



**TO BE COMPLETED BY EXAMINING PHYSICIAN:**

**PHYSICIAN:** The items highlighted/bolded below indicate the physical requirements of the certification for which this individual is being considered. Indicate the individual's physical capacities for this certification by placing an "X" in the appropriate column opposite the number(s) highlighted. If the individual has any other physical limitation relating to physical requirements not highlighted or not covered by this form, indicate under "Remarks" on the next page. Whenever PARTIAL capacity is indicated, explain under "Remarks," giving specific quantities.

**9. PHYSICAL REQUIREMENTS AND ENVIRONMENTAL FACTORS**

	CAPACITY				CAPACITY		
	Full	Partial	None		Full	Partial	None
1. Outside				35. Straight pulling (      hours)			
2. Outside and inside				36. Pulling - hand-over hand (      hours)			
3. Excessive heat				37. Pushing (      hours)			
4. Excessive cold				38. Reaching above shoulder			
5. Excessive humidity				<b>39. Use of fingers</b>			
6. Excessive dampness or chilling				<b>40. Use of both hands</b>			
7. Day atmospheric conditions				41. Walking (      hours)			
8. Excessive noise, intermittent				42. Standing (      hours)			
9. Constant noise				43. Crawling (      hours)			
10. Dust				44. Kneeling (      hours)			
11. Silica, asbestos, etc.				45. Repeated bending (      hours)			
12. Fumes, smoke, or gases				46. Climbing - use of legs only (      hours)			
13. Solvents ( <i>degreasing agents</i> )				47. Climbing - use of legs & arms (      hours)			
14. Greases and oils				<b>48. Use of both legs</b>			
15. Radiant energy				49. Operation of crane, truck, tug, tractor, or motor vehicle			
16. Electrical energy				<b>50. Ability for rapid mental and muscular coordination simultaneously</b>			
17. Slippery or uneven walking surfaces				<b>51. Ability to use and desirability of using firearms</b>			
18. Works around machinery with moving parts				<b>52. Near vision correctable at 13 to 16 inches</b>			
19. Moving objects or vehicles				<b>53. Far vision correctable to 20/20 to 20/40</b>			
20. Working on ladders or scaffolding				<b>54. Far vision correctable to 20/50 to 20/100</b>			
21. Working below ground				55. Specific visual requirement ( <i>specify</i> )			
22. Unusual fatigue factors ( <i>Specify</i> )				<b>56. Use of both eyes</b>			
23. Working with hands in water				<b>57. Depth perception</b>			
24. Explosives				<b>58. Ability to distinguish basic colors</b>			
25. Vibration				<b>59. Ability to distinguish shades of colors</b>			
26. Working closely with others				<b>60. Hearing (<i>Aid permitted</i>)</b>			
27. Works alone				<b>61. Hearing without aid</b>			
28. Protracted or irregular hours of work				62. Specific hearing requirements ( <i>specify</i> )			
29. Heavy lifting - 45 pounds and over				63.			
30. Moderate lifting - 15 - 44 pounds				64.			
31. Light lifting - under 15 pounds				65.			
32. Heavy carrying - 45 pounds and over				66.			
33. Moderate carrying - 15 - 44 pounds				67.			
34. Light carrying - under 15 pounds				68.			

**IMPAIRMENT CODES**

00	NO REPORTABLE IMPAIRMENT
10	AMPUTATION - ONE EXTREMITY
11	AMPUTATION - TWO OR MORE EXTREMITIES
20	DEFORMITY OR IMPAIRED FUNCTION - UPPER EXTREMITY
21	DEFORMITY OR IMPAIRED FUNCTION - LOWER EXTREMITY OR BACK
30	VISION - BEST CORRECTED VISION OF POORER EYE NOT MORE THAN 20/200
31	VISION - BEST CORRECTED VISION OF BETTER EYE NOT MORE THAN 20/200
40	HEARING - SOME IN ONE EAR, NONE IN OTHER
41	HEARING - IN BOTH EARS AND MORE THAN 12/20 IN BETTER EAR WITHOUT AID
42	HEARING - 0/20 IN EACH EAR, INCLUDING SPEECH MALFUNCTION
50	TUBERCULOSIS - INACTIVE PULMONARY
51	ORGANIC HEART DISEASE ( <i>Compensated</i> ) - VALVULAR, ARRHYTHMIA, ARTERIOSCLEROSIS, HEALED CORONARY LESIONS
52	DIABETES - CONTROLLED
53	EPILEPSY - ADEQUATELY CONTROLLED
54	HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS REQUIRING SPECIAL PLACEMENT EFFORT

**IMPAIRMENT CODE INSTRUCTIONS**

If the person examined has or had any impairment(s) listed above, enter the code of the ONE impairment which is MOST limiting in item 12.

If none of the impairments apply, enter the code "00."

10. THIS PERSON SHOULD USE: PROPERLY FITTED EYEGLASSES/CONTACT LENSES PROPERLY FITTED HEARING AID  
OTHER PROSTHETIC AID (*specify*)

11. IN YOUR OPINION, IS THIS INDIVIDUAL, IN HIS/HER CURRENT PHYSICAL CONDITION, CAPABLE OF CARRYING AND  
USING A CONCEALED FIREARM? \_\_\_\_ YES \_\_\_\_ NO  
PROVIDE YOUR **REMARKS AND RECOMMENDATIONS** BELOW.

12. IMPAIRMENT CODE  
(See attached codes.)

13. SIGNATURE OF PHYSICIAN OR EXAMINER

14. PHYSICIAN NAME (*Type or print.*)

29. DATE

15. LICENSE NUMBER & TYPE OF LICENSE

16. ADDRESS OF EXAMINING PHYSICIAN (*Type or print.*)