STATEMENT OF PHYSICAL ABILITY - (NAF)

INSTRUCTIONS AND PRIVACY ACT INFORMATION FOR APPLICANT

Please read instructions for each section carefully before answering the questions. Type or print answers in ink. If additional details are rquired, use Section D. After completing this statement, be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. (AT THE DISCRETION OF THE APPOINTING OFFICER, ADDITIONAL MEDICAL INFORMATION OR A PHYSICAL EXAMINATION MAY BE REQUIRED.)

AUTHORITY: Solicitation of this information is authorized by Title 10 U.S.C. Section 8013, the authority for the Secretary of the Air Force to provide regulation to govern the Department of the Air Force. PURPOSE: This information will be used in determining your eligibility for NAF employment. ROUTINE USES: May be provided to sources, such as physicians, prior employers, in order to identify you and to obtain an evaluation of your fitness and ability to perform the duties of the position for which you are applying.

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as the means of identifying individuals in personnel record systems. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility to be hired or retained.

IDENTIFICATION OF APPLICANT

NAME *(Last, First, Middle)*	**BIRTHDATE** *(Month, Day, Year)*	**SSN**

ADDRESS *(Number, Street, City, State and ZIP Code)*	**TITLE OF POSITION APPLIED FOR**

SECTION A - PHYSICAL LIMITATIONS

Answer each circled item "YES" or "NO' by placing an "X" in the proper box.
If you answer "YES" to any circled item, give additional details in Section D.

	YES	NO
1. Do you have any problem:		
(a) Reading small newspaper print *(glasses permitted)*?		
(b) Reading ordinary newspaper headlines without glasses?		
(c) Seeing distant objects with either eye *(glasses permitted)*?		
2. Do you have difficulty in distinguishing basic colors *(red, green, blue)*?		
3. Do you have difficulty in distinguishing shades of colors?		
4. Do you have any hearing problem, including hearing telephone conversations *(hearing aid permitted)*?		
5. Do you wear a hearing aid?		
6. Do you have any speech impairment which hinders:		
(a) Person-to-person conversation?		
(b) Telephone conversation?		
7. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or finger?		
8. Do you have difficulty in using arms, hands, or fingers for reaching in any direction, grasping, handling, or fingering?		
9. Do you have any disease or disability which would make your employment a hazard to yourself or others?		
10. Have you had any surgery of any extremity or spine at any time?		
11. Have you had medical/hospital care in the past 5 years for problems to:		
(a) Extremities *(hands, arms, legs)*?		
(b) Back?		
(c) Heart or lungs?		
12. Are you taking any perscription medicine now?		
13. Are you allergic to any substances?		
14. Have you previously received any disability rating? *(If yes, answer a, b, and c below).*		

(a) **WHEN?**

(b) **HOW MUCH?**

(c) **FOR WHICH BODY PARTS?**

SECTION B - PHYSICAL ENDURANCE FACTORS

For an 8-hour work day, check the highest level you are able to do for each activity noted below:

1. STAND/WALK	☐ NONE	☐ 1-4 HOURS	☐ 4-6 HOURS	☐ 6-8 HOURS
2. SIT	☐ 1-3 HOURS	☐ 3-5 HOURS	☐ 5-8 HOURS	
3. DRIVE	☐ 1-3 HOURS	☐ 3-5 HOURS	☐ 5-8 HOURS	
4. USE HANDS FOR REPETITIVE *(Check all which you can do)*	☐ SIMPLE GRASPING	☐ FINE MANIPULATION	☐ PUSHING & PULLING	
5. WORK AT SHOULDER LEVEL WITH	☐ BOTH HANDS	☐ ONLY LEFT HAND	☐ ONLY RIGHT HAND	
6. USE FEET FOR REPETITIVE MOVEMENT AS IN OPERATING FOOT CONTROLS	☐ YES	☐ NO		

7 - 10, Check the level which correctly tells your ability to:

	None	Seldom *(5-15 minute cycle)*	Moderate *(1-5 minute cycle)*	Frequent *(30-60 second cycle)*
7. BEND	☐	☐	☐	☐
8. SQUAT	☐	☐	☐	☐
9. CLIMB	☐	☐	☐	☐
10. WORK ABOVE SHOULDER	☐	☐	☐	☐

11. Lifting *(Check only one; the highest level you can now do):*

☐	(a) Lifting 10 lbs maximum and occasionally lifting and/or carrying such articles and dockets, ledgers and small tools.
☐	(b) Lifting 20 lbs maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
☐	(c) Lifting 50 lbs maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.
☐	(d) Lifting 75-80 lbs maximum with frequent lifting and or carrying of objects weighting up to 40 lbs.
☐	(e) Lifting 100 lbs maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.

12. What level of activity described in 11 above was involved in your present or previous employment? *(Insert letter, 11 ( )*

REMARKS

SECTION C - ENVIRONMENTAL FACTORS

Some positions may involve unusual work conditions or working outside. Answer each *circled* item "YES' or "NO" by placing an "X" in the proper box. If you answer *"NO"* to any circled item give additional details in Section D.

Can you work under the following conditions:	YES	NO		YES	NO
1. Outside *(frequently)*	☐	☐	10. Some exposure to fumes, smoke, or gases	☐	☐
2. Severe heat	☐	☐	11. Some contact with solvents, greases, and oils	☐	☐
3. Severe cold	☐	☐	12. Occasional walking over rough terrain	☐	☐
4. Severe humidity	☐	☐	13. Some climbing of short ladders *(For example, to reach upper supply shelves)*	☐	☐
5. Severe dampness or chilling	☐	☐	14. Working below ground surface	☐	☐
6. Dry atmospheric conditions	☐	☐	15. Working alone	☐	☐
7. Severe noise	☐	☐	16. Occasional travel	☐	☐
8. Constant noise	☐	☐	17. Frequent travel	☐	☐
9. Dusty atmospheres	☐	☐			

SECTION D - ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and C. (Give item No. & Section letter) (If you need more space, attach additional sheets)

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

ITEM NO.

SECTION E - CERTIFICATION BY APPLICANT

I CERTIFY that all the information I have furnished is correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE	**DATE SIGNED** *(Month, Day, Year)*

SECTION F - FOR AGENCY USE ONLY

1. POSITION TO WHICH APPLICANT ASSIGNED	**2. OTHER ACTION TAKEN**	**3. DATE** *(Month, Day, Year)*
	Hired	

4. SIGNATURE OF APPOINTING OFFICER	**5. OFFICIAL TITLE**
	Human Resources Assistant

6. DEPARTMENT OR AGENCY	**7. ADDRESS OF AGENCY**
USAF NAF	86 FSS/FSCN Unit 3221, APO, AE 09094-3221

REMARKS