

Hearing Further Evaluation

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Candidate Name:		Last 4 Dig	its of SSN: _				
	MEDICAL COND	ITION:					
This candidate is under consideration for a position as a Transportation Security Officer (TSO) position at the Transportation Security Administration (TSA). His/her pre-employment medical screening, including a medical history review on, revealed the following:						ΓSA).	
	Hearing Los						
Paperwork Reduction Act Statement 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.							
- Condidate must complete Condidate costion in	CANDIDATE SE	CHON:					
 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:							
	LIEAL TH CARE BROWE	ED SECTION					
Health Care Provider must verify candidate's ide Health Care Provider must complete Health Care Health Care Provider must review, sign and candidate's ability to perform this job in related. All tests have been performed in an acoustic envirous All testing equipment has been calibrated within one Candidate's ear canals are free of wax or other occlous All measurements are monaural Measurements must be made monaurally in an audiculate within performing personal hearing aid testing, measuremented to hearing levels. **** If candidate does not meet the standards listed beliability to meet TSA hearing standards. **PURE TONE TESTS:** If amplified, please provide pure-tone results or real ear region in the space below. GRAPHS WILL NOT BE ACCEPTED WITHOUT HEARING AID: (Required only if candidate of Right Ear 500 1000 2000 3000 3000 and candidate of the space below.	re Provider section, includin date the attached "Transp tion to the above indicated ment, meeting current ANSI be year to meet current ANSI busion cometric sound field with the surements must be express ow under "Hearing Results" esponses below. In order for the attached to the attache	nt issued photo ID g signature, printer ortation Security d condition SI standards	d name, contact officer Job Records No solves No solves No gged and when rid response, with a demonstration	number quirements (necessary, ef n sound press hearing aid t	Dverview" fectively management in the sure levels o assess the	asked. appropriate ne candida	ely te's
Air Conduction Average of 500, 1000, 2000, 3000							
CROS style hearing aid(s) are not accepted Please indicate if candidate was tested with his. If candidate requires amplification to meet hearing the TSA hearing standards, however, personal Right Ear 500 1000 2000 3000 Air Conduction Average of 500, 1000, 2000, 3000	ng standards he/she should	be tested using di proof of hearing ai Left Ear 500	emonstration aid d purchase must 1000 2000	s to assess he be included			
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 ea Does candidate have any other identified hearing conditio	ch ear? ns? □ Yes □ No If yes,	☐ Yes ☐	No ☐ Yes No ☐ Yes	□ No □ No			
Audiologist Signature:		Date:					
Please Print Audiologist Name:							
Phone Number: ()		: ()	_				
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							



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Candi	date Name: Last 4 Digits of SSN:				
Transportation Security Officer (TSO) Job Overview					
1. A A A A A A A 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 Blood pressure not to exceed 140 / 90.				
Health Care Provider Review					
Based	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):				
	ogist Signature: Date:				
Please Print Audiologist Name:					
Phone Number: () FAX Number: ()					
Noto: Al	data provided by the candidate's provider(s) are part of an initial medical evaluation. The final determination of medical				

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 DPM/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.

suitability will be made by Transportation Security Administration medical staff based on the aggregate of all medical data acquired.