General Medical Further Evaluation

DARTA				
	Transportation Security Administration			
		MEDICAL CONDITION:		
	Administration	consideration for a position as a Transportation Security Officer (TSO) position at the Transportation (TSA). His/her pre-employment medical screening, including a medical history review on, revealed the following:		
The follo	wing information	/ test results are requested:		
		Denominary Deduction Act Statement		
this form to wish to be o	obtain information rele considered for a TSA S	Paperwork Reduction Act Statement inistration (TSA) requires physical/medical examinations prior to an individual's appointment to a TSA Security Officer position. TSA uses evant to an applicant's health status for purposes of making an employment decision. This is a mandatory collection of information if you security Officer position. It is estimated that the total average burden per response associated with this form is approximately 5 minutes. Jonson, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.		
	0	CANDIDATE SECTION:		
• (Candidate <u>will no</u>	mplete Candidate section, including signature treceive further consideration in the TSO job application process if CHS does not receive perwork within 90 days of the candidate being placed on Further Evaluation for the position		
Cai	ndidate Signatu	re: Date:		
- ,	Any expenses inc	curred 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 Job Requirements Overview" and determine candidate's ability to perform this job in relation to the above indicated condition 				
		copies of progress notes, treatment summaries or diagnostic test results to CHS for Medical Director opporting documentation including progress notes and diagnostic test results for the last 12 months.		
1.	Diagnosis:	Date of diagnosis:		
2.	Prognosis			
3.	Current treatme	ent:		
4.	What medication	What medication is the candidate currently taking for this condition?		
	Medication:	Dose: Frequency: :		
Physicia	an Signature:	Date:		
Please F	Print Physician	Name: Medical Specialty:		
Phone N	lumber: () FAX Number: ()		
FA	X ALL SUPPORTI	NG DOCUMENTATION, PROGRESS NOTES, AND RECENT DIAGNOSTIC TEST RESULTS INCLUDING ALL PAGES OF THIS FORM TO CHS. If unable to fax please call 866-416-5928.		



General Medical Further Evaluation

A SECOLAR A	dministration	General Medical Further Lyaluation
Candida	te Name:	Last 4 Digits of SSN:
		nrity Officer (TSO) Job Overview nnouncement on www.usajobs.gov
PRCFunctions	TSO must be willing and able to: epeatedly lift and carry up to 70 pounds; ontinuously stand for anywhere between one (1) to four (4) hours without a break to carry out s nctions; /alk up to two (2) miles during a shift; ontinuously and effectively interact with the public, giving directions and responding to inquiries easonable tone and manner; aintain focus and awareness and work within a stressful environment which includes noise from achinery, and people, distractions, time pressure, disruptive and angry passengers, and the rec- identify and locate potentially life threatening devices and devices intended on creating massive estruction; and ake effective decisions in both crisis and routine situations.	
> VI	Near vision correctable to 20/40 or bette Color perception (e.g., red, green, blue, filters (e.g., contact lenses) for enhancin earing (corrected or uncorrected) as meas an average hearing loss of 25 decibels (single reading of 45 decibels at 4000 an	with: etter in the best eye and 20/100 or better in the worse eye; r binocular; yellow, orange, purple, brown, black, white, gray). Note: color g color discrimination are prohibited; ured by audiometry cannot exceed: ANSI) at 500, 1000, 2000 and 3000 Hz in each ear, and
	Ph	ysician Review
Based on		Health Care Provider Section of this form, this candidate:
		uirements safely, efficiently and effectively with respect to my dical condition and/or diagnosis noted on Page 1.
		o requirements safely, efficiently and effectively with respect to my dical condition and/or diagnosis noted on Page 1.
S	pecify reason(s) and provide explanation b	ased on the above reference number(s):

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.

Physician Signature:

Phone Number: (______

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.

Please Print Physician Name: _____ Medical Specialty: _____

Date: _____

FAX Number: (_____) ___--__-