

Candidate Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL CONDITION:**

This candidate is under consideration for a position as a Transportation Security Officer (Screener) (TSO) position at the Transportation Security Administration (TSA). His/her pre-employment medical screening, including a medical history review on \_\_\_\_\_, revealed the following: \_\_\_\_\_

**Paperwork Reduction Act Statement**

The Transportation Security Administration (TSA) requires physical/medical examinations prior to an individual's appointment to a TSA Security Officer (Screener) position. TSA uses the following medical documents to obtain information relevant to an applicant's health status for purposes of making an employment decision. This is a mandatory collection of information if you wish to be considered for a TSA Security Officer (Screener) position. It is estimated that the total average burden per response associated with this collection is approximately 20 minutes. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652-0032, which expires 09/08.

**CANDIDATE SECTION:**

- Candidate must complete Candidate section, including signature
  - **Candidates will not receive further consideration in the TSO job application process if CHS does not receive ALL requested paperwork within 60 days of the candidate's initial medical screening**
1. Have you ever missed work/school due to your orthopedic injury/surgery?     Yes     No
  2. Do you currently have any pain associated with your orthopedic condition?     Yes     No
  3. Do you take medication for the pain?     Yes     No
  4. If yes, what medication and how often do you take it? \_\_\_\_\_
  5. Do you have difficulty with any of the following and if so explain: \_\_\_\_\_
    - Standing for up to 3 hours     Sitting for up to 3 hours     Stooping / bending
    - Lifting heavy objects on regular basis (\_\_\_\_ lbs)

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- **Any expenses incurred remain your responsibility and will not be reimbursed by CHS or TSA**

**HEALTH CARE PROVIDER SECTION:**

- Health Care Provider must verify candidate's identification with a government issued photo ID, e.g., driver's license or passport
  - Health Care Provider must complete Health Care Provider section, including signature, printed name, contact number
  - **Health Care Provider must review, sign and date the attached "Transportation Security Officer (Screener) Job Requirements Overview" and determine candidate's ability to perform this job in relation to the above indicated condition**
1. Diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_
  2. Prognosis \_\_\_\_\_
  3. What medication(s) is the candidate currently taking for this condition?
 

Medication:	Dose:	Frequency:
  4. Date of Surgery (If applicable): \_\_\_\_\_ (mm/dd/yyyy)
  5. List any physical restrictions: \_\_\_\_\_
  6. Any additional information: \_\_\_\_\_

**It is very important to send supporting documentation – 12 months of progress notes, diagnostic test results, treatment summary and CURRENT orthopedic evaluation to CHS for Medical Director's review. Please complete the attached orthopedic assessment and "Transportation Security Officer (Screener) Job Requirements Overview" pages.**

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Physician Name:** \_\_\_\_\_ **Medical Specialty:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX ALL SUPPORTING DOCUMENTATION, PROGRESS NOTES, AND RECENT DIAGNOSTIC TEST RESULTS INCLUDING ALL PAGES OF THIS FORM TO CHS. If unable to fax please call 800-638-8083 extension 19514. Fax # 703-288-5495**

Candidate Name:		SS#: _____ - _____ - _____
<b>ORTHOPEDIC ASSESSMENT</b>		
Please perform the orthopedic screening in relation to the candidate's ability to handle, search and repeatedly lift baggage weighing up to 70 lbs on a daily basis, and continuously stand or ambulate for up to 3 hours.		
<b>Record "NORMAL" if the test is completed successfully. Record "ABNORMAL" if unsuccessful. Provide description of the limitations as seen during this screening process.</b>		
		<b>Observations / Comments</b> <u>Required</u> if abnormal
<b>1. Gait</b>	Have the candidate ambulate towards you in a normal manner Have candidate repeat on his/her toes Have candidate repeat on his/her heels	
<b>2. Hip, Knee, Ankle</b>	Ask candidate to stand with feet shoulder width apart facing examiner. Ask candidate to squat down and return to the starting position. Repeat as needed to fully assess.	
<b>3. T + L Spine</b> (Thoracolumbar flexion & extension)	Ask candidate to bend at waist with knees extended and attempt to touch the floor or his/her toes Repeat as needed to fully assess ability.	
<b>4. Balance, Shoulder</b> (Left – Hyperabduction, supination, pronation)	Ask candidate to stand on left leg and bring his/her arms from his/her side over his/her head and touch the palmar surfaces of his/her hands together and then return arms to the original starting position Repeat as needed to fully assess	
<b>5. Balance, Shoulder</b> (Right Hyperabduction, supination, pronation)	Ask candidate to stand on right leg and bring his/her arms from his/her side over his/her head and touch the palmar surfaces of his/her hands together and then return arms to the original starting position Repeat as needed to fully assess	
<b>6. Elbow Flexion &amp; Extension</b>	Ask candidate to fully flex and extend elbows Repeat as needed to fully assess	
<b>7. Hand</b> (A/ROM all joints and amputation check)	Ask candidate to flex elbows 90 degrees with hands in a pronated starting position and open and close hands Determine the A/ROM of the applicable joints Assess whether the candidate has any amputations	
<b>8. Wrist</b> (A/ROM all joints and amputation check)	Ask candidate to flex elbows 90 degrees with hands in a pronated starting position Ask candidate to perform A/ROM of his/her wrists in all available planes (i.e. flex, ex RD, UD) Repeat as needed to fully assess	
<b>9. Opposition</b>	Ask candidate to touch the tip of his/her thumb to each fingertip Repeat as needed to fully assess	
<b>10. C-Spine</b> (A/ROM All Planes)	Ask candidate to perform A/ROM of c-spine in all available planes in standing position (i.e. flex, extend LSB, RSB, L Rotate, R Rotate) Repeat as needed to fully assess	

Candidate Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Transportation Security Officer (Screeners) Job Requirements Overview

**1. A Transportation Security Officer (Screeners) 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 (Screeners) 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 on the aggregate of all medical data acquired.**

**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.