

TRANSPORTATION SECURITY OFFICER MEDICAL QUESTIONNAIRE

OMB control number 1652-0032

Expiration 12/31/2026

Public Burden and Privacy Act Statements. Instructions

TRANSPORTATION SECURITY OFFICER MEDICAL QUESTIONNAIRE

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 [REDACTED]. 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.

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.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Instructions

It is required that you personally complete each question or response in this questionnaire in one session. Information will not be saved if the questionnaire is closed prior to submission. It can take up to 30 minutes (0.50 hours) to complete the questionnaire.

To learn more about the medical requirements of the Transportation Security Officer (TSO) position, it is recommended that you review the TSO Medical Guidelines that can be found at https://jobs.tsa.gov/Resources/TSO_Medical_Guidelines.pdf.

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Health Care Provider Information

TRANSPORTATION SECURITY OFFICER MEDICAL QUESTIONNAIRE

* Required

Health Care Provider Information

1. Please type the full name of the licensed health care provider who completed or is anticipated to complete your medical clearance form. *

2. Please type the phone number of the health care provider listed above *

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Demographic Information

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* Required

Demographic Information

3. Please select the date you start this questionnaire. *

Please input date (M/d/yyyy)

4. Enter your Email Address *

Please enter an email

5. Name (as listed on your application: First, M.I., Last, suffix) *

Enter your answer

6. Address *

Enter your answer

7. City, State, Zip *

Enter your answer

8. Primary Phone # *

Enter your answer

9. Last 4 of Social Security Number *

Please enter at most 4 characters

10. Sex *

☐ Male

☐ Female

11. Date of Birth *

Please input date (M/d/yyyy)

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General Information

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* Required

General Information

12. Have you been refused employment, dismissed from a job, or unable to stay in school due to any medical condition or excessive absenteeism? (Please note: This may not automatically disqualify you from TSA employment.) *

- ☐ Yes
☒ No

13. Have you had any operations and/or medical procedures? *

- ☐ Yes
☒ No

14. Have you had a visit to a clinic, physician, chiropractor, ER, urgent care, outpatient facility physical therapist, healer, acupuncturist, or any other practitioner within the past year? *

- ☐ Yes
☒ No

15. Are you currently taking any prescription medications? *

- ☐ Yes
☒ No

16. Are you currently taking any non-prescription OTC medications/herbs/supplements? *

- ☐ Yes
☒ No

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Vision and Hearing

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* Required

Vision and Hearing

17. Do you have known uncorrectable vision loss or a total loss of vision in either eye? *

☐ Yes

☒ No

18. Have you had any type of refractive eye surgery such as LASIK, PRK, etc.? *

☐ Yes

☒ No

19. Do you use a hearing aid for either ear? *

☐ Yes

☒ No

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Respiratory

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* Required

Respiratory

20. Do you have asthma or chronic obstructive pulmonary disease (COPD)? *

☐ Yes

☒ No

21. Have you EVER had active tuberculosis (not just a positive skin test)? *

☐ Yes

☒ No

22. Have you ever had any other lung disease? *

☐ Yes

☐ No

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Cardiovascular

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* Required

Cardiovascular

23. Have you ever had or experienced hypertension? *

☐ Yes

☒ No

24. Have you had a treadmill exercise stress test? *

☐ Yes

☒ No

25. Have you ever had or experienced coronary artery disease, heart attack, open heart surgery, stent, or angioplasty? *

☐ Yes

☒ No

26. Have you ever experienced heart failure or cardiomyopathy? *

☐ Yes

☒ No

27. Have you experienced atrial fibrillation, atrial flutter, supraventricular tachycardia, Wolff-Parkinson-White Syndrome or ventricular tachycardia? *

