

DEPARTMENT OF HOMELAND SECURITY  
 Transportation Security Administration

**PRACTICAL EXERCISE PERFORMANCE REQUIREMENTS**

**INSTRUCTIONS:** Your patient is undergoing evaluation by the Federal Air Marshal Service Medical Program pursuant to either an application for employment or determination of fitness for duty. We request that you complete this form to assist us in our evaluation. Unless directed by the FAMS Medical Programs Section, this form may be completed by an Advanced Practice Registered Nurse (APRN). For purposes of this examination, please do not include any genetic information, including family medical history or the results of any genetic testing, with any medical records/ documentation you provide. NOTE TO MEDICAL EXAMINER: Please do not collect any genetic information provided by the examinee.

Practical Exercise Performance Requirements (PEPR) are physical activities related to law enforcement tasks, e.g., conducting searches and making arrests. Please delineate if your patient is able to (Yes) or is unable to (No) perform the following tasks. N/A may be used if a localizing condition does not affect this ability.

**Section I. Healthcare Provider's Evaluation**

<b>Essential Job Tasks and Performance Requirements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>1. Lift/Carry</b>			
Without assistance, lift and carry individual (e.g., subject) resisting arrest to another area or out of aircraft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift baggage into or out of aircraft overhead compartment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without assistance, lift and carry objects weighing 30 to 50 lbs. (baggage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove aircraft emergency egress window (e.g., 50 lb.) or open aircraft door(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Push/Pull</b>			
Without assistance, pull/drag uncooperative individuals (e.g., subject) 5-150 feet during an arrest situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without assistance, physically restrain or subdue a resistive individual (e.g., subject, mentally ill individual, drugged person) using reasonable force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defend oneself against attack and protect weapon from a seated position. (e.g., grappling punching/kicking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without assistance, use bodily force (e.g., body, foot) to gain entry through a locked door (e.g., lavatory door).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Climb</b>			
Climb over seats, galley carts, or passengers lying down in the aisle during emergency or close combat situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Quick Movements</b>			
Quickly get out of aircraft seat in response to an emergency or to pursue subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Block and evade blows, punches, kicks, etc., with arms, hands or legs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform counter measures to disarm subject with gun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Bends/Stoop/Reach</b>			
Stoop/Squat to inspect or search for objects or evidence under aircraft seats, in lavatory, and in galley.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach overhead to open and search overhead bins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Stand</b>			
Stand for one hour or more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Run</b>			
Run in aircraft in pursuit of subject or to quickly respond to an incident scene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically restrain a subject after running.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Sit</b>			
Sit for one hour or more in an aircraft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Firearms</b>			
Load and unload assigned handgun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Operate Hand Controls</b>			
Operate flight deck controls and/or instrumentation to stabilize an aircraft in flight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WARNING:** This document may contain Privacy Act protected or other sensitive information and should be protected from unauthorized disclosure. TSA employees and contractors may share this information within DHS on a need-to-know basis. Disclosure outside of DHS must be approved by the Office of Chief Counsel or TSA Privacy Office.

**PAPERWORK REDUCTION ACT STATEMENT OF PUBLIC BURDEN:** TSA is collecting this information about you to determine your suitability to serve as a Federal Air Marshal. This is a voluntary collection of information; however, failure to furnish the requested information may result in an inability to consider you for a position as a Federal Air Marshal. TSA estimates that the total average burden per response associated with this collection is approximately one hour (or 15 minutes if not submitting an explanation). 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 assigned to this collection is OMB 1652-0043, which expires 07/31/2019. Send comments regarding

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<b>Section I. Healthcare Provider's Evaluation (cont'd)</b>			
<b>Essential Job Tasks and Performance Requirements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>11. Write</b>			
Complete reports consisting of short descriptive phrases and/or fills in the blanks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete narrative reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Read</b>			
Read reports consisting of short, descriptive phrases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read operations orders and intelligence briefings to determine mission specific requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read information displayed on computer screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Comprehension/Cognitive Skills</b>			
Survey incident scene and quickly gather information to immediately determine appropriate course of action (e.g., intervene, draw weapon).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify individuals known to pose, or suspected of posing a risk of terrorism or a threat to airline or passenger safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine whether a situation requires verbal de-escalation or use of force.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make an instantaneous decision whether to use physical or deadly force in aircraft or ground situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritize the required actions at an incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapt and adjust plans in response to changes in circumstances during an incident, arrest, or seizure of evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain appropriate confidentiality of non-public information about people investigations, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detect smells that should be investigated and approximate their origin (e.g., narcotics, smoke, gas, alcohol).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist in emergency evacuations from aircraft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Calculate/Communicate</b>			
Perform simple arithmetic calculations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issue quick, clear and forceful directions to subjects and passengers in an emergency or other situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diffuse arguments (e.g., domestic, other arguments) by using verbal de-escalation techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate description of individuals, explosive devices, or incidents under stressful conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Training</b>			
Fire 200-500 rounds with assigned firearm at target during practice from standing, kneeling, squatting, prone, moving and behind barricade positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice close quarter countermeasure weapons skills in simulated aircraft during training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in physical fitness training such as running, weight training, elliptical trainer, push ups, and other aerobic and training exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice defensive tactics maneuvers. (e.g., grappling, striking and restraint techniques).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain proficiency in use of required safety equipment on aircraft (e.g., fire extinguisher, seat extraction tool, oxygen bottle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Flight</b>			
Tolerate pressure changes related to multiple, daily ascents/descents in a commercial aircraft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section II. Signatures</b>			
It is my medical opinion that [Enter patient's name here] is limited by the physical restrictions identified in the "NO" column.			
<b>Anticipated length of restriction:</b>			
Healthcare Provider's Printed Name:		Healthcare Provider's Specialty:	
Healthcare Provider's Signature:		Date of Signature:	
Office Address:		Office Phone Number:	

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