

ALASKA POLICE STANDARDS COUNCIL



F-2C

(FOR MUNICIPAL CORRECTIONAL OFFICERS ONLY)

Health Questionnaire

Medical Examination Report

WARNING TO HIRING AGENCY

Form F-2C shall not be completed until a conditional offer of employment has been made to the candidate.

Completed forms F-2C should be maintained in a separate file which insures confidentiality and has limited access.

CONFIDENTIAL RECORDS

HEALTH QUESTIONNAIRE

COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND GIVE IT TO A PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER AT THE TIME OF EXAMINATION.

| | | |
|--|-----|--------------------|
| CANDIDATE'S NAME (Last, First, Middle) | | ADDRESS |
| DATE OF BIRTH | AGE | CURRENT OCCUPATION |
| HIRING AGENCY | | |

**SECTION
A**

Have you ever or do you now have any of the following? For "YES" answers, supply full details in Section "B" on page 2. If the condition required hospitalization, check the corresponding box.

| CONDITION | YES | NO | HOSP | CONDITION | YES | NO | HOSP |
|---|-----|----|------|---|-----|----|------|
| 1. Head injury | | | | 21. Skin condition | | | |
| 2. Back trouble or back pain | | | | 22. Any complications from childhood diseases | | | |
| 3. Any defects of bones or joints including amputations, broken bones or dislocations | | | | 23. Sensitivity to dust | | | |
| 4. Pernicious anemia, leukemia | | | | 24. Other allergies | | | |
| 5. Rheumatism or arthritis | | | | 25. Cancer or malignancy | | | |
| 6. Trick or locked knee/knee injury | | | | 26. Tumor, growth, or cyst | | | |
| 7. Foot trouble | | | | 27. Polio | | | |
| 8. Eye injury, surgery, or disease | | | | 28. Rheumatic fever | | | |
| 9. Have you ever worn glasses/contact lens | | | | 29. Heart trouble (including circulatory) | | | |
| 10. Hard of hearing or hearing problems | | | | 30. High or low blood pressure | | | |
| 11. Headaches | | | | 31. Varicose veins | | | |
| 12. Mental illness or nervous breakdown | | | | 32. Diabetes or sugar in urine | | | |
| 13. Addiction to drugs or alcohol | | | | 33. Colitis | | | |
| 14. Fainting or dizzy spells, epilepsy | | | | 34. Gall bladder trouble | | | |
| 15. Hepatitis, jaundice, liver ailment | | | | 35. Kidney or bladder trouble | | | |
| 16. Disorder of the nervous system | | | | 36. Hemorrhoids or piles | | | |
| 17. Tuberculosis or lung disease | | | | 37. Rupture or hernia | | | |
| 18. Shortness of breath or asthma | | | | 38. Mononucleosis | | | |
| 19. Any type of blood disorder | | | | 39. Any contagious disease | | | |
| 20. Bronchitis | | | | | | | |

MEDICAL EXAMINATION REPORT

To Be Completed by a Licensed Physician,
Physician's Assistant or Advanced Nurse Practitioner

INSTRUCTIONS TO MEDICAL EXAMINER: Please review the Health Questionnaire before examining the candidate. Do not forward this report until lab results are received. Use section 13 for explanation of details, if necessary.

| | | | |
|-------------------------------------|--------|--------------------------------|------------|
| Name (<i>Last, First, Middle</i>) | | Sex Male _____ Female _____ | Birth Date |
| Height (<i>w/o shoes</i>) | Weight | Social Security Number | |

INFORMATION FOR MEDICAL EXAMINER

Regulations established by the Alaska Police Standards Council require that a municipal correctional officer employed by a police department shall be examined by a licensed physician, physician's assistant or advanced nurse practitioner. The medical examination report must conclude that, in the opinion of the examiner, the applicant has the ability to physically perform the duties of a municipal correctional officer

