

REQUIRED TESTS FOR SPECIAL AGENT SUPPLEMENTAL PHYSICAL QUALIFICATION STANDARDS

These additional required test results or reports (Vision, Hearing, Exercise Stress Test, NeuroMuscular, and Verbal) must be sent with your medical history and exam form (DS-1843) for medical clearance review.

The medical clearance review cannot be completed without all required supporting documents and examiners' signatures.

✓**Check-list:**

Please use this checklist to review the accompanying "Physical Qualification Standards" forms for completeness before faxing them to Medical Records

- Name of the applicant on all documents
- Signature of the examiner on all pages or reports
- Signature of the examiner on pages 2, 3, 4, and 5
- Exercise Stress Test report must have outcome, METS achieved, maximum heart rate and any abnormalities if applicable
- Keep the original forms for your files Scan and email to MEDMR@state.gov or
FAX (703) 875-4850 Medical Records Department

"Trust, but verify." Please email on the next business day and confirm your documents were received.

Medical Records Department email: MEDMR@state.gov

Cover Sheet

Supplemental Medical Required

Doc #	Version	Date	Author	Clear	Revision Reason
3369	0	1999	E.Bell	E.Bell	Created
	3	3/09/09	MES/JLL	JLL	Hearing exam form revised/ Eye exam Farnsworth result reporting corrected

Applicant's Name_

DOB_____

To: The Examiner,

The person named above has applied for a position as a Special Agent with the Diplomatic Security Service (DSS) of the U.S. Department of State. Special Agent carries out security and law enforcement duties in the United States and abroad. Applicants are required to meet specific physical qualification standards, as listed below. Please use this form to report test results.

A. VISION EXAM

Note Lasik surgery and implantable lens are permitted. Please, provide all pertinent surgical and follow-up reports.

Binocular Vision: Snellen Visual Acuity

Without corrective lenses

OU_____

With corrective lenses (or contact lenses)

OU_____

Corrected distant vision

Vision must be 20/20 in one eye and 20/30 or better in the other eye

OD_____OS_____

Uncorrected distant vision

Vision must be 20/100 or better in each eye

OD_____OS_____

Color Perception, far

Ishihara test

Results_____/14

[Farnsworth D-15 test (only if fails Ishihara)

Pass____Fail_____]

Peripheral Vision

OD NL____ABNL_____

OS NL____ABNL_____

Depth perception, far

Normal____Abnormal____

Examiner Name: _____ Title_____

Signature: _____ Date: _____

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Applicant's Name_

DOB_____

To: The Examiner

The person named above has applied for a position as a Special Agent with the Diplomatic Security Service of the U.S. Department of State. Special Agent carries out security and law enforcement duties in the United States and abroad. Applicants are required to meet specific physical qualification standards, including a certain level of hearing acuity. **Please complete this page and attach the test results in the form of an audiogram.**

B. HEARING EXAM (Use of hearing aid is not permitted)

I. QUALIFICATION OF EXAMINER

I certify that this audiometric test has been conducted by a licensed or certified audiologist, otolaryngologist, other physician, or a trained technician under the direction of an audiologist, otolaryngologist or physician as stated in the OSHA Occupational Noise Exposure standard [29 CFR 1910.95(g)(3)].

Initials of examiner

II. AUDIOMETRIC MEASURING INSTRUMENTS

I certify that the instruments used to conduct this audiometric test comply with the OSHA Occupational Noise Exposure standard [29 CFR 1910.95 Appendices C and D] and that calibration is conducted in accordance with 29 CFR 1910.95 Appendix E. I also certified that I am qualified to perform this test in accordance with 29 CFR 1910.95.

Initials of examiner

III. HEARING EXAM

Audiometric testing (conducted on equipment maintained in accordance with ANSSA S3.6-1969)

NOTE: Loss cannot exceed 30 decibels at the 500, 1000 and 2000 frequencies in either ear

Right: 500Hz 1000Hz 2000Hz 3000Hz 4000Hz 6000Hz

Left: 500Hz 1000Hz 2000Hz 3000Hz 4000Hz 6000Hz

You must attach a copy of the audiogram to this document and ensure that it includes documentation required under 1910.95(m)(2)

Examiner Name: _____ Title _____

Signature: _____ Date: _____

Applicant's Name_

DOB_

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E. NEUROMUSCULAR (Acceptability of prosthesis usage will be based upon actual performance)

Upon direct motor/sensory examination of all extremities, the applicant has full use of fingers, hands, wrists, elbows and shoulders (i.e. has ability to raise arms and fire weapon with either hand)
Yes _____ No _____

Upon direct examination, the applicant has full use of feet, ankles, knees, and hips of both legs for running
Yes _____ No _____

F. VERBAL COMMUNICATION

The applicant is able to communicate verbally in English
Yes _____ No _____

(Speech defects are acceptable provided applicant is able to communicate effectively with the examiner)

Examining Physician: Name _____

Signature _____ Date _____

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