

# 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	
		Asbestos			Highly toxic agents (list types):
		Electrical transformers (PCBs)			Animals ___ Non-human primates ___ Other (specify):
		Gas autoclave (ethylene oxide)			Human blood or body fluids
		High noise levels			Infectious agents ___ Retroviruses ___ Other (specify):
		Inorganic mercury			One or more patients (in any capacity)
		Highly toxic agents (list types):			Other (specify agent or environmental factor):

**Part II - Will the incumbent be required to:**

YES	NO		YES	NO	
		Lift 45 pounds or more			Climb using legs only (      hours)
		Lift 14-44 pounds or more			Climb using legs and arms (      hours)
		Lift under 15 pounds or more			Use both legs
		Carry 45 pounds			Operate a crane, truck, tractor, or motor vehicle

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

**Part III - Will the incumbent be working:**

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

**Part IV**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Relationship to the Position: ☐ Immediate Supervisor    Name of Selectee: \_\_\_\_\_  
☐ Administrative Officer  
☐ Other (specify): \_\_\_\_\_