The duties & working conditions of a municipal correctional officer include, but may not be limited to, performance of the following:

| | | |
|--|----------------------------------|---|
| 1. use of firearms | 16. standing for long periods | 32. maintaining balance |
| 2. handcuffing prisoners | 17. kneeling | 33. finger dexterity |
| 3. administer first aid | 18. twisting body | 34. speaking |
| 4. lifting and carrying 0-70 lbs. | 19. pushing | 35. physically control combative and disruptive persons |
| 5. subdue prisoners | 20. pulling | 36. work in confined areas |
| 6. walking-lateral mobility | 21. running | 37. work in crowded areas |
| 7. bending | 22. sense of touch | 38. working alone |
| 8. stooping | 23. reaching | 39. working long hours |
| 9. intervene in fire, riot and medical emergencies | 24. gripping hands and fingers | 40. working night shifts |
| 10. fingerprint inmates wrist rotation | 25. hearing alarm | 41. working day shifts |
| 11. write reports - finger dexterity | 26. hearing voice conversation | 42. working weekends |
| 12. pursue escaping prisoners on foot | 27. color identification | 43. exposure to tobacco smoke |
| 13. crouching | 28. close vision | 44. working with mentally challenged persons |
| 14. sitting | 29. far vision | |
| 15. standing | 30. side vision-depth perception | |
| | 31. night vision | |

VISION & HEARING

| | | |
|---|---|---|
| <p>1. VISUAL ACUITY</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>2. HORIZONTAL FIELD OF VISION</p> <p>Right: _____ Left: _____ Both: _____</p> <p>Check if Present:</p> <p>Scatoma: _____</p> <p>Quadratonopia (large blind spot): _____</p> | <p>3. COLOR PERCEPTION</p> <p>(<i>Note any deficiencies</i>)</p> <p>Red: _____ Green: _____</p> <p>Yellow: _____ Color Plates: _____</p> |
|---|---|---|

| | |
|---|---|
| 4. CORRECTION None: _____ Spectacles: _____ Hard contact Lenses: _____ Soft Contact Lenses: _____ Required if uncorrected vision is 20/80 or more. | 5. HEARING: (AUDIOMETER MUST BE USED) <div style="display: flex; justify-content: space-around;"> 500HZ 1000HZ 2000HZ 3000HZ </div> dbL _____ _____ _____ _____ dbR _____ _____ _____ _____ Hearing aid used? _____ Note any abnormalities in section 13. |
|---|---|

6. Head (*Note any defect, disease or injury involving eyes, ears, nose, mouth and throat.*)

7. CARDIOVASCULAR SYSTEM

| TYPE OF ACTION | BLOOD PRESSURE | PULSE RATE | SOUNDS | RHYTHM |
|--|----------------|------------|-------------------------|--------|
| A. At rest | | | | |
| B. After moderate exercise | | | | |
| C. Two minutes after exercise | | | | |
| D. Circulation to extremities | | | E. Note any abnormality | |
| F. Lungs | | | | |
| G. Nervous system (<i>describe any pathology or abnormal reflexes</i>) | | | | |

| | |
|-------------------|------------------|
| 8. ABDOMEN | 9. RECTAL |
|-------------------|------------------|

| | |
|------------|-------------|
| Masses | Fissure |
| Tenderness | Fistula |
| Hernia | Hemorrhoids |

Genito-Urinary System (*note any abnormalities*)

10. MUSCULO - SKELETAL

(Test by bending, stooping, squatting, also by head, arm, and finger motions.)

| | | | |
|--------------------|------------------|----------|---------|
| Spine: | Mobility | Symmetry | Posture |
| Upper Extremities: | Limited function | | |
| Lower Extremities: | Limited function | | |

Skin (*scars, varicosities, disease, abnormalities - nature and severity*)

11. CONTAGIOUS DISEASES

Does the applicant have contagious hepatitis?

Does the applicant have contagious tuberculosis? Date of last chest x-ray: _____

12. LABORATORY

| | | | | |
|------------|------------|-----|-------|-------------|
| Urinalysis | SP Gravity | ALB | Sugar | Microscopic |
|------------|------------|-----|-------|-------------|

Serology (VDRL) Positive Negative Non-reactive Blood type _____

13. SUMMARY/COMMENTS

CERTIFICATION

Examiner Please Read Carefully

Are there any conditions, physical, mental or emotional, which in your opinion suggest further examination?

Do you have any reservations about this candidate's ability to physically and mentally perform the duties of the job?

I hereby certify that I have completed a physical examination and have reviewed the health questionnaire of: _____ .
(Patient's Name)

This applicant is found to be:

_____Physically capable of performing the essential functions of the job.

_____Not physically capable of performing the essential functions of the job.

| | |
|----------------------|---|
| EXAMINER'S SIGNATURE | NAME, ADDRESS & TELEPHONE # OF EXAMINER |
| | DATE |