

Henatitis Further Evaluation



Candidate Name:	SSN:
	EDICAL CONDITION:
	s a Transportation Security Officer (Screener) (TSO) position at the r pre-employment medical screening, including a medical history review wing:
·	History of Hepatitis
	ork Reduction Act Statement
position. TSA uses the following medical documents to obtain information a mandatory collection of information if you wish to be considered for a	dical examinations prior to an individual's appointment to a TSA Security Officer (Screener) on relevant to an applicant's health status for purposes of making an employment decision. This is TSA Security Officer (Screener) position. It is estimated that the total average burden per response may not conduct or sponsor, and a person is not required to respond to, a collection of information (aned to this collection is OMB 1652-0032, which expires 09/08.
	ANDIDATE SECTION:
 Candidate must complete Candidate section, inclu Candidates will not receive further consideration paperwork within 60 days of the candidate's in 	on in the TSO job application process if CHS does not receive ALL requested
1. What type of hepatitis were you diagnosed v	with?
2. Date of diagnosis:	
3. Do you have any of the following symptoms	
-	□ Weight loss □ Abdominal Cramps
☐ Yellow tint to eyes ☐ Malaise ☐	□ None
Candidate Signature:	
 Any expenses incurred remain your responsible 	ility and will not be reimbursed by CHS or TSA
HEALTH	CARE PROVIDER SECTION:
 Health Care Provider must complete Health Care I Health Care Provider must review, sign and date 	ification with a government issued photo ID, e.g., driver's license or passport Provider section, including signature, printed name, contact number te the attached "Transportation Security Officer (Screener) Job date's ability to perform this job in relation to the above indicated condition
1. Diagnosis:	Date of diagnosis:
2. Prognosis	
3. Current treatment:	
4. Liver Enzyme results within the past 6 mont	rhs: (For diagnosis of Hepatitis C or D)
5. Any additional information:	
Physician Signature	Date:
-	Medical Specialty:
Phone Number: ()	FAX Number: ()
FAX ALL SUPPORTING DOCUMENTATION, PROGRESS PAGES OF THIS FORM TO CHS. If unable to fax please	S NOTES, AND RECENT DIAGNOSTIC TEST RESULTS INCLUDING ALL call 800-638-8083 extension 19514.
F	ax # 703-288-5495



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ndidate N	lame: SSN:
Tra	nsportation 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 Acknowledgment:
ased on n	ny 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): Physician Signature: Please Print Physician Name: ______ Medical Specialty: _____ Phone Number: (_____) ___-_-FAX Number: (__ __) __ _ - _ _ - _ _ _ _ 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

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.

on the aggregate of all medical data acquired.

Last Updated on: 7/26/2006