



Arizona Peace Officer Standards and Training Board



MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO THE EXAMINING PHYSICIAN: The person being examined is an applicant for the position of peace officer within the State of Arizona. Peace officers are required to perform a variety of strenuous and difficult job functions, including those described in the job description for Arizona entry-level peace officer available from the Agency where application is being made. The purpose of this examination is to determine if the applicant is able to safely perform these essential job functions. Applicants may be required to attend a police academy where both physical and mental stresses are encountered. Please use the "Medical History Form," provided by the applicant, in conjunction with the medical examination as a basis for completing this report. Minimum medical guidelines for Arizona peace officers are specified in Arizona Administrative Code R13-4-107 and in the AZPOST Medical Screening Manual.

PART I. APPLICANT'S INFORMATION (Please type or print)

1. NAME (Last, First, Middle): _____ 2. BIRTH DATE (month, day, year): _____
 3. Social Security Number: _____ 4. Weight (without coat or shoes): _____ Lbs 5. Height (without shoes): _____ Inches
 6. Sex: Male: _____ Female: _____ 7. Hiring Agency: _____

PART II. VISION AND HEARING

8. VISUAL ACUITY (20/20 - 20/100)

DISTANCE
 Uncorrected: R20/ _____ L20/ _____ B20/ _____
 Corrected: R20/ _____ L20/ _____ B20/ _____
NEAR VISION
 Uncorrected: R20/ _____ L20/ _____ B20/ _____
 Corrected: R20/ _____ L20/ _____ B20/ _____
Visual Acuity of 20/200 or greater is disqualified

9. HORIZONTAL FIELD OF VISION

Right: _____ Left: _____ Both: _____
 Check if Present:
 Scotoma: _____
 Quadrantanopia (large blind spot): _____

10. COLOR PERCEPTION

(NOTE ANY DEFICIENCIES)
 Red: _____ Green: _____
 Yellow: _____ Color Plates: _____
 _____ No Deficiency Noted
 _____ Partial Deficiency Noted
 Field Testing Required without color lenses to evaluate color deficiency

11. CORRECTION

None: _____ Spectacles: _____
 Glasses are required: _____
 Soft / Hard contacts are required: _____
 SCL or HCL is required if uncorrected vision is > 20/80
 Visual Acuity with correction is classified as class b

12. HEARING: Hearing aid is required for avg 25 db loss without use of hearing aid.

| | 500HZ | 1000HZ | 2000HZ | 3000HZ | 4000HZ | 6000HZ | 8000HZ |
|-----|-------|--------|--------|--------|--------|--------|--------|
| dbL | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| dbR | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Hearing aid used? _____ Note any abnormalities in Comments - Section VII &
 Hearing loss corrected with hearing aids is classified as Class 21.b

PART III. CONTAGIOUS DISEASES

13. Does the applicant have contagious hepatitis? YES _____ NO _____ 14. Does the applicant have contagious tuberculosis? YES _____ NO _____

PART IV. CONDITIONS IN AZ POST MEDICAL CATEGORY II

15. Based upon your examination and review of the applicant's Medical History Questionnaire, please check any of the listed conditions that apply:

| | | | |
|---|---|---|---|
| Angina pectoris | Diabetes, insulin, dependent or ketosis-prone | Paralysis | Substance abuse |
| Asthma | | Pilonidal cyst | |
| Cancer -metastatic or leukemia not in remission | Fixation of major joint | Prosthetic device, e.g. limbs, hearing aid, colostomy | Valvular heart disease (uncorrected) |
| Cardiac arrhythmias or murmurs | Herniated lumbar disc | Recurrent dislocation of major joint | Wasting disease, chronic, e.g. multiple sclerosis, myasthenia gravis, amyotrophic lateral sclerosis |
| Cerebral vascular accident (CVA) | Hypertension, uncontrolled | Schizophrenia, manic depressive, psychosis | |
| Chest pains of unknown origin | Inguinal hernia (uncorrected) | | Any other physical or mental conditions that may interfere with the applicant's ability to effectively function as a peace officer on a continuing basis or may create a reasonable probability of substantial harm to the applicant or others. |
| Chronic respiratory disease | Liver or renal dysfunction | Scoliosis greater than fifteen (15) degrees | |
| Contagious disease not covered in Part III | Migraine headache (uncontrolled) | Seizure disorders | |
| | Myocardial infarction history | | |
| | Neurosis | | |

PART V. ADDITIONAL INFORMATION

16. **MEDICAL CONDITIONS:** (From Sections III and IV)
Please describe, in layman's terms, the common characteristics of any condition(s) checked on the reverse side of this form.

17. **SYMPTOMS:** Please describe the specific symptoms of the condition(s) checked on the reverse side.

18. **EFFECTS OF SYMPTOMS:** Please indicate how the symptoms in #17 affect the applicant's ability to perform the duties of a peace officer.


