
Certificate of Medical Examination for Court Security Officers

Date of Examination: _____

Purpose of Examination:

- New Applicant Exam
 Annual Medical Exam

Name: _____

District: _____

SIGNATURE AND CERTIFICATION STATEMENT

Read the following carefully before signing this certification. A false answer to any question in this statement may be grounds for disqualification and may be punishable by fine or imprisonment (U.S. Code Title 18, Section 1001).

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, and other authorized employees of the Federal Government for that purpose.

CERTIFICATION: I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink)

Date

(Privacy Act Protected)

Form CSO-229
Est. 06/06

CSO-229 INSTRUCTIONS

CSO (INCUMBENTS)/APPLICANTS:

- Nothing to eat or drink (except water) for 12 hours prior to examination appointment time. Regularly scheduled medications may be taken, as directed, unless you are a diabetic. Diabetics must contact their treating physician regarding the procedure they should follow for fasting before having laboratory tests performed.
- ALL SHADED AREAS are to be completed in ink by contractor's employee/applicant and reviewed by Examining Physician. Use the Supplemental Information page (p. 8) if additional space is needed.
- Provide details where necessary. Do not leave any question blank. Do not use "white out" or correction tape. Additional information must be documented on the attached "Supplemental Information" sheet.
- Eyeglass (including "over the counter" reading glasses) and contact lens wearers: you must wear or bring your glasses/contacts with you to the examination.
- Hearing aid wearers: The hearing test must be performed without hearing aids.
- All certification statements must be signed and dated.

EXAMINING CLINIC STAFF:

- Corrections/alterations to documentation must be legible and signed or initialed by staff member.
- "White out"/correction tape must not be used.
- All test results and report forms must be legible and clearly identified with the CSO's name and the date the test was performed.
- The designated physician must co-sign all examinations performed by Physician Assistants or Nurse Practitioners.

CHECKLIST FOR CLINIC STAFF:

- Fasting Chemistry panel to include fasting glucose, electrolytes, liver & renal function tests.*
* If specimen is hemolyzed, lab test must be repeated.
- Fasting Lipid Panel
- CBC with WBC differential & Platelet Count*
* If specimen is hemolyzed, lab test must be repeated.
- Urinalysis (Test results for Specific Gravity, Glucose, Protein, & Blood in the urine must be documented)
- 12 lead resting EKG (Lead placement must be verified by physician)
- Hearing test - pure tone air conduction audiogram results (Attach printout or record results on page 10.)
CSO must be positioned in such a way that he is unable to visually detect the administration of tones during testing.
- Vision test results

PART I. COURT SECURITY OFFICER IDENTIFICATION

NAME (Last, First, Middle-*Type or print*) _____ Soc. Sec. No. _____ Sex M F Date of Birth _____

Circuit _____ District _____ Applicant Incumbent Date of Hire _____ Date of Exam _____

PART II. COURT SECURITY OFFICER MEDICAL RELEASE FORM

I, _____, authorize my employer and an examining physician, _____, to release my medical examination records to the United States Marshals Service (USMS) for employment consideration as a Court Security Officer, with the stipulation that the released information be kept confidential and used solely for the purposes of determining my medical qualification. In addition, I hereby grant the USMS permission to release my medical records to the reviewing medical officials designated by the USMS.

SIGNATURE DATE

WITNESS DATE

PART III. REPORT OF MEDICAL HISTORY

STATEMENT OF MEDICATIONS CURRENTLY USED:

NOTE: CHECK HERE IF MEDICATIONS ARE NOT CURRENTLY USED
(Use the supplemental information page located at the end of the exam form if additional space is needed)

Name of Medication	Diagnosis	Dosage	Taken Since

STATEMENT OF HOSPITALIZATION HISTORY:

NOTE: CHECK HERE IF NEVER HOSPITALIZED.....

Admission Date	Reason for Admission	Type of Treatment	Outcome

PART III. REPORT OF MEDICAL HISTORY. CONTINUED

STATEMENT OF SURGICAL HISTORY INCLUDING OUTPATIENT PROCEDURES:

NOTE: CHECK HERE IF NO PRIOR HISTORY OF SURGERY

Date of Surgery	Diagnosis	Type of Procedure	Outcome

Check each of the following items YES or NO. Every item checked YES MUST be carefully explained in the blank space on the right. (Use the supplemental information page located at the end of the exam if additional space is needed)

	<u>YES</u>	<u>NO</u>	<u>EXPLANATION</u>
I. Have you been refused employment or been unable to hold a job or stay in school because of:			
A. Sensitivity to chemicals, dust, sunlight, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Inability to perform certain motions	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Inability to assume certain positions	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Other medical reasons (If yes, give reason)	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Have you ever been denied life insurance? (Give reason for denial and details.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Have you been advised to have any operations not listed under "Surgical History" above? (Give type of procedure and when recommended.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Have you ever been rejected for, or discharged from, military service because of physical, mental, or other reasons? (Give date, reason, type of discharge, if any.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Have you ever received or applied for disability compensation or disability pension? (If yes, specify what kind, granted by whom, amount, when and why.)	<input type="checkbox"/>	<input type="checkbox"/>	_____

PART III. REPORT OF MEDICAL HISTORY. CONTINUED

Contractor's employee/applicant **MUST PROVIDE** an explanation in the **Comments** section below for each **YES** (current or past) item checked below.

