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EXECUTIVE DIRECTOR AND CHIEF EXAMINER

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

ADDRESS ONLY
"CIVIL SERVICE COMMISSION"
IN YOUR REPLY REFER TO
FILE X:LLT:ASCC
AND DATE OF THIS LETTER

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Harold Weisberg
313 H Street, N.W.
Washington, D.C.

JAN 22 1940

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You are advised that as a result of your oral examination in connection with the Supervising Inspector Examination (Wage and Hour Division, Department of Labor), held on JUL 17 1939, ~~no change is made in your average percentage.~~ your average percentage has been increased to:

Supervising Inspector _____

Senior Inspector _____

Inspector _____ 83.01

By direction of the Commission:

Very respectfully,



WM. C. HULL,
Executive Assistant

DEPARTMENT OF LABOR

OFFICE OF THE DIRECTOR OF PERSONNEL

WASHINGTON

February 23, 1940

Mr. Harold Weisberg
313 H Street, N. W.
Washington, D. C.

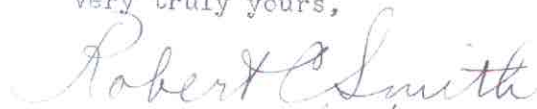
Dear Sir:

In order that further consideration may be given your application for a position in the Wage and Hour Division of the Department of Labor, it will be necessary that you furnish this office a current medical certificate at the earliest possible date.

It is therefore requested that you have a physical examination made immediately by the physician or medical agency named below. This letter should be presented to the physician or agency as authority for the examination. You should ask the examining physician to execute and return promptly to this office the attached medical certificate.

When the completed medical certificate is received in this office, your application for a position will be given further consideration and you will be later notified if an offer of appointment can be made.

Very truly yours,



Robert C. Smith
Director of Personnel

Headquarters: Newark, New Jersey

Position: Inspector
Salary: \$2600 per annum.

Physician or medical agency: U.S. Public Health Service
Relief Station
14th & Independence Ave., SW
Washington, D. C.

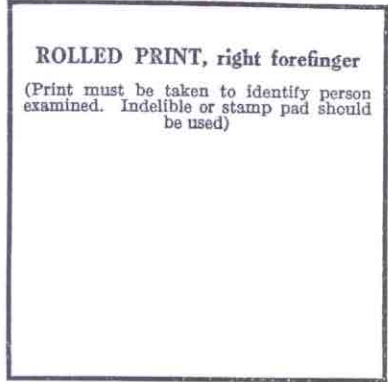
Fee for medical examination: No Charge

UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

(Authorized by Executive Order of September 4, 1924)

APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE

.....
(Name)
.....
(Post-office address)
.....
(Sex) (Date of birth)
.....
(Title of examination taken)
.....
(Department and bureau in which you are to be employed)
.....
(City or town in which you are to be employed)



PHYSICIAN SHOULD FILL IN THE FOLLOWING

..... inches. * pounds. pounds.
(Height, without shoes) (Weight, in clothing) (Weight, without clothing)

* To be taken for males only upon special written request of the official ordering examination.
Males, without clothing; females, clothed, but without wrap or hat.

Items checked (✓) were examined and found normal. Deviations from normal are noted. (See instructions on reverse side, numbered to correspond with items below.)

1. Eyes: Distant vision: Without glasses: Right: 20 Left: 20 With glasses if worn: Right: 20 Left: 20
(Near vision must be reported; use space provided on back of this form.)
Evidence of disease or injury: Right Left
Color vision Method of testing color vision
2. Ears: (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear— 20 ft. Left ear— 20 ft.
Evidence of disease or injury: Right ear Left ear
3. Nose, sinus disease, etc.
4. Mouth and throat
5. Gastro-intestinal
6. Thyroid (especially in women)
7. Heart and blood vessels
Is organic heart disease present? If organic heart disease is present, is it fully compensated?
8. Lungs: Right Left
History of tuberculosis? If so, has the disease been arrested for at least 1 year?
9. Hernia
(If present, name variety: Inguinal, ventral, femoral, etc.; read definition on reverse before answering)
If present, is it supported by a well-fitting truss?
10. Varicose veins
(If present, state location and degree)
Varicocele (see note 10 on reverse side)
11. Feet: Is flat foot present? Degree of impairment of function
(None, slight, moderate, severe)
12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above
13. Scars of serious injury or disease
14. Nervous system (see note 14 on reverse side)
15. (a) Urinalysis (see reverse side) (b) Venereal disease
16. Obtain from applicant statement of disabilities, past and present, give diagnosis and your comments under appropriate heading above or under "Remarks" on back of this sheet.
17. Does Veterans' Administration recognize service-connected disability in this case? If "Yes," cover in your comments.
(Yes or no)

This certificate is to be returned to the official of the U. S. Civil Service Commission requesting the examination

The aim of the Executive order of September 4, 1924, under which this examination is made, is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

Notes for Examining Physician

WEIGHT.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations:

1. **Eyes.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported; use space provided below ("Test for Near Vision").
2. **Ears.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.
3. **Nose.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.
4. **Mouth and throat.**—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.
5. **Gastro-intestinal.**—Ulcers, inflammations, etc.
6. **Thyroid.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.
7. **Heart.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.
8. **Lungs.**—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or

arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **Hernia.**—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. **Varicocele.**—If varicocele is present, state approximate size—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a *weak* foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made and blood pressure to be taken in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record of urinalysis, if made: Sp. gr. _____ Albumen _____ Sugar _____ Casts _____
 Blood pressure: Mm. Hg. systolic _____ Mm. Hg. diastolic _____
 If tachycardia is present, give pulse rate: Sitting _____ Immediately after exercise _____ Two minutes after exercise _____ Cardiac reserve _____
 (Good, fair, or poor)

I have found this applicant abnormal under the following headings: _____

In my opinion, applicant is capable of performing duties involving _____ physical exertion.
 (Arduous, moderate, or light)

REMARKS: _____

(Signature of applicant) _____

(This space to be filled in, as a matter of identification, by the applicant in own handwriting, and in ink, in the presence of the physician)

(Place of examination) _____ The examining physician must be in the Federal service { (Signature of examining physician) _____, M. D.
 (Date of examination) _____ (Title, and branch of Federal medical service) _____
 Full time? _____ Part time? _____ Fee paid? _____

TEST FOR NEAR VISION

What is the longest and the shortest distance at which the following specimens of Jaeger No. 1 and Jaeger No. 2 can be read by the applicant? If No. 1 is read with ease, No. 2 need not be given. Test each eye separately.

Jaeger No. 1 { With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examinations of applicants for
 { Without glasses: R. ____ in. to ____ in. With glasses, if used: R. ____ in. to ____ in.
 L. ____ in. to ____ in. L. ____ in. to ____ in.

Jaeger No. 2 { and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative.
 { Without glasses: R. ____ in. to ____ in. With glasses, if used: R. ____ in. to ____ in.
 L. ____ in. to ____ in. L. ____ in. to ____ in.
 This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924).

The personnel officer should fill in the blanks below before sending this form to the Commission for action

To be appointed in _____ (Department) _____ (Bureau)
 Title of position _____
 Type of appointment (check): Original appointment Transfer Reinstatement Classification
 Number of certificate upon which applicant's name appears (to be given in case of original appointment) _____