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.
<table>
<thead>
<tr>
<th>Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name (Last, First, Middle Initial)</td>
</tr>
<tr>
<td>2. Federal Employee Number</td>
</tr>
<tr>
<td>3. Sex</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>4. Birth Date (month, day, year)</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>(If your answer is YES, explain fully to the physician performing the examination)</td>
</tr>
<tr>
<td>6. Address (including City, State, Zip Code)</td>
</tr>
<tr>
<td>7. E-mail Address</td>
</tr>
<tr>
<td>8. Telephone Numbers (with Area Code)</td>
</tr>
<tr>
<td>9. Applicant or Employee Consent and Certification</td>
</tr>
</tbody>
</table>

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 (month, day, year)                       |
To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION
U.S. Office of Personnel Management

<table>
<thead>
<tr>
<th>Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Purpose of examination</td>
</tr>
<tr>
<td>☑ Pre-placement</td>
</tr>
<tr>
<td>☐ Other (Specify)</td>
</tr>
<tr>
<td>2. Position Title, Series, and Grade</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

3. Brief description of what the position requires the employee to do.

The student presenting this form is applying for the Rio Hondo College Wildland Fire Academy (WFA). If the student successfully completes the Wildland Fire Academy, they can potentially be selected as a member of the Roadrunners Fire Crew. In order to assist in your evaluation, below is a brief synopsis of what our training entails as well as the working conditions candidates will encounter.

The WFA is a semester long class which includes a very rigorous physical training program. Students are expected to participate in 1.5 to 2 hours of physical training 3 days per week. This training includes: runs starting at 3 miles and ending at 13.1 miles, coupled with literally thousands of pushups, leg lifts, and other calisthenics throughout the duration of the 15-week program. Additionally, candidates participate in 8 to 10 field exercises on rugged and uneven mountain hillslides. Students will practice skills used by wildland fire fighters including brush removal with hand tools.

The Roadrunners are a hand crew whose responsibilities include construction of control lines on wildland fires using shovels, axes, chain saws, portable pumps and fire hoses. They typically work in a hot, dusty, dirty environment for as long as 24 hours at a time and when not assigned to fires they are involved in heavy construction projects.

Our cadre has observed the following: students with family histories of heart problems or those who suffer from asthma, diabetes, severe allergies or who have had previous injuries to knees or ankles have a much higher than average drop-out rate due to injury or illness. We urge you to closely question and test prospective candidates in these areas to minimize the possibly of re-injury to them; thus only students who have a realistic chance at success are to be registered in the program.

Should you desire more information please contact the course coordinator at (562) 463-7737.
### 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

- **Repeated bending (6 hours)**
- **Climbing, legs only (4 hours)**
- **Both legs required**
- **Operation of crane, truck, tractor, or motor vehicle**
- **Ability for rapid mental and muscular coordination simultaneously**
- **Ability to use and desirability of using firearms**
- **Near vision correctable at 13" to 16" to Jaeger 1 to 4**
- **Far vision correctable in one eye to 20/20 and to 20/40 in the other**
- **Specific visual requirement (specify)**
- **Both eyes required**
- **Depth perception**
- **Ability to distinguish basic colors**
- **Ability to distinguish shades of colors**
- **Hearing (aid permitted)**
- **Hearing without aid**
- **Specific hearing requirements (specify)**

#### 4b. Environmental Factors

- **Outside**
- **Outside and inside**
- **Excessive heat**
- **Excessive cold**
- **Excessive humidity**
- **Excessive dampness or chilling**
- **Dry atmospheric conditions**
- **Excessive noise, intermittent**
- **Constant noise**
- **Dust**
- **Silica, asbestos, etc.**
- **Fumes, smoke, or gases**
- **Solvents (degreasing agents)**
- **Grease and oils**
- **Radiant energy**
- **Electrical energy**
- **Slippery or uneven walking surfaces**
- **Working around machinery with moving parts**
- **Working around moving objects or vehicles**
- **Working on ladders or scaffolding**
- **Working below ground**
- **Unusual fatigue factors (specify)**
- **Working with hands in water**
- **Explosives**
- **Vibration**
- **Working closely with others**
- **Working alone**
- **Protracted or irregular hours of work**

Other (specify)

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U.S. Office of Personnel Management  
Section 3301 of Title 5 United States Code  
Title 5 CFR 339  
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July 2009  
Formerly SF 78  
Previous editions not useable
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CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

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 _____ left _____; with corrective lenses, if worn; right _____ left _____
   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)

e. Color vision: Is color vision normal by Ishihara or other color plate test?
   If not, can applicant pass lantern test?
   Can see red/green/yellow?
   __ Yes  __ No
   __ Yes  __ No
   __ Yes  __ No

U.S. Office of Personnel Management
Section 3301 of Title 5 United States Code
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Page 5 of 8
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:

<table>
<thead>
<tr>
<th>Frequency (Hz)</th>
<th>250</th>
<th>500</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>5000</th>
<th>6000</th>
<th>7000</th>
<th>8000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>20 ft.</td>
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</tbody>
</table>

Left Ear

<table>
<thead>
<tr>
<th>Frequency (Hz)</th>
<th>250</th>
<th>500</th>
<th>1000</th>
<th>2000</th>
<th>3000</th>
<th>4000</th>
<th>5000</th>
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<th>7000</th>
<th>8000</th>
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<tr>
<td>20 ft.</td>
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4. Other Findings: Describe any abnormality (including diseases, scars, and disfigurements). 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)

<table>
<thead>
<tr>
<th>Component</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SP. Gr.</td>
<td></td>
</tr>
<tr>
<td>Sugar</td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td>Albumen</td>
<td></td>
</tr>
<tr>
<td>Casts</td>
<td></td>
</tr>
<tr>
<td>Pus</td>
<td></td>
</tr>
</tbody>
</table>

   i. Respiratory tract (X-ray if indicated)

   j. Heart (size, rate, rhythm, function)

   | Blood pressure |   |
   | Pulse          |   |

   k. Back (special consideration for positions involving heavy lifting and other strenuous duties)

   l. Neurological (including reflexes, sensation) and mental health
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:

<table>
<thead>
<tr>
<th>6. Examing Physician's Name</th>
<th>7. E-Mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>8. Address (Including Street, City, State and ZIP Code)</th>
<th>9. Telephone Number</th>
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<table>
<thead>
<tr>
<th>10. Signature of Examining Physician</th>
<th>11. Date (Month, Day, Year)</th>
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</table>

IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.
CERTIFICATE OF MEDICAL EXAMINATION
U.S. OFFICE OF PERSONNEL MANAGEMENT

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:
   - Hire or retain; describe limitations, if any, here.
   - 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:
   - Hired or Retained
   - Non-Selected for Appointment, or Eligibility Objected To
   - 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)