## **Seizure Further Evaluation**

OEPARTMEN S	Transportation	Last 4 Digits of SSN:							
	Security Administration		_						
IIII OUI	nuiuule is unuel C	consideration for a position as a Transportation Security Officer (TSO) position at the Transportation	n						
Security	Administration	(TSA). His/her pre-employment medical screening, including a medical history review of the control of the contr	n						
		Paperwork Reduction Act Statement							
this form to wish to be	o obtain information relectionsidered for a TSA S	nistration (TSA) requires physical/medical examinations prior to an individual's appointment to a TSA Security Officer position. TSA us evant to an applicant's health status for purposes of making an employment decision. This is a mandatory collection of information if yo security Officer position. It is estimated that the total average burden per response associated with this form is approximately 5 minutes onsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.  CANDIDATE SECTION:	ı						
	Candidate must cor	mplete 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								
1.	What was the date of your last seizure? (mm/dd/y								
2.	How many seizures have you had in the past year?								
	What type of seizure(s) do you have?								
4.									
	□ Dizziness	☐ Headaches ☐ Nausea ☐ Confusion ☐ Slurred Speech ☐ None							
5.	Have the seizures	s or the medication taken for seizures ever caused you to miss work/school? $\Box$ Yes $\Box$ No							
6.	Have the seizures	s or medication taken for seizures ever interfered with your activities of daily living? $\Box$ Yes $\Box$ No							
	If yes, please des	scribe:							
	~	re: Date:							
•	Any expenses inci	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								
1.	Date of last seizu	re: (mm/dd/yyyy	')						
2.	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `								
	Medication:	Dose: Frequency:	:						
			_						
3.	What type / class	of seizure is the candidate diagnosed with?	-						
	Does the candidate have any other medical conditions related to his/her seizure disorder?								
5.	What did the last 3 lab results indicate as far as medication compliance?								
	(Please send copies of last 12 months of progress notes, treatment summary, diagnostic test results)  Any additional information:								
Physici	an Signature:	Date:							
Please	Print Physician N	Name: Medical Specialty:	Medical Specialty:						
Phone I	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									

## Seizure Further Evaluation

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 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 F	Review
Based on my findings and opinions presented in the Health Car	re Provider Section of this form, this candidate:
Is capable of meeting the above job requirements a medical specialty and this candidate's medical conditions.	
Is <b>NOT</b> capable of meeting the above job requirem medical specialty and this candidate's medical cond	ents safely, efficiently and effectively with respect to my ition and/or diagnosis noted on Page 1.
Specify reason(s) and provide explanation based on the	e 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 initi suitability will be made by Transportation Security Administration medica	

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.