

To the Examiner,

The bearer of this letter has applied for a position as a Foreign Service Security Technical Specialist, which requires that he/she meets certain physical standards. You are requested to examine the applicant and confirm that he/she meets the standards identified below. If convenient, you may utilize this document as a checklist format.

Name of Candidate: _____ SSN: _____ DOB: _____

VISION

Note: Lasik surgery and implantable lens permitted (please provide all pertinent reports, i.e. surgical and follow-up reports)

Has vision correctable to 20/20 in one eye and 20/40 in the other, no color blindness, adequate night vision, and good peripheral vision.

Meets standards: Yes or No If does not meet standards (please define): _____

HEARING

Note: Use of hearing appliance is not allowed.

Hears whispers at 15 feet, no loss greater than 30 decibels at 500, 1000, or 2000 ops level.

Meets standards: Yes or No If does not meet standards (please define): _____

MUSCULOSKELETAL SYSTEM

Extremities and back: No deformities, diseases or limiting conditions that would interfere with the performance of duties:

Meets standards: Yes or No If does not meet standards (please define): _____

Signature and Title of Examiner: _____

Date: _____

Thank you for your assistance.

Completed DS Supplemental forms are to be uploaded directly to the MED Provider Portal. If you have any questions or issues uploading the documents to the MED Provider Portal, please email medcaremanagement@state.gov.