

**STATEMENT OF PHYSICAL ABILITY FOR LIGHT DUTY WORK
INSTRUCTIONS TO APPLICANT**

Please read instructions for each section carefully before answering the questions. Type or print answers in ink. If additional details are required, 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, A MEDICAL EXAMINATION MAY BE REQUIRED.) See Privacy Act Statement on reverse side.

IDENTIFICATION OF APPLICANT

NAME (Last, First, Middle)	DATE OF BIRTH (Mo., Day, Yr.)	SOCIAL SECURITY NUMBER
ADDRESS (Number, Street, City, State and ZIP Code)	TITLE OF POSITION APPLIED FOR	

SECTION A - PHYSICAL LIMITATIONS

Answer each circled item "YES" or "NO" by placing an "X" in the proper box below. If you answer "YES" to any circled item, give additional details in Section D.

	YES	NO
1. Do you have any problem:		
(a) reading small newspaper print (glasses permitted)?		
(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 (hearing aid permitted)?		
5. Do you wear a hearing aid?		
6. Do you have any speech impairment which hinders:		
(a) person-to-person conversation?		
(b) telephone conversation?		
7. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or finger?		
8. Do you have difficulty in using arms, hands, or fingers for reaching in any direction, grasping, handling, or fingering?		
9. Do you have any disease or disability which would make your employment in light duty work a hazard to yourself or others?		

SECTION B - PHYSICAL ENDURANCE FACTORS

Answer each circled item "YES" or "NO" by placing an "X" in the proper box to show your physical ability to carry out the listed activities during each work day. If you answer "NO" to any item, give additional details in Section D.

DURING THE WORK DAY ARE YOU PHYSICALLY ABLE TO PERFORM ACTIVITIES INVOLVING:

	YES	NO
1. Sitting for long periods of time?		
2. Standing for long periods of time?		
3. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?		
4. Frequent walking and/or climbing of stairs or steep inclines?		
5. Occasional pushing and pulling motions as needed? (For example, opening and closing doors, drawers, etc.)		
6. Frequent pushing and pulling motions? (For example, frequent opening and closing file drawers)		
7. Occasional bending, stooping, and crouching? (For example, reaching the bottom shelf of a supply cabinet)		
8. Frequent bending, stooping, and crouching? (For example, frequently opening and closing lower file drawers)		
9. Occasionally lifting objects weighing up to 10-12 lbs. and frequently carrying lightweight items? (For example, ledgers, dockets, or lightweight equipment)		
10. Occasionally lifting objects weighing up to 20-25 lbs. and frequently carrying objects weighing up to 10-12 lbs?		

SECTION C - ENVIRONMENTAL ENDURANCE FACTORS

Some positions may involve unusual working conditions or working outside. Answer each *circled* item "YES" or "NO" by placing an "X" in the proper box. If you answer "NO" to any circled item give additional details in Section D.

Can you work under the following conditions:

		YES	NO			YES	NO
1. Outside (frequently)				10. Some exposure to fumes, smoke, or gases			
2. Severe heat				11. Some contact with solvents, greases, and oils			
3. Severe cold				12. Occasional walking over rough terrain			
4. Severe humidity				13. Some climbing of short ladders (For example, to reach upper supply shelves)			
5. Severe dampness or chilling				14. Working below ground surface			
6. Dry atmospheric conditions				15. Working alone			
7. Severe noise				16. Occasional travel			
8. Constant noise				17. Frequent travel			
9. Dusty atmospheres							

SECTION D - ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and C. (Give item No & Section letter.) If you need more space, attach additional sheets.

Item No.		Item No.	

SECTION E - CERTIFICATION BY APPLICANT

I CERTIFY that all the information I have furnished is correct to the best of my knowledge and belief.

_____ (Applicant's Signature)

_____ (Date)

SECTION F - (DEPARTMENT OF THE ARMY USE ONLY)

1. POSITION TO WHICH APPLICANT IS ASSIGNED	2. OTHER ACTION TAKEN	3. HANDICAP CODE
4. NAME OF INSTALLATION	5. NAME OF EMPLOYING NAFI	
6. SIGNATURE OF APPOINTING OFFICER	7. OFFICIAL TITLE	8. DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY. 5 USC 301.

