

Candidate Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_ \_

**MEDICAL CONDITION:**

This candidate is under consideration for a position as a Transportation Security Officer (TSO) position at the Transportation Security Administration (TSA). His/her pre-employment medical screening, including a medical history review on \_\_\_\_\_, revealed the following:

**Hearing Loss**

**Paperwork Reduction Act Statement**

The Transportation Security Administration (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. The control number for this collection is OMB control number 1652-0032, which expires 3/31/2016.

**CANDIDATE SECTION:**

- Candidate must complete 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**

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Any expenses incurred 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**

- All tests have been performed in an acoustic environment, meeting current ANSI standards  Yes  No
- All testing equipment has been calibrated within one year to meet current ANSI standards  Yes  No
- Candidate's ear canals are free of wax or other occlusion  Yes  No
- All measurements are monaural  Yes  No

\* Measurements must be made monaurally in an audiometric sound field with the non-tested ear plugged and when necessary, effectively masked.  
 \*\* When performing personal hearing aid testing, measurements must be expressed as real-ear aided response, with sound pressure levels appropriately converted to hearing levels.  
 \*\*\* If candidate does not meet the standards listed below under "Hearing Results", please test using a demonstration hearing aid to assess the candidate's ability to meet TSA hearing standards.

**PURE TONE TESTS:**

If amplified, please provide pure-tone results or real ear responses below. In order for this form to be complete, scores from the day of exam must be recorded in the space below. **GRAPHS WILL NOT BE ACCEPTED**

**WITHOUT HEARING AID: (Required only if candidate does not have / need hearing aid)**

	Right Ear					
	500	1000	2000	3000	4000	6000
Air Conduction						
Average of 500, 1000, 2000, 3000						

	Left Ear					
	500	1000	2000	3000	4000	6000
Air Conduction						
Average of 500, 1000, 2000, 3000						

**WITH HEARING AID:**

- **CROS style hearing aid(s) are not accepted**
- Please indicate if candidate was tested with his/her  Personal Hearing Aid(s)  Demonstration Hearing Aid(s)
- If candidate requires amplification to meet hearing standards he/she should be tested using demonstration aids to assess his/her potential to meet the TSA hearing standards, however, personal hearing aid test scores and proof of hearing aid purchase must be included for medical certification.

	Right Ear					
	500	1000	2000	3000	4000	6000
Air Conduction						
Average of 500, 1000, 2000, 3000						

	Left Ear					
	500	1000	2000	3000	4000	6000
Air Conduction						
Average of 500, 1000, 2000, 3000						

**HEARING RESULTS:**

Less than or equal to 25db for the average of 500, 1000, 2000, and 3000 Hz in each ear?  Yes  No  Yes  No  
 Less than or equal to 45db at 4000 Hz and 6000 Hz in each ear?  Yes  No  Yes  No  
 Does candidate have any other identified hearing conditions?  Yes  No If yes, please explain \_\_\_\_\_

Audiologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Audiologist Name: \_\_\_\_\_

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**





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.

**Health Care Provider 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 safely, efficiently and effectively with respect to my medical specialty and this candidate's medical condition and/or diagnosis noted on Page 1.

Is **NOT** 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.

Specify reason(s) and provide explanation based on the above reference number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Audiologist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Print Audiologist Name:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**FAX Number:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Note: All data provided by the candidate's provider(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.