a Law Enforcement Officer. Firearm training consists of intense live-fire exercises and dry-fire drills. Each student will shoot approximately 1200 rounds from a handgun and approximately 60 rounds from a shotgun in a four-day period. At the conclusion of the training, each student must shoot a qualifying score with both firearms. Successful firearms training requires the requisite fine motor skills to safely manipulate and shoot loaded firearms with both dominant and non-dominant hands and fingers. Most shooting is done with the dominant hand. Students must successfully and safely manipulate trigger pulls of varying weight and physically support a loaded firearm from a variety of shooting stances and positions. Students are required to shoot from a standing, kneeling, and prone position and perform numerous repetitions transitioning from a standing to kneeling position while safely holding a loaded firearm. Training movements require students to move forward, backward and laterally, be able to see and identify hostile and non-hostile targets in various lighting conditions, and simulate high risk scenarios that include running, and tactical movements such as kneeling, crouching, and crawling. Students must have the ability to hear range commands while wearing hearing protection (ear plugs or ear muffs).