PRINCIPAL PURPOSES. The information you provide is for the purpose of evaluating your physical ability to perform light duty work without medical examination.

ROUTINE USES. The information may be used to make the following determinations: Disability retirement, health benefits eligibility; disputed health benefits claim validity; suitability for employment or continued employment.

Information from this form may be provided to officials of Federal agencies responsible for Federal benefits programs administered by Office of Workers' Compensation and Social Security Administration. Information may also be provided to private contractors engaged in providing benefits for NAFI employees.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION. Disclosure of Social Security Number (SSN) is voluntary. However, failure to provide your SSN and other requested information may be cause to require a complete physical examination or may preclude employment.

DEPARTMENT OF THE ARMY
NONAPPROPRIATED FUNDS

STATEMENT OF PHYSICAL ABILITY FOR LIGHT DUTY WORK

INSTRUCTIONS TO APPOINTING OFFICER

This statement is to be used in lieu of a Certificate of Medical Examination for Department of the Army Nonappropriated Fund positions whose maximum physical requirements do not exceed those identified on the questionnaire and may properly be evaluated by an appointing officer.

If either as a result of replies on the statement, or of personal observation, the appointing officer believes the applicant is physically unable to do the job or would create a hazard to himself/herself or others, the appointing officer may require the applicant to undergo a medical examination as a prerequisite to employment in the position.

(The examination may not be required solely on the basis of the applicant's age, sex, or other non-job related factor.) In addition, for positions having unusual sight or hearing requirements an appropriate specialized examination may be required.

In all cases, the statement should be completed and reviewed prior to employment and before the applicant incurs any expense in traveling a distance to a duty station.

Completed statements may be disposed of as soon as they have served the purpose of the appointing officer.

COMPLETING AND REVIEWING THE STATEMENT

1. Fill in "Title of Position Applied For" under "IDENTIFICATION OF APPLICANT".
2. Circle in *RED* the *item number* of the questions, in each section, which will determine the applicant's physical ability to perform the duties of the position. Circle *ONLY* those items which pertain to the physical requirements of the job, or in the case of Section C, the environmental factors.
3. After the applicant completes the statement, take appropriate action as indicated by the applicant's replies. *A medical officer should be consulted when indicated by detailed replies.* Complete item 3, Section F, "FOR DEPARTMENT OF THE ARMY USE ONLY," by entering the appropriate handicap code. The list of handicaps and corresponding codes is on the reverse side of these instructions.

HANDICAP CODES AND INSTRUCTIONS

(Note carefully numbers and definitions)

CODE

- ① No handicap of the type listed.
- ⑩ Amputation - on major extreimty.
- ⑪ Amputation - two or more major extremities.
- ⑳ Deformity or impaired function - upper extremity.
- ㉑ Deformity or impaired function - lower extremity or back.
- ③① Vision - one eye only.
- ③② No usable vision.
- ④① Hearing aid required.
- ④② No usable hearing.
- ④③ No usable hearing with speech malfunction.

CODE

- ④④ Normal hearing with speech malfunction.
- ⑤① Tuberculosis - inactive pulmonary.
- ⑤② Organic heart disease (compensated) - valvular, arrhythmia, arteriosclerosis, healed coronary lesions.
- ⑤③ Diabetes - controlled.
- ⑤④ Epilepsy - adequately controlled.
- ⑤⑤ History of emotional or behavioral problems requiring special placement effort.
- ⑤⑥ Mentally retarded.
- ⑤⑦ Mentally restored.

If the applicant indicates that he/she has or has had a handicap which is listed above, enter the corresponding code number in item 3, Section F (*DEPARTMENT OF THE ARMY USE ONLY*). If more than one handicap applies, enter the one you consider most limiting. If none of the handicaps apply, enter code "00".