

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

TRANSPORTATION SECURITY OFFICER MEDICAL CLEARANCE

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| INSTRUCTIONS: This form must be completed by a licensed physician or other licensed health practitioner. | |
| SECTION I. | |
| Name of Applicant: | |
| Date: | |
| <p>The above-named individual is tentatively selected for a Transportation Security Officer (TSO) position with the Transportation Security Administration. The duties of a TSO include the following:</p> <ul style="list-style-type: none"> • Carry up to 50 pounds without assistance • Stand for up to 4 hours • Feel and manipulate small objects with both hands • Communicate effectively with the public and coworkers • Make decisions effectively in both crisis and routine situations • Maintain focus and awareness during an entire shift • Identify and locate prohibited items while working in an environment containing numerous distractions • Perform shift work and night work | |
| <p>You can find a complete list of the medical requirements and essential job functions at https://www.tsa.gov/sites/default/files/hc-job-tso-medical-guidelines.pdf</p> <p>“Provide restrictions” is standard occupational medicine terminology and is used throughout the medical guidelines. It means that an employee or an applicant is not medically cleared for full and unrestricted duties of their occupation.</p> | |
| <p>In your medical opinion, is the above-named individual able to perform these functions?</p> <p>Yes (cleared) No (not cleared)</p> | |
| Name of Licensed Health Practitioner: | |
| <p>MD/DO NP/APRN PA Other Practitioner (specify):</p> | |
| Signature of Licensed Physician or Licensed Health Practitioner | Office Phone |

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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 Chief Counsel’s Office or TSA Privacy Office.

SECTION II. MEDICAL EXAMINATION

Name of Applicant:

Vital Signs

Pulse:

Blood Pressure:

Respiratory Rate:

Visual Acuity

Corrected distant visual acuity: OD 20/ OS 20/ OU 20/

TSA requires a corrected distant visual acuity of 20/20 OU.

Peripheral Vision

Test by confrontation: at least 120° field of vision in horizontal meridian measured using both eyes.

Normal

Abnormal (provide test results):

Color Vision: follow pass/fail criteria specified by the test used

Normal

Abnormal (provide test results):

Hearing

Whisper Test (must be performed over 5 feet away): Pass Fail

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PUBLIC BURDEN STATEMENT: TSA is collecting this information to determine suitability to serve as a Transportation Security Officer (TSO). This is a voluntary collection of information; however, failure to furnish the requested information may result in an inability to consider your eligibility for employment as a TSO. TSA estimates that the total average burden per response associated with this collection is approximately 0.50 hours, including the time for reviewing instructions and getting needed information. 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 OMB number control number assigned to this collection of information is 1652-0032, which expires on 10/31/2026. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing burden, to DHS/TSA, TSAPRA@tsa.dhs.gov or TSA-11, Transportation Security Administration, 6595 Springfield Center Drive, Springfield, Virginia 20598-6011. Attn: PRA 1652-0032 Transportation Security Officer Medical Questionnaire.