

DEPARTMENT OF HOMELAND SECURITY
 Transportation Security Administration

MENTAL HEALTH CERTIFICATION

INSTRUCTIONS: Please read the following statements carefully. To certify that a statement is true, place your initials on the line next to the statement in Section I. For those statements for which you are unable to certify, you must provide an explanation. Inability to certify for one or more statements only indicates the need for further information, and does not necessarily adversely affect eligibility for further consideration. Please type or print legibly in the space provided. You may use additional sheets of paper to explain any response that requires additional explanation in Section II. If you need assistance, please contact the FAMS Medical Programs Branch at (609) 813-3050. Please send the completed form to (609) 813-3085 (fax) or mail to FAM Medical, 200 West Parkway Drive, Suite 300, Egg Harbor Township, 08234. **For purposes of this certification**, 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.

Name:	Date:
-------	-------

Address:

Phone:	Email:
--------	--------

Section I. Mental Health Statement Certifications

Statement Descriptions <i>(For statements you are unable to certify, please provide an explanation)</i>	Initial Here
1. I have never had a job where the responsibilities were restricted or withdrawn for medical or psychological reasons.	
Explanation:	
2. I have never previously held (nor do I currently hold) a security clearance where my access has been suspended or withdrawn due to a medical or suitability reason.	
Explanation:	
3. My capacity to hold a license, permit, or practice in a profession has never been restricted or withdrawn (i.e., driver's license, permit to carry a concealed weapon, or certification to practice in a regulated occupation or profession).	
Explanation:	
4. I have never been required to undergo a mental health examination in order to return to work.	
Explanation:	
5. I have never been removed from work for medical or psychological reasons.	
Explanation:	
6. I have never been prescribed medication to reduce anxiety, depression or to help with sleep.	
Explanation:	
7. I have never been referred for mental health care for which I did not obtain treatment.	
Explanation:	
8. I have never participated in a substance abuse (alcohol or drug) rehabilitation program.	
Explanation:	
9. I have never participated in a behavioral or conduct control program (i.e., anger management, gambling, or pornography addiction).	
Explanation:	
10. I have never been found to be an unfit parent or guardian.	
Explanation:	
11. I have never been the subject of a restraining order or protective order.	

Previous editions of this form are obsolete.