All shaded areas **MUST** be completed by the Contractor's employee/applicant.

GENERAL CONDITION

Have you now or have you ever had (check one box for each item in the shaded area)

	YES NOW	YES PAST	NO
1. Recent gain/loss of weight			
2. Chronic or frequent colds			
3. Skin diseases			
4. Anemia			
5. Leg Cramps			
6. Adverse reaction to serum drug, or medicine			
7. Tumor (Specify type/location in the Comments section below)			
8. Growth (Specify type/location in the Comments section below)			
9. Cyst (Specify type/location in the Comments section below)			
10. Cancer (Specify type/location in the Comments section below)			
11. Diabetes or sugar in urine			
12. Stutter or stammer habitually			
13. Excessive bleeding after injury or surgery			
14. Do you wear glasses or contact lenses?			
15. Blindness in one eye			
16. Sleep apnea			

___ No positive or pertinent negative finding were noted upon exam.

___ The following positive and/or negative findings were noted:

Comments: (Use the Supplemental information page located on page 8 if additional space is needed)
Contract Employee/Applicant **MUST** provide an explanation of all above **YES** answers. (See example below.)

Item #	Diagnosis (if known)	Date of onset	Date of recovery (if resolved)	Doctor's Comments: Please review comments in the shaded area at left for completeness and add any additional clarifications in the unshaded area below.
3	Eczema (EXAMPLE)	1991	still have	

PART III. REPORT OF MEDICAL HISTORY, CONTINUED

PART IV. PHYSICAL EXAM

YES
NOW
YES
PAST
NO

HEAD, EYES, EARS, NOSE, THROAT (INCLUDING THYROID)

		17. Eye trouble or surgery (RK, PR, Lasik, or other)
		18. Ear, nose, throat, sinus trouble
		19. Hearing loss
		20. Severe tooth/gum trouble
		21. Hay Fever/Allergies
		22. Thyroid Trouble
		23. Wear a hearing aid <input type="checkbox"/> right ear <input type="checkbox"/> left ear

___ No positive or pertinent negative finding were noted upon exam.

___ The following positive and/or negative findings were noted:

CARDIORESPIRATORY

		24. Scarlet or Rheumatic fever
		25. Tuberculosis
		26. Exposed to someone with Tuberculosis
		27. Coughed up blood
		28. Asthma/emphysema/shortness of breath
		29. Chest pain or pressure
		30. Chronic Cough/Bronchitis
		31. Palpitation/Pounding Heart
		32. Heart disease or trouble
		33. High or low blood pressure
		34. Disease of the arteries
		35. Abnormal chest X-ray
		36. Increased Cholesterol level
		37. Abnormal ECG or Stress test

___ No positive or pertinent negative finding were noted upon exam.

___ The following positive and/or negative findings were noted:

GASTROINTESTINAL

		38. Frequent Indigestion/Reflux
		39. Gallbladder trouble/Stones
		40. Jaundice or hepatitis
		41. Hemorrhoids
		42. Stomach, Liver, intestinal trouble

___ No positive or pertinent negative finding were noted upon exam.

___ The following positive and/or negative findings were noted:

Comments: (Use the Supplemental information page located on page 8 if additional space is needed)
Contract Employee/Applicant **MUST** provide an explanation of all above YES answers. (See example below.)

Item #	Diagnosis (if known)	Date of onset	Date of recovery (if resolved)	Doctor's Comments: Please review comments in the shaded area at left for completeness and add any additional clarifications in the unshaded area below.
3	Eczema (EXAMPLE)	1991	still have	

PART III. REPORT OF MEDICAL HISTORY, CONTINUED

PART IV. PHYSICAL EXAM

YES
NOW
YES
PAST
NO

GENTOURINARY/HERNIAS

		43. Rupture/hernias
		44. Frequent or painful urination
		45. Kidney Stone or blood in urine
		46. Protein in urine
		47. Prostate trouble / surgery

___ No positive or pertinent negative finding were noted upon exam

___ The following positive and/or negative findings were noted:

NERVOUS SYSTEM

		48. Frequent or severe headache
		49. Dizziness/vertigo
		50. Fainting Spells/Syncope
		51. Head injury
		52. Stroke
		53. Neuritis
		54. Paralysis
		55. Epilepsy or seizures
		56. Frequent trouble sleeping
		57. Depression, anxiety, excessive worry
		58. Loss of memory or amnesia
		59. Periods of unconsciousness
		60. Psychiatric counseling
		61. Learning disability
		62. Treatment for mental condition
		63. Attempted suicide

