



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 AZ POST 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): _____ 5. Height (without shoes): _____
6. Sex: Male: _____ Female: _____ 7. Hiring Agency: _____

PART II. VISION AND HEARING

8. VISUAL ACUITY <u>DISTANCE</u> Uncorrected: R20/____ L20/____ B20/____ Corrected: R20/____ L20/____ B20/____ <u>NEAR VISION</u> Uncorrected: R20/____ L20/____ B20/____ Corrected: R20/____ L20/____ B20/____	9. HORIZONTAL FIELD OF VISION Right: _____ Left: _____ Both: _____ Check if Present: Scatoma: _____ Quadrantonopia (large blind spot): _____	10. COLOR PERCEPTION (NOTE ANY DEFICIENCIES) Red: _____ Green: _____ Yellow: _____ Color Plates: _____ ____ No Deficiency Noted ____ Partial Deficiency Noted																								
11. CORRECTION None: _____ Spectacles: _____ Hard Contact Lenses: _____ Soft Contact Lenses: _____ Required if uncorrected vision is 20/80 or more.	12. HEARING: (Audiometer must be used) <table border="1"> <tr> <td></td> <td>500HZ</td> <td>1000HZ</td> <td>2000HZ</td> <td>3000HZ</td> <td>4000HZ</td> <td>6000HZ</td> <td>8000HZ</td> </tr> <tr> <td>dbL</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>dbR</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Hearing aid used? _____ Note any abnormalities in Comments - Section VII			500HZ	1000HZ	2000HZ	3000HZ	4000HZ	6000HZ	8000HZ	dbL	_____	_____	_____	_____	_____	_____	_____	dbR	_____	_____	_____	_____	_____	_____	_____
	500HZ	1000HZ	2000HZ	3000HZ	4000HZ	6000HZ	8000HZ																			
dbL	_____	_____	_____	_____	_____	_____	_____																			
dbR	_____	_____	_____	_____	_____	_____	_____																			

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		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		Hypertension, uncontrolled		Schizophrenia, manic depressive, psychosis			
Chest pains of unknown origin		Inguinal hernia					
Chronic respiratory disease		Liver or renal dysfunction		Scoliosis greater than fifteen (15) degrees			
Contagious disease not covered in Part III		Migraine headache		Seizure disorders		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.	
		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. CERTIFICATION: Important - Physician Please Read Carefully (Physician's Assistant certification not accepted)

21. I certify that I have examined the applicant whose name appears on the reverse of this form and that I am a licensed physician in the United States of America. I further certify that based upon the applicant's history (which I have reviewed) and my physical examination, 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 the following accommodations. (list in comments section below)
- c. has a condition which requires further evaluation by a specialist in the field of: _____
- d. is not capable of performing the duties of a peace officer.

PHYSICIAN'S NAME AND ADDRESS (type or print):

PHYSICIAN'S SIGNATURE: _____

Date: _____

AZ POST Certificate No: _____

Medical Occupational Specialist:

PART VII. COMMENTS

PART VIII. 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 Applicant Name: _____

Applicant Signature: _____

Date: _____