Cardiac Further Evaluation

STARTMON	Transportation	Last 4 Digits of SSN:
	Security Administration MEDICAL C	CONDITION:
Securit		portation Security Officer (TSO) position at the Transportation al screening on, including a medical
	Paperwork Reduc	ction Act Statement
this form to	to obtain information relevant to an applicant's health status for purposes of e considered for a TSA Security Officer position. It is estimated that the total y may not conduct or sponsor, and a person is not required to respond to, a	ations prior to an individual's appointment to a TSA Security Officer position. TSA uses of making an employment decision. This is a mandatory collection of information if you all average burden per response associated with this form is approximately 5 minutes. a collection of information unless it displays a valid OMB control number. **E SECTION:**
1.	Candidate must complete Candidate section, including signature Candidate will not receive further consideration in the TSC ALL requested paperwork within 90 days of the candidate In the past 3 months how often have you experienced continuous candidate.	SO job application process if CHS does not receive e being placed on Further Evaluation for the position chest pain?
	☐ None ☐ Once a week Describe any chest pain	□ More than once a week
2.	In the past 3 months which of the following have you ex	xperienced related to your cardiac condition?
	☐ Shortness of breath ☐ Dizziness ☐ Sweating ☐ Radiating pain from chest to arms, neck or back	
3.	In the past 3 months how many times have you had to u	use Nitroglycerin?
	Any expenses incurred remain your responsibi	oility and will not be reimbursed by CHS or TSA
Candid	late Signature:	Date:
	HEALTH CARE PR	ROVIDER SECTION:
:	Health Care Provider must verify candidate's identification with Health Care Provider must complete Health Care Provider see Health Care Provider must review, sign and date the attact Overview" and determine candidate's ability to perform the	ched "Transportation Security Officer Job Requirements
1	. Diagnosis: Date of	of diagnosis: Prognosis
2	. Has the candidate been hospitalized for any cardiac co	condition in the last 5 years? \Box Yes \Box No
		•
3	. Does the candidate have any restrictions based on an	ny cardiac condition? □ Yes □ No
3	. Does the candidate have any restrictions based on an If yes – what restrictions:	
3	If yes – what restrictions: The following test results are required and must be so	
4	If yes – what restrictions: The following test results are required and must be so Echocardiogram EKG Cardiac	submitted: Nuclear Treadmill Stress Test (within the last year) catheterization Previous cardiac workup Other
4 Physic	If yes – what restrictions: The following test results are required and must be so □ Echocardiogram □ EKG □ Cardiac □ Holter/event monitor	submitted: Nuclear Treadmill Stress Test (within the last year) catheterization Previous cardiac workup Other Date:
4 Physic Please	If yes – what restrictions: The following test results are required and must be so Echocardiogram	submitted: Nuclear Treadmill Stress Test (within the last year) catheterization Previous cardiac workup Other Date:



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andi	idate Name: Last 4 Digits of SSN:
	Transportation Security Officer (TSO) Job Overview
	from Vacancy Announcement on www.usajobs.gov
1.	A TSO must be willing and able to:
>	Repeatedly lift and carry up to 70 pounds;
	Continuously stand for anywhere between one (1) to four (4) hours without a break to carry out screening functions;
>	Walk up to two (2) miles during a shift;
>	Continuously and effectively interact with the public, giving directions and responding to inquiries in a reasonable tone and manner;
>	Maintain focus and awareness and work within a stressful environment which includes noise from alarms, machinery, and people, distractions, time pressure, disruptive and angry passengers, and the requirement to identify and locate potentially life threatening devices and devices intended on creating massive destruction; and
>	Make effective decisions in both crisis and routine situations.
2.	TSO medical standards include but are not limited to:
	Visual ability including two functioning eyes with: Distance vision correctable to 20/30 or better in the best eye and 20/100 or better in the worse eye;
	 Near vision correctable to 20/40 or better binocular;
	Color perception (e.g., red, green, blue, yellow, orange, purple, brown, black, white, gray). Note: color
	filters (e.g., contact lenses) for enhancing color discrimination are prohibited;
	Hearing (corrected or uncorrected) as measured by audiometry cannot exceed: an average hearing loss of 25 decibels (ANSI) at 500, 1000, 2000 and 3000 Hz in each ear, and
	 single reading of 45 decibels at 4000 and 6000 Hz in each ear;
	Adequate joint mobility, dexterity and range of motion, strength, and stability to repeatedly lift and carry up
_	to 70 pounds; and
	Blood pressure not to exceed 140 / 90.
	Physician Review
sed	on my findings and opinions presented in the Health Care Provider Section of this form, this candidate:
Г	Is capable of meeting the above job requirements safely, efficiently and effectively with respect to my
	medical specialty and this candidate's medical condition and/or diagnosis noted on Page 1.
	1 · · · · · · · · · · · · · · · · · · ·
_	Is NOT capable of meeting the above job requirements safely, efficiently and effectively with respect to n medical specialty and this candidate's medical condition and/or diagnosis noted on Page 1.
	Specify reason(s) and provide explanation based on the above reference number(s):
c!-	sion Circumsture.
ysic	cian Signature: Date:
260	Print Physician Name: Medical Specialty:

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. 44935 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.

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.

Phone Number: (_____) ___-_--___

FAX Number: (____) ___-_-