Cardias	C	T4h	T	l 4:

CPARTA.					
	Transportation Security	Last 4 Digits of SSN:			
	Administration	MEDICAL CONDITION:			
		er consideration for a position as a Transportation Security Officer (TSO) position at the			
		ty Administration (TSA). His/her pre-employment medical screening, including a medical history			
		, revealed the following:			
	Angioplasty	☐ Open Heart Surgery ☐ Valve Replacement ☐ Other: Paperwork Reduction Act Statement			
The Trans	sportation Security Admir	nistration (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 must con	CANDIDATE SECTION: nplete Candidate section, including signature			
•	Candidate will not	receive further consideration in the TSO job application process if CHS does not receive perwork within 90 days of the candidate being placed on Further Evaluation for the position			
1.	Date(s) of cardiac	surgery: (mm/dd/yyyy)			
2.	. Which of the following have you experienced since your surgery?				
۷.		□ Shortness of breath □ Swelling of extremities □ Irregular heart beat □ None			
2	•				
3.	Do you have dillic	culty walking up and down stairs? Yes No			
C	andidate Signatur	re: Date:			
•		urred remain your responsibility and will not be reimbursed by CHS or TSA			
		HEALTH CARE PROVIDER SECTION:			
:	Health Care Provider must verify candidate's identification with a government issued photo ID, e.g., driver's license or passport Health Care Provider must complete Health Care Provider section, including signature, printed name, contact number Health Care Provider must review, sign and date the attached "Transportation Security Officer Job Requirements Overview" and determine candidate's ability to perform this job in relation to the above indicated condition				
•	with nuclear ima	a history of angioplasty or open heart surgery MUST SUBMIT results from exercise stress test ging performed within the past year. a history of valve replacement MUST SUBMIT results from tests performed within the past			
	year (check all th	nat apply) $\ \square$ stress test, $\ \square$ echocardiogram, OR $\ \square$ nuclear imaging			
1.	Diagnosis:	Date of diagnosis:			
2.					
	Cardiac surgery/s	urgeries			
	.	Type of Surgery: :			
4.	Does the candida	te have any restrictions based on their cardiac condition? \square Yes \square No			
	If yes, state restr	rictions:			
Physic	ian Signature:	Date:			
Please	Print Physician N	lame: 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					



Cardiac Surgery Further Evaluation

AND SEC	7 Killinistration	
Candi	date Name:	Last 4 Digits of SSN:
	Transpor	tation Security Officer (TSO) Job Overview
	-	from Vacancy Announcement on www.usajobs.gov
1.	A TSO must be willing and a	
>	Repeatedly lift and carry up to	
>		ere between one (1) to four (4) hours without a break to carry out screening
>	functions; Walk up to two (2) miles during	n a chift
>		teract with the public, giving directions and responding to inquiries in a
	reasonable tone and manner;	
>	machinery, and people, distrac	s and work within a stressful environment which includes noise from alarms, ctions, time pressure, disruptive and angry passengers, and the requirement ly life threatening devices and devices intended on creating massive
>	Make effective decisions in bot	th crisis and routine situations.
2.	TSO medical standards inclu	ude but are not limited to:
>	Visual ability including two fund	
	 Distance vision correctable to : 	e to 20/30 or better in the best eye and 20/100 or better in the worse eye;
		l, green, blue, yellow, orange, purple, brown, black, white, gray). Note: color
		for enhancing color discrimination are prohibited;
\triangleright		cted) as measured by audiometry cannot exceed:
		f 25 decibels (ANSI) at 500, 1000, 2000 and 3000 Hz in each ear, and
\times		els at 4000 and 6000 Hz in each ear; ity and range of motion, strength, and stability to repeatedly lift and carry up
	to 70 pounds; and	ity and range of motion, strength, and stability to repeatedly int and early up
>	Blood pressure not to exceed 3	140 / 90.
		Discricion Design
		Physician Review
Based	on my findings and opinions pre	esented in the Health Care Provider Section of this form, this candidate:
_		above job requirements safely, efficiently and effectively with respect to my
_	medical specialty and this c	andidate's medical condition and/or diagnosis noted on Page 1.
	Is NOT capable of meeting	g the above job requirements safely, efficiently and effectively with respect to my
	medical specialty and this c	andidate's medical condition and/or diagnosis noted on Page 1.
	Specify reason(s) and provide	explanation based on the above reference number(s):
Physic		Date:
-	_	
Please	Print Physician Name:	Medical 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.

<u>Note:</u> 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: (______

FAX Number: (____) ___-_-