

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: **History of Seizure(s)**

**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. What was the date of your last seizure? \_\_\_\_\_ (mm/dd/yyyy)
2. How many seizures have you had in the past year? \_\_\_\_\_
3. What type of seizure(s) do you have? \_\_\_\_\_
4. After taking your medication do you have any of the following symptoms?  
 Dizziness     Headaches     Nausea     Confusion     Slurred Speech     None
5. Have the seizures or the medication taken for seizures ever caused you to miss work/school?  Yes     No
6. Have the seizures or medication taken for seizures ever interfered with your activities of daily living?  Yes     No  
 If yes, please describe: \_\_\_\_\_

**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. Date of last seizure: \_\_\_\_\_ (mm/dd/yyyy)
2. What medication(s) is the candidate currently taking for seizures?  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What type / class of seizure is the candidate diagnosed with? \_\_\_\_\_
4. Does the candidate have any other medical conditions related to his/her seizure disorder? \_\_\_\_\_  
 \_\_\_\_\_
5. What did the last 3 lab results indicate as far as medication compliance? \_\_\_\_\_  
 \_\_\_\_\_  
 (Please send copies of last 12 months of progress notes, treatment summary, diagnostic test results)
6. Any additional information: \_\_\_\_\_  
 \_\_\_\_\_

**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: \_\_\_\_\_ 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 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.