

Mental Health Evaluation



	riealui sei vices inc	Mental Health Eva		
Candi	idate Name:		SSN:	
		MEDICAL CONDITION	N:	
Transp	andidate is under consideration for a positio portation Security Administration (TSA). His, revealed t	s/her pre-employment m	nedical screening, includir	ng a medical history review
_	Pane	erwork Reduction Act	Statement	
position. a mandat associate	responsively a sport of the spo	al/medical examinations prior to rmation relevant to an applicant for a TSA Security Officer (Screency may not conduct or sponsor assigned to this collection is C	an individual's appointment to a T 's health status for purposes of ma ener) position. It is estimated that or, and a person is not required to MB 1652-0032, which expires 09,	aking an employment decision. This is t the total average burden per response respond to, a collection of information
		CANDIDATE SECTION	ON:	
:	Candidate must complete Candidate section, i Candidates will <u>not</u> receive further conside paperwork within 60 days of the candidate'	ration in the TSO job ap		oes not receive ALL requested
1.	What is/was your diagnosis?			
2.	When were you diagnosed?			
3.	What medication(s), if any, have you take	en in the past for this co	ndition?	
4.	What medication(s), if any, do you take n	now for this condition?		
5.	Have you ever been hospitalized for this	condition? ☐ Yes ☐	No If yes, when?	
6.	Have you been in counseling/treatment for			
7.	Have you ever missed days of school / w	ork due to this condition	n? □ Yes □ No	
С	andidate Signature:		Date:	
	Any expenses incurred remain your respon			
		TH CARE PROVIDER		
÷	Health Care Provider must verify candidate's in Health Care Provider must complete Health Care Health Care Provider must review, sign and Requirements Overview" and determine care	are Provider section, inclu d date the attached "Trar	ding signature, printed name sportation Security Office	e, contact number er (Screener) Job
1.	Diagnosis:		Date of diagnosis:	
2.	Prognosis			
3.	What medication, if any, is the candidate	currently taking for this	condition?	
	Medication:	Dose:	Frequency	:
4.	Has the candidate ever been hospitalized	d for this condition?	Yes □ No If yes,	when?
5.	Has the candidate been compliant with the	he treatment plan? \Box	Yes □ No	
6.	Any additional information:			
Physic	cian/Counselor Signature:		Date:	
Printe	d Name:	Creder	itial / Title:	
Phone	e Number: ()	FA	XX Number: ()	
	L SUPPORTING DOCUMENTATION, PROGR OF THIS FORM TO CHS. If unable to fax ple	ease call 800-638-8083 ex	tension 19514.	SULTS INCLUDING ALL

Last Updated on: 7/26/2006



Mental Health Evaluation



Candidate Name: SSN:	
----------------------	--

Transportation Security Officer (Screener) Job Requirements Overview

1. A Transportation Security Officer (Screener) must be able to:

- a) Repeatedly lift and carry at least 70 lbs. on a daily basis.
- b) Walk and stand for prolonged periods of time (up to 3 hours).
- c) Frequently bend and squat.
- d) Have adequate sensation in both hands and all fingers.
- e) Localize sounds and threats (respond to the spoken word and alarms in a noisy environment).
- Work effectively and remain alert and calm in stressful situations (e.g., frustrated passengers, flight deadlines, security incidents).
- g) React to emergencies in a calm, focused, and coordinated manner.
- h) Remain alert and vigilant at all times.
- Be prepared for frequent assignment to irregular schedules including uncertain meal times and breaks.
- Use and work in the vicinity of electromagnetic equipment (e.g., metal detectors and x-ray machines) for prolonged periods of time.
- k) Work closely with co-workers in a frequently crowded, noisy environment.

2. A Transportation Security Officer (Screener) also must have:

- a) A consistent blood pressure of no more than 140/90.
- b) A consistent pulse rate of no more than 90 bpm.
- c) Good ambidextrous dexterity.

Physician Acknowledgment: Based on my medical evaluation of only the specific medical condition for which this candidate was referred, and my understanding of the above listed job requirements, this candidate: Is capable of meeting the above requirements safely, efficiently and effectively. Is NOT capable of meeting the above requirements safely, efficiently and effectively. Specify reason(s) and provide explanation based on the above reference number(s):

Note: All data provided by the candidate's physician(s) are part of an initial medical evaluation. The final determination of medical suitability will be made by Transportation Security Administration medical staff based on the aggregate of all medical data acquired.

Please Print Physician Name: ______ Medical Specialty: _____

AUTHORITY: 49 U.S.C. § 114(e). PRINCIPAL PURPOSE(S): This information will be used to determine your eligibility for employment as a Transportation Security Officer (TSO). ROUTINE USE(S): This information may be shared with contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the federal government, or for routine uses identified in the Office of Personnel Management's system of records notice, OPM/GOVT-10 Employee Medical File System Records (if hired) or OPM/GOVT-5 Recruiting, Examining, and Placement Records (if not hired). DISCLOSURE: Voluntary; failure to furnish the requested information may result in an inability to consider your application for employment. Failure to provide your SSN may result in a delay in determining your eligibility for employment as a TSO.

Physician Signature:

Phone Number: (_____) ___-_-___

FAX Number: (_____