

Implanted Medical Device



| | Explanation of Risk(s) Verific | ation Form |
|--|---|---|
| Candidate Name: | | SSN: |
| | MEDICAL CONDITION | |
| | leration for a position as a Transportation Sec istration (TSA). His/her pre-employment med , revealed the following: | curity Officer (Screener) (TSO) position at the dical screening, including a medical history review |
| | Implanted Medical De | vice |
| | Paperwork Reduction Act Sta | atement |
| position. TSA uses the following medical a mandatory collection of information if y associated with this collection is approximately associated with the collection of the collection of the collection of the collection is approximately associated with this collection is approximately associated with the collection is approximately as a collection as a collection is approximately as a collection is approximately as a collection as a collec | I documents to obtain information relevant to an applicant's h ou wish to be considered for a TSA Security Officer (Screen | individual's appointment to a TSA Security Officer (Screener) nealth status for purposes of making an employment decision. This is er) position. It is estimated that the total average burden per response and a person is not required to respond to, a collection of information 3 1652-0032, which expires 09/08. |
| | PHYSICIAN INSTRUCTIO | |
| | medical screening this candidate revealed h | er) (TSO) position with the Transportation Security naving a pacemaker, deep brain stimulator, or other |
| not limited to, X-ray machines | | entact with electromagnetic equipment including, but gnetometers and explosive trace detection devices. ing area. |
| | | encountered or experienced working with or around battery operated implanted medical devices include, |
| Pacing at an elevated ra | vould be observed as random pauses in the part which could be consistent or sporadic | aced heart rhythm |
| Delivery of an inappropr arrhythmia | ous mode that causes a fixed heart rate iately high voltage because the electromagne | etic interference (EMI) was detected as an |
| Failure to detect arrhyth | | |
| - | y inhibited pacing mechanism thus resulting in | • |
| Pacing may cause a cor | nsistent or sporadic increase in the heart rate | . • |
| | CANDIDATE ACKNOWLEDG | EMENT: |
| electromagnetic fields and und | derstand the potential risks by signing the ack ou also understand that if you are employ | risks of working around or with equipment with knowledgment below. You must sign this form in the yed or hired as a TSO that you will be required to |
| Candidate's Signature • Any expenses incurred | Candidate's Printed Name I remain your responsibility and will not be rein | Candidate's SSN Date |
| | PHYSICIAN ACKNOWLEDGE | EMENT: |
| Your signature acknowledges candidate signing acknowledg | | to the candidate and that you have witnessed the |
| Physician's Signature | Physician's Name Printed | Physician's Area of Specialty Date |
| | eceive further consideration in the TSO jol | b application process if CHS does not receive |

ALL requested paperwork within 60 days of the candidate's initial medical screening

Note: physician and candidate acknowledgement must BOTH be completed and signed

Fax # 703-288-5495

If unable to fax please call 800-638-8083 extension 19514

Last Updated on: 7/26/2006



Implanted Medical Device Explanation of Risk(s) Verification Form



| didate N | lame: SSN: |
|----------|---|
| Tra | ansportation Security Officer (Screener) Job Requirements Overview |
| 1. A | 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) fo 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: |
| | my medical evaluation of only the specific medical condition for which this candidate was referred, and my ding 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: Please Print Physician Name: _____ Medical Specialty: _____ FAX Number: (__ __) __ -___-Phone Number: (______ 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

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.

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on the aggregate of all medical data acquired.