Vision Further Evaluation

PARTA	_				
	Transportation –		Last 4 Digits of SSN	<u> </u>	
	Administration	MEDICAL CO	ONDITION:		
			tation Security Officer (TSO) position at the T ccreening, including a medical history review on wing:		
		☐ Near Vision ☐ Distant Visi	on 🗆 Limited Visual Fields		
		Paperwork Reduction	on Act Statement		
this form to	to obtain information releva e considered for a TSA Sec	nt to an applicant's health status for purposes of m urity Officer position. It is estimated that the total a	ns prior to an individual's appointment to a TSA Security Offi aking an employment decision. This is a mandatory collectio verage burden per response associated with this form is app ollection of information unless it displays a valid OMB control	n of information if you roximately 5 minutes.	
		CANDIDATE			
:	Candidate will not re		e job application process if CHS does not receiv eing placed on Further Evaluation for the posit		
1.	Have you had any pro	oblems with your vision? \square Yes \square No			
	If yes, please provi	de date and explain:			
C		:			
-	Any expenses incur	red remain your responsibility and will			
	Health Care Provider	HEALTH CARE PRO	NIDER SECTION: a government issued photo ID, e.g., driver's licens	e or nassnort	
•	Health Care Provider	must complete Health Care Provider secti	on, including signature, printed name, contact num	nber	
•			ed "Transportation Security Officer Job Require		
	Overview" and dete		job in relation to the above indicated condition	n	
Bes	t Corrected Near ar	MUST PROVIDE ALL nd Distant Vision:	OF THE FOLLOWING		
			Near	Distant	
		Left Eye	20/	20/	
		Right Eye	20/	20/	
		Both Eyes	20/	20/	
1.	Are the visual fields grossly intact? □ Yes □ No Comments:				
2.	Near vision tested with corrective lenses? ☐ Yes ☐ No				
3.	Distant vision tested with corrective lenses? ☐ Yes ☐ No				
4.	Corrective prescription provided to candidate? □ Yes □ No □ Not Needed				
5.	Any other identified ocular conditions? \square Yes \square No				
	Comments:				
Optom	etrist / Ophthalmol	ogist Signature:	Date:		
Please	Print Name:				
			FAX Number: ()		
Phone Number: () FAX 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					



Vision Further Evaluation

Transportation Security Officer (TSO from Vacancy Announcement on www.usa 1. 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) hour functions; Walk up to two (2) miles during a shift; Continuously and effectively interact with the public, giving direction reasonable tone and manner; Maintain focus and awareness and work within a stressful enviror machinery, and people, distractions, time pressure, disruptive and to identify and locate potentially life threatening devices and devict destruction; and Make effective decisions in both crisis and routine situations. 2. 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 at Near vision correctable to 20/40 or better binocular; Color perception (e.g., red, green, blue, yellow, orange, purple filters (e.g., contact lenses) for enhancing color discrimination Hearing (corrected or uncorrected) as measured by audiometry case an average hearing loss of 25 decibels (ANSI) at 500, 1000, 20. single reading of 45 decibels at 4000 and 6000 Hz in each each Adequate joint mobility, dexterity and range of motion, strength, at to 70 pounds; and Blood pressure not to exceed 140 / 90.	rs without a break to carry out screening ons and responding to inquiries in a ment which includes noise from alarms, d angry passengers, and the requirement ces intended on creating massive and 20/100 or better in the worse eye; e, brown, black, white, gray). Note: color are prohibited;
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·	2000 and 3000 Hz in each ear, and ar;
Physician Review	
•	
ased 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, effice medical specialty and this candidate's medical condition and/or	
Is NOT capable of meeting the above job requirements safely medical specialty and this candidate's medical condition and/or	
Specify reason(s) and provide explanation based on the above re	eference number(s):
ptometrist / Ophthalmologist Signature:	Date
	dical Specialty:

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.

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.

Phone Number: (_____) ___--__-