

Hearing Further Evaluation

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Candidate Name:		Last 4 Digit	s of SSN:				
	MEDICAL CON	IDITION:					
This candidate is under consideration for a position as a His/her pre-employment medical screening, including a me	Transportation Security (edical history review on		n at the Transpo , reve	rtation Seco aled the follo	urity Admir owing:	nistration (T	ſSA).
	Paperwork Reduction						
The Transportation Security Administration (TSA) requires physical/medical examinations prior to an individual's appointment to a TSA Security Officer position. TSA uses this form 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 position. It is estimated that the total average burden per response associated with this form is approximately 5 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.							
	CANDIDATE S	ECTION:					
 Candidate must complete Candidate section, including signature Candidate will not receive further consideration in the TSO job application process if CHS does not receive ALL requested paperwork within 90 days of the candidate being placed on Further Evaluation for the position Candidate Signature:							
	HEALTH CARE PROVI	IDED SECTION:					
 Health Care Provider must verify candidate's ide Health Care Provider must complete Health Care Health Care Provider must review, sign and decandidate's ability to perform this job in related. All tests have been performed in an acoustic environed. All testing equipment has been calibrated within one Candidate's ear canals are free of wax or other occluse. All measurements are monaural. * Measurements must be made monaurally in an audion. ** When performing personal hearing aid testing, meast converted to hearing levels. **** If candidate does not meet the standards listed beloability to meet TSA hearing standards. *PURE TONE TESTS: If amplified, please provide pure-tone results or real ear result in the space below. GRAPHS WILL NOT BE ACCEPTED. 	entification with a governme Provider section, includidate the attached "Transtion to the above indicated ment, meeting current Analysis on the above indicated meet to meet current Analysis on the above indicated meeting current Analysis on the above indicated meeting are to meet current Analysis on the above indicated meeting are to meeting a meeting are sufficiently as a suppose of the area of the	nent issued photo ID, ing signature, printed sportation Security Coted condition NSI standards	name, contact no officer Job Required No in No in No in No in No in No in Regard and when no in response, with statements that is demonstration in the officer of the statement is not the statement in the officer of t	umber direments Control of the contr	Dverview" fectively management in the section of th	asked. appropriate ne candidat	ely te's
WITHOUT HEARING AID: (Required only if candidate d Right Ear	oes not have / need hea	aring aid) Left Ear					
500 1000 2000 3000	4000 6000	500	1000 2000	3000	4000	6000	_
Air Conduction Average of 500, 1000, 2000, 3000							
WITH HEARING AID: CROS style hearing aid(s) are not accepted Please indicate if candidate was tested with his/It If candidate requires amplification to meet hearing the TSA hearing standards, however, personal hearing the TSA hearing standards. Right Ear 500 1000 2000 3000 Air Conduction	ng standards he/she shou	ıld be tested using de d proof of hearing aid Left Ear	monstration aids	to assess h			
Average of 500, 1000, 2000, 3000 HEARING RESULTS: Less than or equal to 25db for the average of 500, 1000, 2 Less than or equal to 45db at 4000 Hz and 6000 Hz in each consideration of the state of th	ch ear?	□ Yes □ I	No □ Yes □	⊒ No ⊒ No			
Does candidate have any other identified hearing condition	ы: штех ш NO II ye:	o, piease expiairi					
Audiologist Signature: Please Print Audiologist Name:		Date:					
Phone Number: ()	FAX Numb	er: ()					
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 866-416-5928. FAX 703-288-5495							



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Candidate Name:	Last 4 Digits of SSN:					
Transpo	ortation Security Officer (TSO) Job Overview from Vacancy Announcement on www.usajobs.gov					
functions; Walk up to two (2) miles duri Continuously and effectively reasonable tone and manner Maintain focus and awarenes machinery, and people, distrito identify and locate potentia destruction; and	to 70 pounds; where between one (1) to four (4) hours without a break to carry out screening ing a shift; interact with the public, giving directions and responding to inquiries in a					
 Near vision correctable to Color perception (e.g., refilters (e.g., contact lenses) Hearing (corrected or uncorrected an average hearing loss) single reading of 45 deci 	unctioning eyes with: ble to 20/30 or better in the best eye and 20/100 or better in the worse eye; to 20/40 or better binocular; ed, green, blue, yellow, orange, purple, brown, black, white, gray). Note: color es) for enhancing color discrimination are prohibited; rected) as measured by audiometry cannot exceed: of 25 decibels (ANSI) at 500, 1000, 2000 and 3000 Hz in each ear, and ibels at 4000 and 6000 Hz in each ear; erity and range of motion, strength, and stability to repeatedly lift and carry up					
	Health Care Provider Review					
Is capable of meeting the	e above job requirements safely, efficiently and effectively with respect to my					
Is NOT capable of meeti	s candidate's medical condition and/or diagnosis noted on Page 1. ing the above job requirements safely, efficiently and effectively with respect to my s candidate's medical condition and/or diagnosis noted on Page 1.					
Specify reason(s) and provid	de explanation based on the above reference number(s):					
Audiologist Signature:						
Please Print Audiologist Name:						
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 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 provider(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.