

General Medical Further Evaluation



Candidate Name:	SSN:
	MEDICAL CONDITION:
	sition as a Transportation Security Officer (Screener) (TSO) position at the lis/her pre-employment medical screening, including a medical history review led the following:
The following information / test results are reques	sted:
Pane	erwork Reduction Act Statement
The Transportation Security Administration (TSA) requires physic position. TSA uses the following medical documents to obtain info a mandatory collection of information if you wish to be considered associated with this collection is approximately 20 minutes. An ag	al/medical examinations prior to an individual's appointment to a TSA Security Officer (Screener) ormation relevant to an applicant's health status for purposes of making an employment decision. This is I for a TSA Security Officer (Screener) position. It is estimated that the total average burden per response lency may not conduct or sponsor, and a person is not required to respond to, a collection of information er assigned to this collection is OMB 1652-0032, which expires 09/08.
	CANDIDATE SECTION:
 Candidate must complete Candidate section, Candidates will <u>not</u> receive further consider paperwork within 60 days of the candidate 	eration in the TSO job application process if CHS does not receive ALL requested
Candidate Signature:	Date:
	nsibility and will not be reimbursed by CHS or TSA
HEA	LTH CARE PROVIDER SECTION:
 Health Care Provider must complete Health C Health Care Provider must review, sign an Requirements Overview" and determine care 	identification with a government issued photo ID, e.g., driver's license or passport care Provider section, including signature, printed name, contact number d date the attached "Transportation Security Officer (Screener) Job andidate's ability to perform this job in relation to the above indicated condition
It is very important to fax copies of progress notes Review. MUST provide supporting documentation inc	, treatment summaries or diagnostic test results to CHS for Medical Director luding progress notes and diagnostic test results for the last 12 months.
1. Diagnosis:	Date of diagnosis:
2. Prognosis	
3. Current treatment:	
What medication is the candidate curre	ntly taking for this condition?
Medication:	Dose: Frequency:
Physician Signature:	Date:
Please Print Physician Name: Medical Specialty:	
Phone Number: ()	FAX Number: ()
FAX ALL SUPPORTING DOCUMENTATION, PROGRAGES OF THIS FORM TO CHS. If unable to fax pl	RESS NOTES, AND RECENT DIAGNOSTIC TEST RESULTS INCLUDING ALL ease call 800-638-8083 extension 19514. Fax # 703-288-5495

Last Updated on: 7/26/2006



Candidate Name:

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SSN:



	ansportation Security Officer (Screener) Job Requirements Overview 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) f 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:			
Friysician Signature.			
Please Print Physician Name: Medical Specialty:			
Phone Number: () FAX Number: ()			

determination of medical suitability will be made by Transportation Security Administration medical staff based on the aggregate of all medical data acquired.

Note: All data provided by the candidate's physician(s) are part of an initial medical evaluation. The final

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.