

Comprehensive Health Services, Inc.
Supplemental Examination for
Department of Homeland Security U.S. Customs and Border Protection
Immigration Enforcement Agent

Examinee/Applicant's Name _____ Appointment Date & Time _____ Position _____

PHYSICIAN'S INSTRUCTIONS

DO NOT DISCUSS WITH EXAMINEE ELIGIBILITY FOR HIRE OR WHETHER OR NOT HE OR SHE MEETS DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION STANDARDS. THE EMPLOYABILITY DETERMINATION IS THE RESPONSIBILITY OF DHS.

Please contact the Department of Homeland Security U.S. Customs and Border Protection CSA at
Comprehensive Health Services, Inc.
at 800-638-8083x 11528 if you have any questions about these instructions.

Supplemental Exam (resting EKG and Fitness Test) with Drug Screen Collection

EXAMINER CHECKLIST

NOTE: The attached forms must be signed by a physician where physician signature is indicated. No PA, RN or CNP signatures allowed.

- Photo ID checked
- Resting EKG with tracing and interpretation
- Fitness Testing administered
- Drug Screen collection performed
- All records sent via DHL to CHS
- Bill sent to CHS, NOT THE APPLICANT

Forms to be completed and returned to CHS:

- Fitness Test Release and Waiver of All Claims
- Supplemental exam form
- Documentation of Routine Equipment Safety Check and Calibration
- Fitness Testing Scoring Sheet

Form Completion Instructions

Fitness Test Release and Waiver of All Claims

- To be signed and dated by the applicant and witnessed by an individual employed at the clinic

Drug Screen Collection

- Complete Custody and Control form (CCF)
- Send specimen with lab copy of CCF via Airborne to Quest in mailer provided

Supplemental Examination Form

- Examining Physician completes Supplemental Exam Form including EKG interpretation and opinion on safety of fitness testing

Documentation of Routine Equipment Safety Check and Calibration Form

- To be completed by the clinic employee administering the Fitness Test

Fitness Testing Scoring Sheet

- The Fitness Test should only be administered after physician approval (see supplemental examination form).
- Administer the Fitness Test according to the Fitness Test Instructions.
- The person administering the Fitness Test should complete and sign the Fitness Testing Score Sheet.
- **DO NOT WRITE BELOW THE LINE THAT SAYS "OFFICIAL CBP HQ USE ONLY."**

NOTE: Fax Fitness Test Scoring Sheet immediately to (703) 288-5458 and Send all exam paperwork to CHS in the overnight DHL mailer provided.

DEPARTMENT OF HOMELAND SECURITY CUSTOMS AND BORDER PROTECTION
Immigration Enforcement Agent

Supplemental Examination Form

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
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Blood Pressure _____

Resting EKG Interpretation (attach tracing):

Conclusions:

Based on my review of the Blood pressure and EKG interpreted above, _____, it is my opinion that the applicant : (mm/dd/yy)

- May safely engage in the Customs and Border Protection Officer Fitness Test
- Is unable to safely engage in the Customs and Border Protection Officer Fitness Test

Comments: _____




TYPED OR PRINTED NAME OF EXAMINING PHYSICIAN:

SIGNATURE OF EXAMINING PHYSICIAN:

DATE:

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

**IMMIGRATION ENFORCEMENT AGENT
PRE-EMPLOYMENT FITNESS TEST (PFT) SCORESHEET**

APPLICANT INFORMATION			
Name (Last, First, MI):		Social Security Number	
Date of Birth: (MM/DD/YYYY)		Age	Gender (M/F)
Dominant Hand (R/L)	Height (Inches)	Weight (Pounds)	
TESTING INFORMATION			
1. KNEEL/STAND TEST			
Kneeling/Standing tests completed without assistance/postural deviation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Kneeling/Standing tests completed in 25 seconds?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
 STOP further testing if applicant has not passed Kneel/Stand tests without assistance/ postural deviation and within 25 seconds – Check FAILED in test summary box.			
Maintained Upright Bilateral kneeling position for 2 minutes and stood without assistance/postural deviation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
 STOP further testing if applicant has not passed Upright Bilateral kneeling position for 2 minutes and stood without assistance/postural deviation. – Check FAILED in test summary box.			
2. FIFTEEN (15) PROPER FORM PUSH-UPS WITHIN TWO (2) MINUTES			
15 Push-ups completed within 2 minutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO list number completed _____		Time of Day _____ ^{AM} / _{PM}	
 STOP further testing if applicant failed to complete 15 Proper Form Push-ups within 2 minutes.			
3. STEP TEST			
5 Minute Step Test successfully completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If test not successfully completed, enter time test stopped.		_____ minutes	
		_____ seconds	
Failure Reason: Failed to keep cadence for 3 CONSECUTIVE SEQUENCES.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Failed a total of 6 CADENCE SEQUENCES after attaining initial step cadence .		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check FAILED in test summary box if applicant did not successfully complete the Step Test.			
TEST SUMMARY BOX			
<input type="checkbox"/> Applicant successfully completed all 3 (three) fitness tests.			
<input type="checkbox"/> Applicant failed to complete the: <input type="checkbox"/> Kneel/Stand Test <input type="checkbox"/> Push-Up Test <input type="checkbox"/> Step Test			
PERSON ADMINISTERING TEST			
Name:		Signature:	
Phone Number:	Date of Test (MM/DD/YYYY):	Test Site (Location):	State:
		City:	
OFFICIAL CBP HQ USE ONLY - Do Not Write Below This Line			

