

### Cancer Further Evaluation



	Table Table Del Various Comments				
Candid	ate Name:	SSN:			
	MEDICAL COND				
Transpoi	didate is under consideration for a position as a Transportation tation Security Administration (TSA). His/her pre-employment I history review, revealed the following: <b>History of Cancer</b>				
Paperwork Reduction Act Statement					
oosition. TS a mandator associated	ortation Security Administration (TSA) requires physical/medical examinations pri A uses the following medical documents to obtain information relevant to an apply of collection of information if you wish to be considered for a TSA Security Officer with this collection is approximately 20 minutes. An agency may not conduct or sp plays a valid OMB control number. The control number assigned to this collection	icant's health status for purposes of making an employment decision. This is (Screener) position. It is estimated that the total average burden per response consor, and a person is not required to respond to, a collection of information is OMB 1652-0032, which expires 09/08.			
	CANDIDATE SE	CHON:			
- (	Candidate must complete Candidate section, including signature Candidates will <u>not</u> receive further consideration in the TSO job paperwork within 60 days of the candidate's initial medical scre				
1.	What type(s) of cancer were you diagnosed with?				
2.	Date of diagnosis:				
3.	What type of treatment did you receive				
4.	Date of last treatment:				
	ndidate Signature:  Any expenses incurred remain your responsibility and will not I				
	HEALTH CARE PROVID	ER SECTION:			
<ul> <li>Health Care Provider must verify candidate's identification with a government issued photo ID, e.g., driver's license or passport</li> <li>Health Care Provider must complete Health Care Provider section, including signature, printed name, contact number</li> <li>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</li> </ul>					
1.	Diagnosis:	Date of diagnosis:			
2.	Prognosis				
3.	Current treatment:				
4.	What medication(s) is the candidate currently taking for can	cer?			
	Medication: Dose:	Frequency:			
5.	Any additional information:				
6.	Does the candidate have any radiotherapy implants?   Y	ES 🗆 NO			
Physicia	n Signature:	Date:			
Please Print Physician Name: Medical Specialty:					
Phone N	lumber: ()	FAX Number: ()			
	SUPPORTING DOCUMENTATION, PROGRESS NOTES, AND RIPS THIS FORM TO CHS. If unable to fax please call 800-638-808  Fax # 703-288	3 extension 19514.			



### **Cancer Further 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).
- 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.
- 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.

on the aggregate of all medical data acquired.

Physician Ackno	owledgment:			
Based on my medical evaluation of only the specific medical counderstanding of the above listed job requirements, this candid				
☐ Is capable of meeting the above requirements safely,	efficiently and effectively.			
☐ Is NOT capable of meeting the above requirements sa	fely, efficiently and effectively.			
Specify reason(s) and provide explanation based on the above reference number(s):				
Physician Signature:				
Please Print Physician Name:				
Phone Number: ()	FAX Number: ()			
Note: All data provided by the candidate's physician(s) are determination of medical suitability will be made by Trans	•			

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.