STRATT	Transportation		Last 4 Digits of SSN:
	Security Administration	MEDICAL CO	
Security	Administration (	onsideration for a position as a Transpor	tation Security Officer (TSO) position at the Transportation creening, including a medical history review on
		History of	Hepatitis
		Paperwork Reductio	n Act Statement
uses this fo if you wish minutes. A	orm to obtain information to be considered for a n agency may not conc	on relevant to an applicant's health status for purposes TSA Security Officer position. It is estimated that the to	ns prior to an individual's appointment to a TSA Security Officer position. TSA of making an employment decision. This is a mandatory collection of information otal average burden per response associated with this form is approximately 5 nd to, a collection of information unless it displays a valid OMB control number. 3/31/2016.
		CANDIDATE	
•	Candidate <u>will no</u> ALL requested pa position	perwork within 90 days of the candidate b	job application process if CHS does not receive
2.	Date of diagnos	is:	
3.	Do you have an	y of the following symptoms at this time?	
0.	□ Weakness		ght loss 🛛 Abdominal Cramps
		eyes 🗆 Malaise 🗆 None	
		incurred remain your reenensibili	ty and will not be raimburged by CUS or TSA
	Any expenses	incurred remain your responsibili	ty and will not be reimbursed by CHS or TSA
Ca	ndidate Signatu	re:	Date:
		HEALTH CARE PRO	VIDER SECTION:
-	Health Care Provic Health Care Provi	ler must complete Health Care Provider section der must review, sign and date the attache	a government issued photo ID, e.g., driver's license or passport on, including signature, printed name, contact number ed <b>"Transportation Security Officer Job Requirements</b> a job in relation to the above indicated condition
1.	Diagnosis:		Date of diagnosis:
2.	Prognosis		
3.	Treatment plan	:	
4. □	•	formation and/or test results are required LFT's  Hepatitis A IgM  Hepati	d and must be submitted: tis B surface antigen $\ \square$ Viral load $\ \square$ Treatment plan
5.	Has antiviral ar If no, is it recom	Id/or Interferon treatment been administe Imended? □ Yes □ No Please expl	red?  Yes No If yes, when?ain:
Physicia	an Signature:		Date:
Please I	Print Physician	Name:	Medical Specialty:
Phone N	Number: (	_)	FAX Number: ()
FA		NG DOCUMENTATION, PROGRESS NOTES ALL PAGES OF THIS FORM TO CHS. If un Fax 703-28	•



Candidate Name:

Last 4 Digits of SSN:

## Transportation Security Officer (TSO) Job Overview

from Vacancy Announcement on www.usajobs.gov

$\succ$	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;
<b>A A A</b>	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.
A A	<ul> <li>TSO medical standards include but are not limited to:</li> <li>Visual ability including two functioning eyes with:</li> <li>Distance vision correctable to 20/30 or better in the best eye and 20/100 or better in the worse eye;</li> <li>Near vision correctable to 20/40 or better binocular;</li> <li>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;</li> <li>Hearing (corrected or uncorrected) as measured by audiometry cannot exceed:</li> <li>an average hearing loss of 25 decibels (ANSI) at 500, 1000, 2000 and 3000 Hz in each ear, and</li> <li>single reading of 45 decibels at 4000 and 6000 Hz in each ear;</li> <li>Adequate joint mobility, dexterity and range of motion, strength, and stability to repeatedly lift and carry up to 70 pounds; and</li> <li>Blood pressure not to exceed 140 / 90.</li> </ul>
	Physician Review
Based	Physician Review on my findings and opinions presented in the Health Care Provider Section of this form, this candidate:
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 <b>NOT</b> 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.
Physic	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 <b>NOT</b> 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):
Physic	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):
Physic Please Phone Note: Al	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):

(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.