___ No positive or pertinent negative finding were noted upon exam

___ The following positive and/or negative findings were noted:

MUSCULOSKELETAL

		64. Wear a brace or back support
		65. Swollen or painful joints
		66. Broken bones
		67. Arthritis, bursitis, tendonitis
		68. Bone/joint or other deformity
		69. Back pain / trouble
		70. Painful or "trick" shoulder/elbow
		71. "Trick" or locked Knee
		72. Gout
		73. Loss of finger or toe
		74. Foot pain or trouble

****Exam must include range of motion/spasm of lumbar spine, stability of both knees.****

___ No positive or pertinent negative finding were noted upon exam

___ The following positive and/or negative findings were noted:

Comments: (Use the Supplemental information page located on page 8 if additional space is needed)
Contract Employee/Applicant **MUST** provide an explanation of all above YES answers. (See example below.)

Item #	Diagnosis (if known)	Date of onset	Date of recovery (if resolved)	Doctor's Comments: Please review comments in the shaded area at left for completeness and add any additional clarifications in the unshaded area below.
3	Eczema (EXAMPLE)	1991	still have	

PART VI. EXAMINATION SUMMARY

DOCTOR PLEASE NOTE:

Please be advised that the COURT SECURITY OFFICER IS A WEAPONS BEARING SECURITY POSITION. The range of duties that the officer must be constantly prepared to perform include INTENSE PHYSICAL EXERTION, USE OF FIREARMS AND PHYSICAL CONFRONTATION. Emergency situations requiring such activities MAY ARISE WITHOUT WARNING and require maximum performance with no opportunity for preparation. Any condition that can subtly or suddenly compromise the CSO's ability to perform the full range of duties may result in INJURY or DEATH to the officer, co-workers or members of the public.

Detailed description of the essential job functions of the Court Security Officer position may be found on page 11.

(Use the supplemental information page if additional space is needed)

Problem List (past & present medical/surgical conditions):	Recommended Limitations (Essential job functions are listed on page 12.)

Are there any contraindications to the performance of aggressive security activities? YES NO
 Check if supplemental information page is used

Doctor, please affirm the three following statements with a check in the associated box and sign below. Thank you for your assistance in this important clearance process:

- I have reviewed and understand the available materials describing the requirements of the CSO position.
- I have reviewed the attached ECG for adequacy and proper lead placement.
- I have reviewed the currently available laboratory reports and other testing for adequacy and completeness.

EXAMINING PHYSICIAN'S NAME (*Type or print*)

SIGNATURE

ADDRESS (*including ZIP code*)

OFFICE TELEPHONE NUMBER

FACSIMILE NUMBER

The following must be attached to this exam form:

- Fasting Chemistry Panel to include liver and renal function tests, fasting glucose by venipuncture, and electrolytes.
- Fasting Lipid Panel
- CBC with WBC differential and platelet count.
- Urinalysis for specific gravity, Blood, Glucose and Protein.
- 12 Lead ECG (original) lead placement must be verified by the examiner.
- Audiometer Printout or results recorded on page if printout is not available.
- Vision test results (Test records may be attached to this form).

COURT SECURITY OFFICER'S JOB FUNCTIONS

The primary functions of the Court Security Officer include physical security for federal court facilities and perimeters, checkpoint security for court facilities and courtroom entry points, courtroom monitoring, and a rapid response to emergencies and alarms within facility where federal court proceedings are held.

Essential duties require Court Security Officers to be able to:

Work Environment

1. Work extended hours
2. Work in adverse weather
3. Work alone while armed
4. Work under stress
5. Stop, question or detain individuals
6. Encounter individuals who display a violent or irrational temperament
7. Provide armed escort

Weapons

8. Use handgun with weak (non-dominant) hand
9. Use handcuffs
10. Use handgun
11. Confiscate weapon from person in pat down

Cardiovascular and Musculoskeletal

12. Must have the ability to physically subdue attacker(s)
13. Must have the ability to physically control violent or unruly crowds
14. Must have the ability to subdue after running in pursuit
15. Must have the ability to respond to emergency with unplanned strenuous physical activity
16. Must have the ability to climb stairs in pursuit or in emergency
17. Must have the ability to sit or stand in one position for at least 2 hours

Vision

18. Use distant vision to monitor front checkpoint and to monitor courtroom
19. Use distant vision to monitor garage/vehicles
20. Use distant vision to detect if individual has weapon
21. Use near vision to read x-ray monitor
22. Recognize basic colors
23. Visually detect peripheral movement/ID threat

Hearing

24. Comprehend speech during face-to-face conversations
25. Comprehend speech during telephone conversations
26. Comprehend speech during radio transmissions
27. Comprehend speech when you can't see another CSO
28. Hear sounds that require investigation
29. Determine location of sound