CHS Comprehensive Health Services INC Transportation Security Administration

Candidate Name:
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# **Cardiac Further Evaluation**

SSN: \_

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## **MEDICAL CONDITION:**

This candidate is under consideration for a position as a Transp Transportation Security Administration (TSA). His/her pre-empl a medical history review, revealed the following:	oyment medical screening on, including
Paperwork Reduc	tion Act Statement
The Transportation Security Administration (TSA) requires physical/medical examina position. TSA uses the following medical documents to obtain information relevant to a mandatory collection of information if you wish to be considered for a TSA Security associated with this collection is approximately 20 minutes. An agency may not cond unless it displays a valid OMB control number. The control number assigned to this co	tions prior to an individual's appointment to a TSA Security Officer (Screener) an applicant's health status for purposes of making an employment decision. This is Officer (Screener) position. It is estimated that the total average burden per response uct or sponsor, and a person is not required to respond to, a collection of information collection is OMB 1652-0032, which expires 09/08.
CANDIDATI	E SECTION:
<ul> <li>Candidate must complete Candidate section, including signate</li> <li>Candidates will <u>not</u> receive further consideration in the TS paperwork within 60 days of the candidate's initial medicate</li> </ul>	SO job application process if CHS does not receive ALL requested
1. In the past 3 months how often have you experienced of	chest pain?
□ None □ Once a week	More than once a week
Describe any chest pain	
2. In the past 3 months which of the following have you ex	perienced related to your cardiac condition?
<ul> <li>Shortness of breath <ul> <li>Dizziness <ul> <li>Sweating</li> <li>Radiating pain from chest to arms, neck or back</li> </ul> </li> </ul></li></ul>	<ul> <li>Numbness or tingling in hands / feet</li> <li>Palpitations</li> <li>None</li> </ul>
3. In the past 3 months how many times have you had to	use Nitroglycerin?
Candidate Signature:	
<ul> <li>Any expenses incurred remain your responsibility and with the second seco</li></ul>	
HEALTH CARE PR	OVIDER SECTION:
<ul> <li>Health Care Provider must complete Health Care Provider set</li> <li>Health Care Provider must review, sign and date the attact</li> </ul>	
1. Diagnosis:	Date of diagnosis:
2. Prognosis	
3. Has the candidate been hospitalized for any cardiac c	condition in the last 5 years? $\Box$ Yes $\Box$ No
<ol> <li>Does the candidate have any restrictions based on an If yes – what restrictions:</li> </ol>	
Physician Signature:	Date:
Please Print Physician Name:	Medical Specialty:
Phone Number: ()	FAX Number: ()
FAX ALL SUPPORTING DOCUMENTATION, PROGRESS NOTES, A PAGES OF THIS FORM TO CHS. If unable to fax please call 800-6 Fax # 703	AND RECENT DIAGNOSTIC TEST RESULTS INCLUDING ALL 38-8083 extension 19514. 3-288-5495





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).
- f) 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.
- i) Be prepared for frequent assignment to irregular schedules including uncertain meal times and breaks.
- j) 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 A	cknowledgment:
Based on my medical evaluation of only the specific medi understanding of the above listed job requirements, this c	ical condition for which this candidate was referred, and my candidate:
Is capable of meeting the above requirements sa	afely, efficiently and effectively.
Is NOT capable of meeting the above requiremer	nts safely, efficiently and effectively.
Specify reason(s) and provide explanation based	on the above reference number(s):
Physician Signature:	Date:
Please Print Physician Name:	Medical Specialty:
Phone Number: ()	FAX Number: ()
Note: All data provided by the candidate's physician(	
on the aggregate of all medical data acquired.	Transportation Security Administration medical staff based etermine 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.