

MEMORANDUM In Lieu of OF-178 Part C/D

ATTN: Civilian Personnel Section (Minot AFB)

Date:

SUBJECT: Certificate of Medical Examination Recommendations

To be completed by Agency Medical Officer (if one is available) who reviews the examination results and recommends action. This memorandum serves as an interim in lieu of part C and D of the Optional Form (OF) 178. Review the attached certificate of medical examination and make your recommendations in item 1 below.- Upon completion of this form, an agency medical officer forwards this form to the agency human resources officer. A copy of the entire form, is retained in the medical record, in accordance with 5 Code Federal Regulations 339.

Applicant Name: _____ Last 4 digits of SS# _____ PD# _____

Part C - Conclusions: Summarize below any medical findings that in your opinion, would limit this person's ability to perform these job duties or make them a hazard to themselves or others. If none, so indicate.	
_____ No Limiting conditions for this job	
_____ Limiting conditions as follows	
Part D - Review the attached certificate of medical examination and make your recommendations below.	
Recommendation:	
_____ Medically Qualified	
_____ Medically Qualified - if restrictions accommodated (list restrictions):	
_____ Medically Disqualified	
2. Agency Medical Officer's Name	3. E-mail Address
4. Address (Including Street, City, State and ZIP Code) 194 Missile Avenue Minot AFB, ND 58705	5. Telephone Number (701) 723-5190
6. Signature of Agency Medical Officer	7. Date (Month, Day, Year)

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