

PHYSICAL FITNESS INQUIRY FOR MOTOR VEHICLE OPERATORS

1. Name <i>(Last, First, Middle)</i>	2. Date of Birth <i>(Month, Day, Year)</i>	3. Title of Position
4. Home Address <i>(Number, Street or RFD, City, State and Zip Code)</i>	5. Employing Agency	

6. Have you ever had or have you now: *(Please check at left of each item.)*

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Poor vision in one or both eyes	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism, swollen or painful joints
<input type="checkbox"/>	<input type="checkbox"/>	Eye disease	<input type="checkbox"/>	<input type="checkbox"/>	Loss of hand, arm, foot, or leg
<input type="checkbox"/>	<input type="checkbox"/>	Poor hearing in one or both ears	<input type="checkbox"/>	<input type="checkbox"/>	Deformity of hand, arm, foot, or leg
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental trouble of any kind
<input type="checkbox"/>	<input type="checkbox"/>	Palpitation, chest pain, or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Blackouts or epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Excessive drinking habit (Alcohol)
<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other serious defects or diseases
<input type="checkbox"/>	<input type="checkbox"/>	Drug or narcotic habit	<input type="checkbox"/>	<input type="checkbox"/>	

7. If your answer is "Yes" to one or more of the above questions, explain fully in this space, indicating date of original condition and current status:

8. (A) Do you wear glasses (or contact lenses) while driving?..... YES NO

(B) Do you wear a hearing aid?..... YES NO

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to ascertain the physical fitness of Federal employees whose jobs require authorization to drive Government-owned or -leased vehicles. It is also used in the renewal of authorizations for all such employees. Based on

the information provided, employees may be referred for a medical examination before being granted an initial authorization or a renewal. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Certification: I certify that my answers to the above are full and true, and I understand that a willfully false statement or dishonest answer may be grounds for cancellation of my eligibility or dismissal from the service and is punishable by law.	9. Signature	10. Date Signed <i>(Month, Day, Year)</i>
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REVIEW AND CERTIFICATION BY DESIGNATED OFFICIAL

I certify that I have reviewed this physical fitness inquiry form and other available information regarding the physical condition of the applicant, and that I have made the following determination:

- 1. There is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.
- 2. On the basis of items checked on this form or other information, this applicant must be referred for physical examination before authorized to operate a Government-owned or -leased motor vehicle or current authorization is renewed.
- 3. Items checked on this form or otherwise available do not warrant referral for medical examination because of the following facts:

Signature of Designated Official	Date Signed <i>(Month, Day, Year)</i>
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