

MEDICAL QUALIFICATION DETERMINATION QUESTIONNAIRE

(Use prescribed by NIH Manual 2300-339-2)

The information provided on this form will assist in determining whether the selectee must pass a medical examination to qualify for placement into the position/assignment identified and to determine the content of the examination.

INSTRUCTIONS FOR SELECTING OFFICIAL/ADMINISTRATIVE OFFICER (as defined by ICD policy): Submit this form with (1) each Standard Form 52, "Request for Personnel Action," affecting a position covered by NIH Manual Issuance 2300-339-2, and (2) the documentation on a nonemployee program selection, e.g., Guest Researcher, IRTA Fellow, Visiting Fellow, Student or Special Volunteer. The information reported in parts II and III should be supported by the official position description or the description of the nonemployee program assignment.

Complete the name of the selectee (part IV) if known.

INSTRUCTIONS FOR PERSONNEL OFFICES/ICD REPRESENTATIVES: If the selectee will be given a federal appointment, an affirmative answer to any item in part I qualifies the selectee for participation in an NIH medical surveillance program and requires that he/she pass a medical examination. The examination may be waived under the conditions stated in NIH Manual 2300-339-2, part G.2. If the selectee will be participating in a nonemployee program, an affirmative answer to any item in part I, dictates that the selectee must pass a medical examination as a condition of his/her assignment.

Complete the name of the selectee (part IV) before forwarding this form to OMS.

Actual or Proposed Position Title or Name of Nonemployee Program

Position Number

Part I - Will the incumbent come into contact with any of the following in the normal course of conducting business?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Highly toxic agents (list types):
<input type="checkbox"/>	<input type="checkbox"/>	Electrical transformers (PCBs)	<input type="checkbox"/>	<input type="checkbox"/>	Animals <input type="checkbox"/> Non-human primates <input type="checkbox"/> Other (specify):
<input type="checkbox"/>	<input type="checkbox"/>	Gas autoclave (ethylene oxide)	<input type="checkbox"/>	<input type="checkbox"/>	Human blood or body fluids
<input type="checkbox"/>	<input type="checkbox"/>	High noise levels	<input type="checkbox"/>	<input type="checkbox"/>	Infectious agents <input type="checkbox"/> Retroviruses <input type="checkbox"/> Other (specify):
<input type="checkbox"/>	<input type="checkbox"/>	Inorganic mercury	<input type="checkbox"/>	<input type="checkbox"/>	One or more patients (in any capacity)
<input type="checkbox"/>	<input type="checkbox"/>	Highly toxic agents (list types):	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify agent or environmental factor):

Part II - Will the incumbent be required to:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Lift 45 pounds or more	<input type="checkbox"/>	<input type="checkbox"/>	Climb using legs only (___ hours)
<input type="checkbox"/>	<input type="checkbox"/>	Lift 14-44 pounds or more	<input type="checkbox"/>	<input type="checkbox"/>	Climb using legs and arms (___ hours)
<input type="checkbox"/>	<input type="checkbox"/>	Lift under 15 pounds or more	<input type="checkbox"/>	<input type="checkbox"/>	Use both legs
<input type="checkbox"/>	<input type="checkbox"/>	Carry 45 pounds	<input type="checkbox"/>	<input type="checkbox"/>	Operate a crane, truck, tractor, or motor vehicle

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Carry 14-44 pounds	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrate rapid mental and muscular coordination simultaneously
<input type="checkbox"/>	<input type="checkbox"/>	Carry under 15 pounds	<input type="checkbox"/>	<input type="checkbox"/>	Use firearms
<input type="checkbox"/>	<input type="checkbox"/>	Perform straight pulling (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Have near vision correctable at 13" to 16" to Jaeger 1 to 4
<input type="checkbox"/>	<input type="checkbox"/>	Pull hand over hand (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Have far vision correctable in one eye to 20/20 and to 20/40 in the other
<input type="checkbox"/>	<input type="checkbox"/>	Push (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Have far vision correctable in one eye to 20/50 and to 20/100 in the other
<input type="checkbox"/>	<input type="checkbox"/>	Reach above the shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Have other visual requirements (specify):
<input type="checkbox"/>	<input type="checkbox"/>	Use fingers	<input type="checkbox"/>	<input type="checkbox"/>	Use both eyes
<input type="checkbox"/>	<input type="checkbox"/>	Use both hands	<input type="checkbox"/>	<input type="checkbox"/>	Use depth perception
<input type="checkbox"/>	<input type="checkbox"/>	Walk (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Distinguish basic colors
<input type="checkbox"/>	<input type="checkbox"/>	Stand (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Distinguish shades of colors
<input type="checkbox"/>	<input type="checkbox"/>	Crawl (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Hear (aid permitted)
<input type="checkbox"/>	<input type="checkbox"/>	Kneel (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Hear without an aid
<input type="checkbox"/>	<input type="checkbox"/>	Bend repeatedly (___ hours)	<input type="checkbox"/>	<input type="checkbox"/>	Have other hearing requirements (specify):
<input type="checkbox"/>	<input type="checkbox"/>	Perform functional requirements not addressed above (specify):			

Part III - Will the incumbent be working:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Outside	<input type="checkbox"/>	<input type="checkbox"/>	In dust	<input type="checkbox"/>	<input type="checkbox"/>	On ladders or scaffolding
<input type="checkbox"/>	<input type="checkbox"/>	Outside and inside	<input type="checkbox"/>	<input type="checkbox"/>	In silica, asbestos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Unusual fatigue factors (specify)
<input type="checkbox"/>	<input type="checkbox"/>	In excessive heat	<input type="checkbox"/>	<input type="checkbox"/>	In fumes, smoke, or gases	<input type="checkbox"/>	<input type="checkbox"/>	Working with hands in water
<input type="checkbox"/>	<input type="checkbox"/>	In excessive cold	<input type="checkbox"/>	<input type="checkbox"/>	In solvents (degreasing agents)	<input type="checkbox"/>	<input type="checkbox"/>	With explosives
<input type="checkbox"/>	<input type="checkbox"/>	In excessive humidity	<input type="checkbox"/>	<input type="checkbox"/>	In grease and oils	<input type="checkbox"/>	<input type="checkbox"/>	With vibration
<input type="checkbox"/>	<input type="checkbox"/>	In excessive dampness or chilling	<input type="checkbox"/>	<input type="checkbox"/>	With electrical energy	<input type="checkbox"/>	<input type="checkbox"/>	Closely with others
<input type="checkbox"/>	<input type="checkbox"/>	In dry atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	On slippery or uneven walking surfaces	<input type="checkbox"/>	<input type="checkbox"/>	Alone
<input type="checkbox"/>	<input type="checkbox"/>	In excessive noise, intermittently	<input type="checkbox"/>	<input type="checkbox"/>	Around machinery with moving parts	<input type="checkbox"/>	<input type="checkbox"/>	Protracted or irregular hours
<input type="checkbox"/>	<input type="checkbox"/>	In constant noise	<input type="checkbox"/>	<input type="checkbox"/>	Around moving objects or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

Part IV

Signature

Date

Name (printed)

Title

Relationship to the Position: Immediate Supervisor Name of Selectee:

Administrative Officer

Other (specify): _____