General Medical Further Evaluation

SEPARTMENT OF THE PARTMENT OF	Transportation Security		Last 4 Digits of SSN:
			AL CONDITION:
	Administration	consideration for a position as a	Transportation Security Officer (TSO) position at the Transportation on medical screening, including a medical history review on
The follo	wing information	/ test results are requested:	
		Paperwork Re	duction Act Statement
this form to wish to be o	obtain information rele considered for a TSA S	inistration (TSA) requires physical/medical exa evant to an applicant's health status for purpos Security Officer position. It is estimated that the	aminations prior to an individual's appointment to a TSA Security Officer position. TSA uses uses of making an employment decision. This is a mandatory collection of information if you to total average burden per response associated with this form is approximately 5 minutes. It to, a collection of information unless it displays a valid OMB control number.
		CANDII	DATE SECTION:
• (Candidate <u>will not</u> ALL requested pa	aperwork within 90 days of the cand	e TSO job application process if CHS does not receive idate being placed on Further Evaluation for the position
	-	re: curred remain your responsibility an	Date: d will not be reimbursed by CHS or TSA
		HEALTH CARE	PROVIDER SECTION:
It is very	Health Care Provid Health Care Provi Overview" and de important to fax	der must complete Health Care Provide ider must review, sign and date the etermine candidate's ability to perfor copies of progress notes, treatment	n with a government issued photo ID, e.g., driver's license or passport er section, including signature, printed name, contact number attached "Transportation Security Officer Job Requirements rm this job in relation to the above indicated condition summaries or diagnostic test results to CHS for Medical Director ress notes and diagnostic test results for the last 12 months.
1.	Diagnosis:		Date of diagnosis:
2.			
3.		ent:	
4.	What medication	on is the candidate currently taking	for this condition? se: Frequency: :
Physicis	an Signature		Date:
_			
Please Print Physician Name:			Medical Specialty:
Phone Number: ()			FAX Number: ()
FAX	X ALL SUPPORTI	ALL PAGES OF THIS FORM TO CH	NOTES, AND RECENT DIAGNOSTIC TEST RESULTS INCLUDING IS. If unable to fax please call 866-416-5928.



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Candidate Name:		Last 4 Digits of SSN:			
Transportation Security Officer (TSO) Job Overview from Vacancy Announcement on www.usajobs.gov					
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 fo functions;	ur (4) hours without a break to carry out screening			
>	Walk up to two (2) miles during a shift; Continuously and effectively interact with the public, giver reasonable tone and manner;	ring directions and responding to inquiries in a			
>	Maintain focus and awareness and work within a stress machinery, and people, distractions, time pressure, dis to identify and locate potentially life threatening devices destruction; and	ruptive and angry passengers, and the requirement s and devices intended on creating massive			
>	Make effective decisions in both crisis and routine situa	tions.			
2.	Visual ability including two functioning eyes with: Distance vision correctable to 20/30 or better in the Near vision correctable to 20/40 or better binocular	best eye and 20/100 or better in the worse eye; ; nge, purple, brown, black, white, gray). Note: color			
>	 Hearing (corrected or uncorrected) as measured by au an average hearing loss of 25 decibels (ANSI) at 5 single reading of 45 decibels at 4000 and 6000 Hz 	diometry cannot exceed: 00, 1000, 2000 and 3000 Hz in each ear, and in each ear;			
>	Adequate joint mobility, dexterity and range of motion, to 70 pounds; and Blood pressure not to exceed 140 / 90.	strength, and stability to repeatedly lift and carry up			

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 safel medical specialty and this candidate's medical condition				
Is NOT capable of meeting the above job requirements safely, efficiently and effectively with respect to 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):				
Physician Signature:	Date:			
Please Print Physician Name:	Medical Specialty:			
Phone Number: ()	FAX Number: ()			
Note: All data provided by the candidate's physician(s) are part of an initial me suitability will be made by Transportation Security Administration medical states.				

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.