☐ Yes

☒ No

28. Have you experienced ventricular fibrillation? *

☐ Yes

☒ No

Cardiovascular

2 of 2

29. Have you experienced unexplained syncope (fainting or passing out)? *

☐ Yes

☒ No

30. Do you have a pacemaker? *

☐ Yes

☒ No

31. Have you experienced valvular heart disease? *

☐ Yes

☒ No

32. Do you have an automatic implantable cardiac defibrillator (AICD)? *

☐ Yes

☒ No

33. Have you experienced peripheral vascular disease that causes pain with walking? *

☐ Yes

☒ No

34. Have you experienced thoracic or abdominal aortic aneurysm? *

☐ Yes

☒ No

35. Have you experienced other cardiac condition(s) not previously mentioned? *

☐ Yes

☒ No

Abdominal Organs and Renal

TRANSPORTATION SECURITY OFFICER MEDICAL QUESTIONNAIRE

* Required

Abdominal Organs and Renal

36. Have you had or do you currently have a hernia? *

☐ Yes

☒ No

37. Do you have chronic kidney disease (CKD)? *

☐ Yes

☒ No

38. Are you being treated with hemodialysis or peritoneal dialysis? *

☐ Yes

☒ No

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Musculoskeletal

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* Required

Musculoskeletal

39. Have you ever had an amputation or congenitally absent body part? *

☐ Yes

☒ No

40. Do you use any ambulatory aids (crutches, cane, walker, etc.)? *

☐ Yes

☒ No

41. Have you ever experienced an upper extremity condition (hand, wrist, forearm, elbow, upper arm, shoulder)? *

☐ Yes

☒ No

42. Have you ever experienced a lower extremity condition (foot, ankle, lower leg, knee, upper leg, hip)? *

☐ Yes

☒ No

43. Have you ever experienced a spine condition (back, neck, surgery)? *

☐ Yes

☒ No

44. Have you ever experienced a joint replacement surgery? *

☐ Yes

☒ No

Neurological

1 of 2

TRANSPORTATION SECURITY OFFICER MEDICAL QUESTIONNAIRE

* Required

Neurological

45. Have you ever had or experienced a cerebrovascular accident (CVA, stroke, brain bleed, or TIA)? *

☐ Yes

☒ No

46. Have you ever had or experienced seizures or epilepsy? *

☐ Yes

☒ No

47. Have you ever had or experienced vertigo? *

☐ Yes

☒ No

48. Have you had Meniere's disease? *

☐ Yes

☒ No

49. Have you had or experienced the paralysis of a limb? *

☐ Yes

☒ No

50. Have you had or experienced the complete loss of touch sensation in the upper extremity? *

☐ Yes

☒ No

Neurological 2 of 2

51. Have you had or experienced cognitive impairment (ongoing memory loss, dementia)? *

☐ Yes

☒ No

52. Have you had or experienced malignancy of the spinal cord or brain? *

☐ Yes

☒ No

53. Have you had or experienced amyotrophic lateral sclerosis? *

☐ Yes

☒ No

54. Have you had or experienced multiple sclerosis? *

☐ Yes

☒ No

55. Have you had or experienced Parkinson's? *

☐ Yes

☒ No

56. Have you had or experienced other neurologic disorders not previously noted? *

☐ Yes

☒ No

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Endocrine

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* Required

Endocrine

57. Do you have diabetes? *

☐ Yes

☒ No

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Sleep Disorders

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* Required

Sleep Disorders

58. Have you ever had or experienced narcolepsy? *

☐ Yes

☒ No

59. Have you ever had or experienced obstructive sleep apnea? *

☐ Yes

☒ No

60. Have you ever had or experienced shift work disorder? *

☐ Yes

☒ No

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Psychological 1 of 2

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* Required

Psychological

61. Have you ever had or experienced anxiety disorder? *

☐ Yes

☒ No

62. Have you ever had or experienced a panic attack? *

☐ Yes

☒ No

63. Have you ever had or experienced attention deficit/hyperactivity disorder (ADHD)? *

☐ Yes

☒ No

64. Have you ever had or experienced bipolar disorder? *

☐ Yes

☒ No

65. Have you ever had or experienced a depressive disorder? *

☐ Yes

☒ No

66. Have you ever had or experienced a personality disorder? *

☐ Yes

☒ No

Psychological

2 of 2

67. Have you had or experienced a post-traumatic stress disorder (PTSD)? *

☐ Yes

☒ No

68. Have you had or experienced psychosis or psychotic features? *

☐ Yes

☒ No

69. Have you had or experienced a substance abuse disorder? *

☐ Yes

☒ No

70. Are you being treated for a mental health condition? *

☐ Yes

☒ No

71. Have you attempted suicide? *

☐ Yes

☒ No

72. Have you had or experienced electroconvulsive therapy? *

☐ Yes

☒ No

73. Have you had or experienced schizophrenia, schizoaffective, or schizophreniform disorder? *

☐ Yes

☒ No

74. Have you had or experienced other mental health disorders not previously noted? *

☐ Yes

☒ No

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Activity 1 of 2

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* Required

Activity

75. Are you able to frequently lift and carry passenger baggage weighing up to 50 pounds without assistance? *

- ☐ Able
☐ Unable

76. Are you able to frequently squat, bend and stoop? *

- ☐ Able
☐ Unable

77. Are you able to frequently reach overhead with each arm? *

- ☐ Able
☐ Unable

78. Are you able to stand continuously for up to 4 hours without a break? *

- ☐ Able
☐ Unable

79. Are you able to walk for up to 3 miles during a shift? *

- ☐ Able
☐ Unable

80. Are you able to feel and manipulate small objects with both hands? *

- ☐ Able
☐ Unable

81. Are you able to open/close zippers, snaps, and buckles on baggage, backpacks and briefcases? *

- ☐ Able
☐ Unable

82. How often do you walk 2 miles continuously? *

- ☐ Never/Rarely (0 to 2 times per year)
☐ Occasionally (1 to 2 times per month)
☐ Frequently (Once per week or more)

Activity 2 of 2

83. How often do you run 2 miles continuously? *

- ☐ Never/Rarely (0 to 2 times per year)
- ☐ Occasionally (1 to 2 times per week)
- ☐ Frequently (Once per week or more)

84. How often do you weight train or perform general fitness activities at a gym? *

- ☐ Never/Rarely (0 to 2 times per year)
- ☐ Occasionally (1 to 2 times per week)
- ☐ Frequently (Once per week or more)

85. How often do you participate in other physical activities (e.g., sports)? *

- ☐ Never/Rarely (0 to 2 times per year)
- ☐ Occasionally (1 to 2 times per week)
- ☐ Frequently (Once per week or more)

86. Do you have any restrictions or limitations on your activity or function? *

- ☐ Yes
- ☐ No

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[Submit](#)

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