Transportation	Last 4 Digits of SSN:
Security Administration	MEDICAL CONDITION:
This candudate is under consideration for a position	n as a Transportation Security Officer (TSO) position at the Transportation ment medical screening, including a medical history review on
Hist	ory of TB or Positive TB Test
	work Reduction Act Statement
this form to obtain information relevant to an applicant's health statu wish to be considered for a TSA Security Officer position. It is estim	medical examinations prior to an individual's appointment to a TSA Security Officer position. TSA uses is for purposes of making an employment decision. This is a mandatory collection of information if you ated that the total average burden per response associated with this form is approximately 5 minutes. d to respond to, a collection of information unless it displays a valid OMB control number. CANDIDATE SECTION:
	icluding signature tion in the TSO job application process if CHS does not receive the candidate being placed on Further Evaluation for the position
1. Date of diagnosis:	(mm/dd/yyyy)
2. What type of treatment did / do you receiv	ve?
Candidate Signature:	Date:
	sibility and will not be reimbursed by CHS or TSA
HEALTH CARE PROVIDER SECTION:	
 Health Care Provider must complete Health Ca Health Care Provider must review, sign and 	entification with a government issued photo ID, e.g., driver's license or passport re Provider section, including signature, printed name, contact number date the attached "Transportation Security Officer Job Requirements r to perform this job in relation to the above indicated condition
1. Diagnosis:	Date of diagnosis or last positive skin test:
2. Prognosis	
3. Treatment Received:	
4. Chest X-ray results within last year:	
5. Any additional information:	
Physician Signature:	Date:
Please Print Physician Name:	Medical Specialty:
Phone Number: ()	FAX Number: ()
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	



Candidate Name:

Last 4 Digits of SSN:

Transportation Security Officer (TSO) Job Overview

from Vacancy Announcement on www.usajobs.gov

A A A A A 2. A A	 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. 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
\triangleright	Blood pressure not to exceed 140 / 90.
	Physician Review
Based	on my findings and opinions presented in the Health Care Provider Section of this form, this candidate:
	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. Is NOT 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. Specify reason(s) and provide explanation based on the above reference number(s):
Please Phone	Date: Date: Print Physician Name: Medical Specialty: Number: () FAX Number: ()
Suitabilit	I data provided by the candidate's physician(s) are part of an initial medical evaluation. The final determination of medical ty will be made by Transportation Security Administration medical staff based on the aggregate of all medical data acquired.

PRIVACY ACT STATEMENT: AUTHORITY: 49 U.S.C. 44935 PRINCIPAL PORPOSE(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.