Based on the results of pre-employment fitness test results listed above, the applicant has:

- PASSED** and has been found physically fit for further consideration for the Immigration Enforcement Agent position.
 FAILED and is now removed from any further consideration for the Immigration Enforcement Agent position.

Fitness Program Manager

Name: _____ Signature: _____ Date: _____

CBP Form 523-I (04/07)



U.S. Immigration and Customs Enforcement

STATEMENT

Acceptance of Responsibility for Physical Conditioning

It is my understanding that the law enforcement positions within the Office of Detention and Removal Operations (DRO) are vigorous, physically demanding, and requires a high level of physical fitness and stamina.

These physical requirements are stated within the position descriptions of DRO Law Enforcement occupations and have been repeated time and again in the materials I have received from the Minneapolis Hiring Center, as well as in telephone calls to confirm my interest in this position and to schedule my Preemployment Physical Fitness Test (PFT).

I understand that upon passing the PFT, I have the responsibility to maintain a high level of physical fitness to prepare myself for attendance at the DRO Academy and potentially for a career as a DRO Law Enforcement officer.

My signature hereto verifies that I fully understand and accept my personal responsibility with regards to physical conditioning. I pledge that I will diligently pursue a personal physical fitness program to assure that I meet all employment qualifications and Immigration and Customs Enforcement (ICE) expectations.

Printed name of Applicant : _____

Signature of Applicant : _____

Date : _____

(Attention Test Administrators - include this signed *Statement* with all other materials that are to be sent to the Minneapolis Hiring Center)

CONSENT FOR FITNESS/PERFORMANCE TEST

The position for which you have applied and its associated training programs are physically demanding. Requirements include a wide variety of physically challenging tasks. Administration of pre-employment fitness/performance assessment helps ensure that all entrants to the occupation are able to meet the physical demands of the position.

The physical tasks you will be performing during the assessment are strenuous and many, in certain circumstances, result in injury or other significant medical event: e.g., heart attack, stroke, etc. Although these events are quite rare, the response of the body, including that of the cardiovascular system to physical exertion cannot be predicted with complete accuracy. By signing below, you are indicating that you have been made aware of these possibilities and are consenting to this risk.

Participant Agreement and Release

I understand that the position requires a high degree of physical exertion and that my participation in the Fitness/Performance Testing subjects me to risk of physical injury including permanent disability, which may result in severe social and economic losses, and death. I also acknowledge that there may be other risks not known or not reasonably foreseeable at this time. I agree to assume full responsibility for any and all such injuries and I agree to hold the Contractor, the government agency and/or any of the government agency's officials, employees, agents, consultants, or independent contractors free from liability for any loss or injury. I further release, waive, and discharge the Contractor and the government and its officials, officers, employees, agents, consultants, or independent contractors from any and all liability to me, my heirs, and next of kin for any and all claims, demands, losses, or damages resulting from my participation in the Fitness/Performance Assessment.

In administering this fitness test, I understand that the Contractor and the agency are relying on my representation of being in good health. I am responsible for advising the Test Administrator of any symptoms I may be experiencing during the fitness test, such as chest pain, dizziness, breathing difficulties, sudden headache, severe muscle pain, or similar problems. I understand that it is my responsibility to voluntarily stop the Fitness/Performance Test any time I experience these symptoms or feel the physical demands are too great.

By executing this document, I expressly consent to my participation in the Fitness/Performance Test pursuant to the terms of this Test Release and Waiver. I have read and fully understand the above Test Release and Waiver and sign it voluntarily.

Applicant Name and SSN:

Applicant Signature

Date

Documentation of Routine Equipment Safety Check and Calibration

DATE: _____

FACILITY NAME/NUMBER: _____

APPLICANT'S NAME/SSN #: _____

Step Test

	<u>Responses</u>	
	YES	NO
1. Was a pre-test visual inspection of the equipment performed?		
2. Is the step test equipment aligned?		
3. Is the step test equipment in working order?		
4. Is the step test equipment in need of repair?		

Lift Test

	<u>Responses</u>	
	YES	NO
1. Was a pre-test visual inspection of the equipment performed?		
2. Is the lift test equipment in working order?		
3. Is the lift test equipment in need of repair?		

Equipment Safety Check and Calibration performed by:

(Please print name)

Please circle the appropriate responses and include this routine equipment safety check and calibration document with the applicant's Fitness Testing Scoring Sheet.

If you have any questions or need to replace equipment please contact the Customs and Border Protection CSA at 800-638-8083.