MEDICAL EVALUATION REQUEST & REPORT NNSY 6120/3 (Rev 09-03)

PRIVACY ACT NOTICE

Provisions of the information requested is voluntary; however, failure to supply this information may delay or prevent action. Solicitation of the Social Security Number (SSN) by the United States Civil Service Commision or other Federal Agencies is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of system of records. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names, birth dates, and whose identities can only be distinguished by SSN.

The information is provided pursuant to Public Law 93-579 (Privacy Act of 1974).

FROM: **SHIPYARD MEDICAL OFFICER**	DATE:
TO: **SHIPYARD MEDICAL COORDINATOR (CODE 902.5)**	

NAME OF EMPLOYEE:	BADGE NO.:	SSN NO.

1. MEDICAL OFFICER'S RECOMMENDATIONS/COMMENTS:

2. CONCLUSIONS:

CLASS I. QUALIFIED FOR FULL DUTY OF PAYROLL TITLE:

☐ I- A. NO ABNORMALITY PRESENT

☐ I- B. HANDICAP IS CONTROLLED OR UNRELATED TO DUTIES. MAY RESUME FULL DUTY.

CLASS II. NOT QUALIFIED FOR FULL DUTY OF PAYROLL TITLE:

☐ II- A. ALTERED FITNESS WORK ASSIGNMENT IS RECOMMENDED. CAPACITIES ARE INDICATED ON REVERSE SIDE.

CLASS III. NOT QUALIFIED FOR ANY DUTY OF PAYROLL TITLE:

MEDICAL OFFICER SIGNATURE OF MEDICAL OFFICER

CLASS IV. NOT QUALIFIED FOR ANY DUTY IN SHIPYARD:

IV- A. NON-WORK STATUS-PERMANENT RETIREMENT OR SEPARATION IS RECOMMENDED.

MEDICAL OFFICER SIGNATURE OF MEDICAL OFFICER

3. DISABILITY IS

☐ WORK RELATED ☐ NOT WORK RELATED ☐ MAY BE WORK RELATED ☐ WORK AGGRAVATED PERSONAL CONDITION

SIGNATURE	TITLE

PHYSICAL REQUIREMENTS

ENVIRONMENTAL FACTORS

	CAPACITY				CAPACITY		
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE
1. OUTSIDE				18. WORKING AROUND MACHINERY WITH MOVING PARTS			
2. OUTSIDE AND INSIDE				19. MOVING ARTICLES OR VEHICLES			
3. EXCESSIVE HEAT				20. WORKING ON LADDERS OR SCAFFOLDING			
4. EXCESSIVE COLD				21. WORKING BELOW GROUND			
5. EXCESSIVE HUMIDITY				22. UNUSUAL FATIGUE FACTORS (Specify)			
6. EXCESSIVE DAMPNESS OR CHILLING							
7. DRY ATMOSPHERIC CONDITIONS				23. WORKING WITH HANDS IN WATER			
8. EXCESSIVE NOISE INTERMITTENT				24. EMPLOYEES			
9. CONSTANT NOISE				25. VIBRATION			
10. DUST				26. WORKING CLOSELY WITH OTHERS			
11. SILICA, ASBESTOS, ETC.				27. WORKS ALONE			
12. FUMES, SMOKE OR GASES				28. PROTRACTED OR IRREGULAR HOURS OF WORK			
13. SOLVENTS (Degreasing agents)				29. SPECIAL FACTOR (Specify)			
14. GREASE AND OILS				30. Uses respiratory equipment			
15. RADIANT ENERGY				31. Enters accesses 18" in diameter			
16. ELECTRICAL ENERGY				32. RAD qualification required.			
17. SLIPPERY OR UNEVEN WALKING SURFACES				33. Works in confined space.			

FUNCTIONAL FACTORS

	CAPACITY				CAPACITY		
	FULL	PARTIAL	NONE		FULL	PARTIAL	NONE
1. HEAVY LIFTING, 45 POUNDS AND OVER				22. ABILITY FOR RAPID MENTAL AND MUSCULAR COORDINATION SIMULTANEOUSLY			
2. MODERATE LIFTING, 15-44 POUNDS				23. ABILITY TO USE AND DESIRABILITY OF USING FIREARMS			
3. LIGHT LIFTING, UNDER 15 POUNDS							
4. HEAVY CARRYING 45 POUNDS AND OVER				24. NEAR VISION CORRECTABLE AT 13 -16 INCHES TO Jaeger 1 to 4.			
5. MODERATE CARRYING, 15-44 POUNDS							
6. LIGHT CARRYING, UNDER 15 POUNDS				25. FAR VISION CORRECTABLE TO 20/20 TO 20/40			
7. STRAIGHT PULLING HOURS				26. FAR VISION CORRECTABLE TO 20/50 TO 20/100			
8. PULLING HAND OVER HAND HOURS				27. SPECIFIC VISUAL REQUIREMENT (Specify)			
9. PUSHING HOURS							
10. REACHING ABOVE SHOULDER							
11. USE OF FINGERS				28. BOTH EYES REQUIRED			
12. BOTH HANDS REQUIRED				29. DEPTH PERCEPTION			
13. WALKING HOURS				30. ABILITY TO DISTINGUISH BASIC COLORS			
14. STANDING HOURS				31. ABILITY TO DISTINGUISH SHADES OF COLORS			
15. CRAWLING HOURS				32. HEARING (Aid permitted)			
16. KNEELING HOURS				33. HEARING WITHOUT AID			
17. REPEAT BENDING				34. SPECIFIC HEARING REQUIREMENTS ' (Specify) No more than 350 @ db loss at 3, 4, and 6 khz total bilateral			
18. CLIMBING, LEGS ONLY							
19. CLIMBING, USE OF LEGS AND ARMS				35.			
20. BOTH LEGS REQUIRED				36.			
21. OPERATION OF CRANE, TRUCK, TUG, TRACTOR, OR MOTOR VEHICLE				37.			
				38.			

DETAILS OF WORKING CONDITIONS

THIS ENDORSEMENT TO BE COMPLETED AFTER MEDICAL RECOMMENDATION.

ADMINISTRATIVE ENDORSEMENT OF RESTRICTED ASSIGNMENT

☐ RESTRICTED WORK ASSIGNMENT IS NOT AVAILABLE ☐ RESTRICTED WORK ASSIGNMENT IS ASSIGNED AS RECOMMENDED DISTRIBUTION TO BE MADE AFTER ADMINISTRATIVE ENDORSEMENT BY C902	DATE	SENIOR SUPERVISOR Name (Last, First, MI)

COPIES TO:

#1 - SHIPYARD MEDICAL PLACEMENT COORDINATOR C902.5

#2 - SENIOR SUPERVISOR, SHOP/CODE

#3 - EMPLOYEE

#4 - MEDICAL DEPT, CODE 100M

#5- EMPLOYMENT DIV., CODE 1117 (PRE-EMPLOYMENT ONLY)

#6 - CODE 1112