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EPARTME.	HT	L (AB) 11 (COM			
	Transportation Security				
PARTITAND SECURE	Administration	MEDICAL CONDITION:			
Tra	nsportation Securi	er consideration for a position as a Transportation Security Officer (TSO) position at the ity Administration (TSA). His/her pre-employment medical screening, including a medical history, revealed the following:			
	Angioplasty				
		Paperwork Reduction Act Statement			
this form to wish to be An agency	o obtain information rele considered for a TSA S may not conduct or spo	nistration (TSA) requires physical/medical examinations prior to an individual's appointment to a TSA Security Officer position. TSA uses evant to an applicant's health status for purposes of making an employment decision. This is a mandatory collection of information if you security Officer position. It is estimated that the total average burden per response associated with this form is approximately 5 minutes. consor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control control number 1652-0032, which expires 3/31/2016.			
		CANDIDATE SECTION:			
:	Candidate will not	mplete Candidate section, including signature t 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	c surgery: (mm/dd/yyyy)			
2	Which of the follo	owing have you experienced since your surgery?			
۷.					
•	•	☐ Shortness of breath ☐ Swelling of extremities ☐ Irregular heart beat ☐ None			
3.	Do you have diffic	culty walking up and down stairs? \square Yes \square No			
C	andidate Signatu	re: Date:			
•		urred remain your responsibility and will not be reimbursed by CHS or TSA			
	Thing oxpositoe into	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				
•	Candidates with a history of angioplasty or open heart surgery MUST SUBMIT results from exercise stress test with nuclear imaging performed within the past year. Candidates with a history of valve replacement MUST SUBMIT results from tests performed within the past				
		hat apply) \square stress test, \square echocardiogram, OR \square nuclear imaging			
1.		Date of diagnosis:			
	Prognosis				
		Curacrice			
ა.	Cardiac surgery/s Date:	Type of Surgery: :			
4.		ate have any restrictions based on their cardiac condition? \Box Yes \Box No			
	ii yes, state rest	rictions:			
Physic	ian Signature:	Date:			
Please Print Physician Name: 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 SECURE	Administration	Cardiac Surgery Further Evaluation
Candic	late Name:	Last 4 Digits of SSN:
		Security Officer (TSO) Job Overview cancy Announcement on www.usajobs.gov
A	functions; Walk up to two (2) miles during a shift; Continuously and effectively interact w reasonable tone and manner; Maintain focus and awareness and wo machinery, and people, distractions, ti	reen one (1) to four (4) hours without a break to carry out screening with the public, giving directions and responding to inquiries in a book within a stressful environment which includes noise from alarms, me pressure, disruptive and angry passengers, and the requirement reatening devices and devices intended on creating massive
2.	TSO medical standards include but Visual ability including two functioning Distance vision correctable to 20/40 or Near vision correctable to 20/40 or Color perception (e.g., red, green, filters (e.g., contact lenses) for ent Hearing (corrected or uncorrected) as an average hearing loss of 25 dec single reading of 45 decibels at 40	are not limited to: eyes with: 30 or better in the best eye and 20/100 or better in the worse eye; r better binocular; blue, yellow, orange, purple, brown, black, white, gray). Note: color nancing color discrimination are prohibited; measured by audiometry cannot exceed: ibels (ANSI) at 500, 1000, 2000 and 3000 Hz in each ear, and 300 and 6000 Hz in each ear; range of motion, strength, and stability to repeatedly lift and carry up
		Physician Review
Based o	Is capable of meeting the above jo	in the Health Care Provider Section of this form, this candidate: ob requirements safely, efficiently and effectively with respect to my e's medical condition and/or diagnosis noted on Page 1.
	•	ove job requirements safely, efficiently and effectively with respect to mye's medical condition and/or diagnosis noted on Page 1.
	Specify reason(s) and provide explana	ation based on the above reference number(s):
Physici	an Signature:	Date:

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.

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.

Please Print Physician Name: _____ Medical Specialty: _____

Phone Number: (______

FAX Number: (_____) ___-_-