

Request for Medical Determination and Report of Findings

Use prescribed by NIH Manual 2300-339-2

PART 1

To be completed by the Servicing Personnel Office and sent to the Director, OMS, Building 10-ACRF, Room 6C306. If an examination is to be completed by the OMS, attach a completed SF 78, "Certificate of Medical Examination" and SF 93, "Report of Medical History," and the "Medical Qualification Determination Questionnaire," Form NIH 750-3.

1. Name of Selectee (<i>First name, middle initial, and last name</i>)		2. Currently employed by NIH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Selectee's Examination <input type="checkbox"/> Selectee is scheduled to be examined by the OMS on: _____ at _____ <input type="checkbox"/> Has elected to be examined by his/her private physician who will forward documentation directly to OMS.			
4. Effective Date (<i>proposed</i>)	<input type="checkbox"/> Will not EOD until satisfactory completion of medical examination has been documented and received by the IC representative identified below:		5. Selectee's Phone Numbers and Best Times to Call Office: Home: Other:
6. Position for Which Selected	7. Name of Supervisor of Position		

Contacts

8. Name of IC Representative	IC	Building and Room	Phone No.
9. State Div. of Vocational Rehab. Counselor			Phone No.
10. Department of Labor OWCP Counselor			Phone No.
11. Other: Name	Title	Organization	Phone No.

PART 2

To be completed by the Medical Director, OMS. Return the original to the Personnel Officer contact identified above and keep one copy in the Employee Medical File (EMF).

The selectee/employee identified above:

- ☐ Did not report for the scheduled examination.
- ☐ Is medically qualified for the position for which examined.
- ☐ is medically qualified based on information in the EMF. Medical examination is therefore waived and the examination identified in Part 1 has been canceled.
- ☐ is not medically qualified for the position for which examined.

Signature of Medical Director, OMS	Date
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PART 3 -- Instructions to the Examinee

On the day you receive this form from OMS you MUST return it to the IC representative identified in Part 1. Failure to do so may delay your movement into the position for which you were examined.