



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

PART II. VISION AND HEARING

<p>8. VISUAL ACUITY (20/20 - 20/100)</p> <p><u>DISTANCE</u> Uncorrected: R20/ _____ L20/ _____ B20/ _____ Corrected: R20/ _____ L20/ _____ B20/ _____</p> <p><u>NEAR VISION</u> Uncorrected: R20/ _____ L20/ _____ B20/ _____ Corrected: R20/ _____ L20/ _____ B20/ _____</p> <p><u>Visual Acuity of 20/200 or greater is disqualified</u></p>	<p>9. HORIZONTAL FIELD OF VISION</p> <p>Right: _____ Left: _____ Both: _____</p> <p>Check if Present: Scatoma: _____ Quadrantanopia (large blind spot): _____</p> <p><small>*Note the degree of visual field in each eye and in both eyes in the sections above*</small></p>	<p>10. COLOR PERCEPTION</p> <p><u>(NOTE ANY DEFICIENCIES)</u></p> <p>Red: _____ Green: _____ Yellow: _____ Color Plates: _____</p> <p>_____ No Deficiency Noted _____ Partial Deficiency Noted _____ Field testing is Recommended</p> <p>**No colored lenses to be used for this evaluation**</p>																								
<p>11. CORRECTION</p> <p>None: _____ Spectacles: _____ Glasses are required: _____ Soft / Hard contacts are required: _____ SCL or HCL is required if uncorrected vision is > 20/80 <small>*Visual Acuity with correction is classified as class Ib*</small></p>	<p>12. HEARING: Hearing aid is required for greater than average 25 db loss in each ear.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">500HZ</td> <td style="text-align: center;">1000HZ</td> <td style="text-align: center;">2000HZ</td> <td style="text-align: center;">3000HZ</td> <td style="text-align: center;">4000HZ</td> <td style="text-align: center;">6000HZ</td> <td style="text-align: center;">8000HZ</td> </tr> <tr> <td>dbL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>dbR</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p>Hearing aid used? _____ Note any abnormalities in Comments - Section VII & ***Hearing loss corrected with hearing aids is classified as Class Ib***</p>			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 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)		
Chronic respiratory disease	Liver or renal dysfunction	Scoliosis greater than fifteen (15) degrees	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.
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. CERTIFICATION: Important - Physician Please Read Carefully

(Physician's Assistant OR Nurse Practitioner certification not authorized per Arizona Administrative rules)

21. 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 the following accommodations. (List the accommodations in comments section below)
- c. is not capable of performing the duties of a peace officer.

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

PHYSICIAN'S SIGNATURE: _____ Date: _____

AZ POST Certificate No: _____ MD DO Medical Occupational Specialist:

PART VII. COMMENTS: (Reasonable Accommodations for class 1b must be noted here)

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: _____