19. **TREATMENT:** Please describe the type and duration of any treatment indicated.

20. **PROGRESSIVE NATURE OF CONDITION(S):** Are any of the condition(s) stated in #16 progressive in nature?
YES _____ NO _____

PART VI. COMMENTS: (Reasonable Accommodations must be noted here)

PART VII. MEDICAL INFORMATION RELEASE (To Be Completed By Applicant)

I hereby authorize the examining physician whose signature appears on this form to release all information concerning my medical condition and history to the listed hiring agency and Arizona POST, its staff, or designated representatives. I also certify that I have provided the examining physician with full, complete and accurate medical history.

| | | |
|-------------------------|---|------|
| PRINT NAME OF APPLICANT | SIGNATURE OF RELEASE, AS NOTED ABOVE  | DATE |
|-------------------------|---|------|



Arizona Peace Officer Standards and Training Board



MEDICAL EXAMINATION REPORT

APPLICANT'S INFORMATION (Please type or print)

| | | |
|------------------|-----------|----------------------|
| APPLICANT'S NAME | BIRTHDATE | LAST 4 DIGITS OF SSN |
| HIRING AGENCY | | |

PART VIII. CERTIFICATION: Important - Physician Please Read Carefully

INSTRUCTIONS TO THE EXAMINING PHYSICIAN:

The person being examined is an applicant for the position of peace officer within the State of Arizona. Peace officers are required to perform a variety of strenuous and difficult job functions, including those described in the job description for Arizona entry level peace officer available from the Agency where application is being made. The purpose of this examination is to determine if the applicant is able to safely perform these essential job functions. Applicants may be required to attend a police academy where both physical and mental stresses are encountered. Please use the "Medical History Form" provided by the applicant in conjunction with the medical examination as a basis for completing this report. Minimum medical guidelines for Arizona peace officers are specified in Arizona Administrative Code R13-4-107, listed below, and in the AZPOST Medical Screening Manual.

The examining physician must complete AZPOST Board training. The training is a Board course on peace officer job functions. R-13-4-101

R13-4-107. Medical Requirements

- A. Medical, physical, and mental eligibility for certification.
 - 1. An agency may appoint an individual if the individual meets the minimum qualifications in R13-4-105 and is able to perform all the essential functions of the job of peace officer effectively, with or without reasonable accommodation, without creating a reasonable probability of substantial harm to the individual or others.
 - 2. If an agency wishes to appoint an individual who is unable to perform all the essential functions of the job of peace officer effectively, the agency may seek a restricted certification for the individual. The Board shall determine whether placing restrictions or requirements on the individual as a condition of certification will enable the individual to perform the essential functions authorized within the restriction without creating a reasonable probability of harm to the individual or others.
- B. Medical examination process.
 - 1. Medical history. An individual applying to be appointed shall provide to the examining, board-trained, physician a written statement of the individual's medical history that includes past and present diseases, illnesses, symptoms, conditions, injuries, functionality, surgeries, procedures, immunizations, medications, and psychological information.
 - 2. Medical examination.
 - a. The examining, board-trained, physician shall not delegate any part of the medical examination process to another person;—
 - b. The examining, board-trained, physician shall review the medical history statement and take an additional verbal history from the applicant;
 - c. The examining, board-trained, physician shall conduct a physical examination consistent with the standard of care for occupational medical examinations;
 - d. The examining, board-trained, physician shall order tests, obtain medical records, and require specialist or functional examinations and evaluations that the examining physician deems necessary to determine the applicant's ability to perform all the essential functions of the job of peace officer;
 - e. The examining, board-trained, physician shall make a report to the agency and provide a:
 - i. Summary of the examination;
 - ii. Description of any significant medical findings;
 - iii. Description of any limitation to the ability to perform the essential functions of the job of a peace officer; and
 - iv. Medical opinion about the applicant's ability to perform the essential functions of the job of peace officer, with or without reasonable accommodations; and
 - f. The examining, board-trained, physician shall consult with the agency, upon request, about the report and the efficacy of any accommodations the agency deems reasonable.

I certify that I have examined the applicant whose name appears on this form and that I am a licensed physician in the State of Arizona. I further certify that based upon the applicant's history (which I have reviewed), physical examination, diagnostic studies, specialist evaluation (if indicated) the applicant:

- a. is capable of performing the duties of a peace officer without accommodations.
- b. is capable of performing the duties of a peace officer with accommodations, as noted in PART VI. COMMENTS on Page 2.
- c. is not capable of performing the duties of a peace officer.

| | | | |
|---|--|----------------------|------|
| PRINT NAME OF LICENSED AZPOST PHYSICIAN | SIGNATURE ATTESTING TO R13-4-107, NOTED ABOVE ▶ | AZPOST Certificate # | DATE |
| PRINT NAME OF AGENCY REPRESENTATIVE | SIGNATURE ATTESTING TO R13-4-107, NOTED ABOVE ▶ | PHONE | DATE |