

3. Describe all treatments, including physical therapy or psychotherapy, and the duration of the treatment(s) provided to the individual. List all medications, including the name of the medication, the dosage prescribed as well as frequency, and any potential side effects the medication may cause. In addition, list any supportive devices, i.e., braces, crutches, hearing aids, etc., that the individual received.

4. Will the treatment affect the individual's ability to perform any of the Court Security Officer duties identified on page four? If yes, please explain in detail below. Yes No

5. Prognosis (Please address whether or not the individual's symptoms are likely to reoccur, progress, or be aggravated if the Court Security Officer performs any of the duties listed on page four.

6. Can the individual return to full, unrestricted security duties? * Yes No (If no, please explain below.)

For instance, does the individual have the ability to:

- | | | |
|---|------------------------------|-----------------------------|
| a. Safely use and retain a handgun? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Physically subdue an attacker(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Physically control violent or unruly crowds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Climb two flights of stairs in pursuit or in an emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Sit or stand in one position for at least two hours? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* Please note that your response must indicate that the individual has the ability to meet all of the 29 CSO job functions listed on page four.

ATTENDING PHYSICIAN'S CERTIFICATION: I hereby certify that my assessment and responses to the questions listed on this form are true, complete, and accurate to the best of my knowledge and ability.	
ATTENDING PHYSICIAN'S NAME: (Print)	_____
ATTENDING PHYSICIAN'S SIGNATURE:	_____
DATE:	_____
MEDICAL FACILITY INFORMATION:	
NAME:	_____
ADDRESS:	_____

TELEPHONE NUMBER:	_____
PLEASE ATTACH YOUR BUSINESS CARD, LETTERHEAD, OR OFFICE STAMP ON THIS FORM AND RETURN THE FORM TO THE COURT SECURITY OFFICER'S EMPLOYER IN A SEALED ENVELOPE.	

CONTRACTOR'S CERTIFICATION: To the best of our knowledge, the subject individual is free of medical devices and impairments. Once the individual returns to work and it is observed that the individual's state reveals otherwise, we will report the condition to the USMS and prohibit the individual from performing CSO duties. In addition, the company certifies that this form has been reviewed and is considered complete.

NAME OF OFFICIAL REPRESENTATIVE: _____

OFFICIAL REPRESENTATIVE'S SIGNATURE: _____

DATE: _____

CONTRACTOR'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DESIGNATED MEDICAL REVIEWING OFFICIAL'S CERTIFICATION:

I agree / disagree with the attending physician's recommendation regarding the individual's ability to safely perform Court Security Officer duties.

Additional documentation regarding my decision is attached / not attached.

PHYSICIAN'S NAME: (Please print.) _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____

TELEPHONE NUMBER: _____

COURT SECURITY OFFICERS 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