Hepatitis Further Evaluation

		ricpatius rurtilei Evaluation
Transportation	on	Last 4 Digits of SSN:
Security Administrati	ion MEDICAL CONDITION	DN:
Security Administration	n (TSA). His/her pre-employment medical screening, revealed the following:	Security Officer (TSO) position at the Transportation ng, including a medical history review on
	History of Hepat	itis
	Paperwork Reduction Act S	
uses this form to obtain inform if you wish to be considered for	nation relevant to an applicant's health status for purposes of makin or a TSA Security Officer position. It is estimated that the total avera	an individual's appointment to a TSA Security Officer position. TSA g an employment decision. This is a mandatory collection of information ge burden per response associated with this form is approximately 5 illection of information unless it displays a valid OMB control number. DN:
Candidate will	t complete Candidate section, including signature not receive further consideration in the TSO job app paperwork within 90 days of the candidate being pla	
1. What type of	hepatitis were you diagnosed with?	
2. Date of diagr	nosis:	
☐ Weaknes	any of the following symptoms at this time? Solution I Nausea I Fatigue I Weight loss at to eyes I Malaise I None	S □ Abdominal Cramps
Any expens	ses incurred remain your responsibility and	will not be reimbursed by CHS or TSA
Candidate Signa	ature:	Date:
Candidate Signa	ature:HEALTH CARE PROVIDER	
 Health Care Pro Health Care Pro Health Care Pro 		SECTION: Imment issued photo ID, e.g., driver's license or passport iding signature, printed name, contact number insportation Security Officer Job Requirements
 Health Care Pro Health Care Pro Health Care Pro Overview" and 	HEALTH CARE PROVIDER ovider must verify candidate's identification with a govern ovider must complete Health Care Provider section, inclu- ovider must review, sign and date the attached "Trail I determine candidate's ability to perform this job in	SECTION: Imment issued photo ID, e.g., driver's license or passport iding signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition
 Health Care Pro Health Care Pro Health Care Pro Overview" and Diagnosis: 	HEALTH CARE PROVIDER ovider must verify candidate's identification with a govern ovider must complete Health Care Provider section, inclu- ovider must review, sign and date the attached "Trail determine candidate's ability to perform this job in	SECTION: Imment issued photo ID, e.g., driver's license or passport ading signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition
 Health Care Pro Health Care Pro Health Care Pro Overview" and Diagnosis: _ Prognosis _ 	HEALTH CARE PROVIDER ovider must verify candidate's identification with a govern ovider must complete Health Care Provider section, inclu- ovider must review, sign and date the attached "Trail determine candidate's ability to perform this job in	section: Imment issued photo ID, e.g., driver's license or passport iding signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition
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Health Care Pro Health Care Pro Health Care Pro Health Care Pro Overview" and 1. Diagnosis: _ 2. Prognosis _ 3. Treatment pl 4. The following ☐ Hepatitis par 5. Has antiviral	HEALTH CARE PROVIDER ovider must verify candidate's identification with a govern ovider must complete Health Care Provider section, inclu- ovider must review, sign and date the attached "Trail I determine candidate's ability to perform this job in lan: g information and/or test results are required and n	section: Imment issued photo ID, e.g., driver's license or passport diding signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition Date of diagnosis: Dust be submitted: Interpretation of the submitted:
Health Care Pro Health Care Pro Health Care Pro Health Care Pro Overview" and Diagnosis: _ Prognosis _ Treatment pl Hepatitis par Hepatitis par Has antiviral If no, is it rec	HEALTH CARE PROVIDER Divider must verify candidate's identification with a govern povider must complete Health Care Provider section, incluorider must review, sign and date the attached "Trail determine candidate's ability to perform this job in lan: g information and/or test results are required and mail LFT's Hepatitis A IgM Hepatitis B suit And/or Interferon treatment been administered?	ment issued photo ID, e.g., driver's license or passport ding signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition Date of diagnosis: Dust be submitted: Inface antigen Viral load Treatment plan Yes No If yes, when?
Health Care Pro Health Care Pro Health Care Pro Health Care Pro Overview" and 1. Diagnosis: _ 2. Prognosis _ 3. Treatment pl 4. The following ☐ Hepatitis par 5. Has antiviral If no, is it rec Physician Signature:	HEALTH CARE PROVIDER Devider must verify candidate's identification with a govern provider must complete Health Care Provider section, inclusively consider must review, sign and date the attached "Trail determine candidate's ability to perform this job in lan: Jan:	ment issued photo ID, e.g., driver's license or passport ding signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition Date of diagnosis: Date of diagnosis: Date antigen Viral load Treatment plan Yes No If yes, when?
Health Care Pro Health Care Pro Health Care Pro Health Care Pro Overview" and 1. Diagnosis: _ 2. Prognosis _ 3. Treatment pl 4. The following ☐ Hepatitis par 5. Has antiviral If no, is it rec Physician Signature: Please Print Physicia	HEALTH CARE PROVIDER Devider must verify candidate's identification with a govern provider must complete Health Care Provider section, inclusively consider must review, sign and date the attached "Trail determine candidate's ability to perform this job in lan: Jan:	ment issued photo ID, e.g., driver's license or passport ding signature, printed name, contact number insportation Security Officer Job Requirements relation to the above indicated condition Date of diagnosis: Date of diagnosis: Date antigen Viral load Treatment plan Yes No If yes, when?

Fax 703-288-5495



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AND SECUR	Administration		
Candi	late 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 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.		
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 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. 		
Physician Review			
Based	n 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, efficiently and effectively with respect to my		
medical specialty and this candidate's medical condition and/or diagnosis noted on Page 1.			

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.