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
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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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, and therefore, must submit test results as listed below.

C. EXERCISE STRESS TEST  *(Required for all DSS Special Agent)*

An Exercise Stress Test using standard Bruce protocol up to 12 METS is **required** for medical clearance review.

Send by FAX final summary results with outcome, METS achieved, maximum heart rate, and any abnormalities identified (significant ST changes, arrhythmias).

☐ Results report sent

D. BODY MASS INDEX *(BMI)*

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
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Please note that BMI should be determined for the applicant and he/she should be so advised. BMI scores of appropriate weight generally range between 18 and 25. In excess of this range (BMI > 25) is NOT disqualifying, however, the candidate may have difficulty in the PT portions of DSS Special Agent training curriculum and should prepare accordingly.

Examiner Name: ___________________________ Title___________

Signature: ___________________________ Date: __________

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, as listed below. Please use this form to report findings.

**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________________________