



ALASKA POLICE STANDARDS COUNCIL

Health Questionnaire **F-2A**

Medical Examination Report **F-2B**

**For Police, Village Police, Correctional/
Probation/Parole and Municipal
Correctional Officers**

WARNING TO HIRING AGENCY

Forms F-2A & F-2B must not be completed until a conditional offer of employment has been made to the candidate.

Completed forms F-2A & F-2B should be maintained in a separate file to ensure confidentiality and to limit access.

CONFIDENTIAL RECORDS

HEALTH QUESTIONNAIRE

**COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND
GIVE IT TO THE EXAMINER 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							

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STANDARDS COUNCIL**
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MEDICAL EXAMINATION REPORT

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

INSTRUCTIONS TO EXAMINER: Please review Health Questionnaire (F-2A), before examining the candidate. Do not forward this report until lab results are received. Use section 12 for explanation of details, if necessary.		
Name (Last, First, Middle)	Sex Male _____ Female _____	Birth Date
Height (w/o shoes)	Weight	Social Security Number

INFORMATION FOR EXAMINER

Alaska Police Standards Council regulations require that police, correctional, probation/parole, village police and municipal correctional officer employed by a police department or the Department of Corrections shall be examined by a licensed physician, nurse practitioner, or physician assistant. The examination report must conclude that, in the opinion of the examiner, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a **police officer** and **village police officer** include, but may not be limited to, performance of the following activities:

<ol style="list-style-type: none"> 1. use of firearms 2. driving emergency vehicles 3. handcuffing prisoners 4. administer first aid 5. rescue operations 6. lifting and carrying 0-70 lbs. 7. direct traffic 8. subdue prisoners 9. pursue suspects 10. walking-lateral mobility 11. walking rough terrain 12. bending 13. stooping 	<ol style="list-style-type: none"> 14. crouching 15. sitting 16. standing 17. standing for long periods 18. kneeling 19. twisting body 20. pushing 21. pulling 22. running 23. sense of touch 24. reaching 25. gripping hands and fingers 26. climbing stairs 	<ol style="list-style-type: none"> 27. climbing ladders 28. hearing alarms 29. hearing voice conversation 30. color identification 31. close vision 32. far vision 33. side vision-depth perception 34. night vision 35. maintaining balance 36. operating passenger vehicles 37. finger dexterity 38. speaking
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The duties of a **correctional and municipal correctional officer** include, but may not be limited to, performance of the following activities:

<ol style="list-style-type: none"> 1. use of firearms 2. handcuffing prisoners 3. administer first aid 4. lifting and carrying 0-70 lbs. 5. subdue prisoners 6. walking-lateral mobility 7. bending 8. stooping 9. intervene in fire, riot and medical emergencies 10. fingerprint inmates wrist rotation 11. write reports - finger dexterity 12. pursue escaping prisoners on foot 	<ol style="list-style-type: none"> 13. crouching 14. sitting 15. standing 16. standing for long periods 17. kneeling 18. twisting body 19. pushing 20. pulling 21. running 22. sense of touch 23. reaching 24. gripping hands and fingers 25. hearing alarms 	<ol style="list-style-type: none"> 26. hearing voice conversation 27. color identification 28. close vision 29. far vision 30. side vision-depth perception 31. night vision 32. maintaining balance 33. finger dexterity 34. speaking 35. physically control combative and disruptive persons
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The duties of a **probation/parole officer** include, but may not be limited to, performance of the following activities:

<ol style="list-style-type: none"> 1. standing 2. maintain balance 3. twisting body 4. sitting 5. finger dexterity 6. walking-lateral mobility 7. gripping hands and fingers 	<ol style="list-style-type: none"> 8. search-persons, building and vehicles 9. hear normal voice conversations 10. operate standards passenger vehicles 11. physically control combative and disruptive persons 	<ol style="list-style-type: none"> 12. transport arrested persons 13. frisk search for weapons 14. vision and coordination to prepare and proofread reports 15. sensory ability to observe and recognize specific persons, vehicles, evidence, and or property
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Working conditions for a **correctional, probation/parole and municipal correctional officer** includes, but may not be limited to, the following:

<ol style="list-style-type: none"> 1. Exposure to inside temp. extremes 2. exposure to sun 3. exposure to outside temp. extremes 4. dampness 5. high/low humidity 6. noisy work areas 7. work at heights 8. work in confined areas 9. work in crowded areas 10. working alone 11. exposure to intense light 12. exposure to noxious odors 	<ol style="list-style-type: none"> 13. work on high ladders 14. work in remote locations 15. wearing helmets 16. wearing safety glasses 17. wearing special clothing 18. wearing ear plugs/muffs 19. wearing rubber boots 20. exposure to bee stings 21. exposure to dust or pollen 22. exposure to fumes 23. working with mental patients 24. air travel 	<ol style="list-style-type: none"> 25. working long hours 26. working night shifts 27. working day shifts 28. working weekends 29. exposure to tobacco smoke 30. working at high elevations 31. working remote from emergency medical assistance 32. working with mentally challenged persons
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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: Scotoma: _____</p> <p>Quadrantonopia (large blind spot): _____</p>	<p>3. COLOR PERCEPTION (ISHIHARA COLOR PLATES MUST BE USED) <i>(Note any deficiencies)</i></p> <p>Red:_____Green:_____</p> <p>Yellow:_____Color Plates: _____</p> <p><input type="checkbox"/> Vision capable of distinguishing basic color groups against a favorable background</p>															
<p>4. CORRECTION</p> <p>None:_____Spectacles: _____</p> <p>Hard contact Lenses: _____</p> <p>Soft Contact Lenses: _____</p> <p>Required if uncorrected vision is 20/80 or more.</p>	<p>5. HEARING: (AUDIOMETER MUST BE USED)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">500HZ</th> <th style="width: 20%;">1000HZ</th> <th style="width: 20%;">2000HZ</th> <th style="width: 20%;">3000HZ</th> </tr> </thead> <tbody> <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> </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> </tr> </tbody> </table> <p>Hearing aid used?_____ Note any abnormalities in section 12.</p>			500HZ	1000HZ	2000HZ	3000HZ	dbL	_____	_____	_____	_____	dbR	_____	_____	_____	_____
	500HZ	1000HZ	2000HZ	3000HZ													
dbL	_____	_____	_____	_____													
dbR	_____	_____	_____	_____													

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. Pulmonary Function				
G. Nervous system (<i>describe any pathology or abnormal reflexes</i>)				

8. ABDOMEN

Masses
Tenderness
Hernia
Genito-Urinary System (<i>note any abnormalities</i>)

9. 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*)

10. CONTAGIOUS DISEASES

Does the applicant have contagious hepatitis?

Does the applicant have contagious tuberculosis?

11. LABORATORY

Urinalysis	SP Gravity	ALB	Sugar
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12. COMMENTS/SUMMARY

Empty rows for comments and summary.

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 Form F-2A (Health Questionnaire) for: _____.

(Patient's Name MUST BE ENTERED HERE)

This applicant is found to be:

(“Physically capable” or “Not physically capable” MUST BE CHECKED BELOW)

Physically capable of performing the essential functions of the job checked below.

Not physically capable of performing the essential functions of the job checked below.

- Police Officer
- Village Police Officer
- Correctional/Probation/Parole Officer
- Municipal Correctional Officer

Empty space for examiner's signature.

EXAMINER'S SIGNATURE (MANDATORY)

DATE:

EXAMINER'S NAME, ADDRESS & TELEPHONE #