



VILLAGE PUBLIC SAFETY OFFICER MEDICAL EXAMINATION REPORT

To Be Completed by a licensed physician, advanced practice registered nurse, or physician assistant

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

INFORMATION FOR EXAMINER

A physical examination is an essential part of employment as a Village Public Safety Officer (VPSO). The examiner must certify the individual (A) does not have a physical or hearing condition that would adversely affect the performance of the powers and duties of a village public safety officer; (B) has normal color discrimination, normal binocular coordination, normal peripheral vision, and corrected visual acuity of 20/30 or better in each eye; and (C) does not have a mental or emotional condition that would adversely affect the performance of the powers and duties of a village public safety officer, Alaska Statute AS 18.65.672 (5) & 13 AAC 96.080.

A VPSO has the powers of a peace officer in the state of Alaska, AS 18.65.686 and normal duties include:

<ol style="list-style-type: none"> 1. Sit, walk, stand, and run; 2. Subdue subjects and secure handcuffs or restraints; 3. Pursue fleeing subjects; 4. Quickly enter or exit vehicles; 5. Lift, carry, and push/pull heavy objects (up to and exceeding 50 pounds); 6. Climbing over obstacles; 7. Jumping from elevated surfaces; 8. Climbing through openings; 9. Squatting and kneeling; 10. Repetitive motion of hands, grasping, pinching, and fine manipulation with fingers; 11. Operate vehicles, watercraft or snow- machines under adverse or extreme conditions; 12. Intervene in fire and medical emergencies; 14. Bending/Twisting; 15. Crawling in confined areas; 16. Balancing on uneven or narrow surfaces; 	<ol style="list-style-type: none"> 17. Using bodily force and/or power tools to gain forcible entry; 18. Feeling and detecting objects while performing searches; 19. Walking over uneven terrain for long periods of time; 20. Communicate clearly by speech and through reading/writing; 21. Coherently communicate over radio channels; 22. Hearing conversations and sounds; 23. Hear alarm systems, including computer alarms; 24. Seeing objects at a distance, peripherally, and using depth perception; 25. Exposure to dust, chemicals, or fumes 26. Jump down from elevated surfaces; 27. Conduct visual/audio surveillance; 28. Observe and distinguish color and characteristics; 	<ol style="list-style-type: none"> 29. Prepare clear, comprehensive reports using keyboards; 30. Read reports and comprehend legal and other documents; 31. Administer CPR and basic first aid; 32. Load, unload, aim, and fire handguns and shotguns; 33. Read computer screens; 27. Work in/exposure to inclement weather, cold water, and remote field sites; 28. Work/travel in boat/small aircraft/helicopters; 29. Transport arrested persons; 30. Quickly and securely tie; specific knots in ropes; 31. Operate specialty equipment such as fire pumps; 32. Perform administrative duties, including the use of office equipment such as phones, computers, copiers, or scanners.
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VISION & HEARING

1. VISUAL ACUITY

DISTANCE

Uncorrected: R20/____ L20/____ B20/____

Corrected: R20/____ L20/____ B20/____

NEAR VISION

Uncorrected: R20/____ L20/____ B20/____

Corrected: R20/____ L20/____ B20/____

1. HORIZONTAL FIELD OF VISION

Right:____ Left:____ Both:____

Check if Present:

Scotoma: _____

Quadrantanopia (large blind spot): _____

2. COLOR PERCEPTION (ISHIHARA COLOR PLATES MUST BE USED)

(Note any deficiencies)

Red:____ Green:____

Yellow:____ Color Plates:____

Vision capable of distinguishing basic color groups against a favorable background

4. VISION CORRECTION

None:____ Spectacles:____

Hard contact Lenses:____

Soft Contact Lenses:____

Required if uncorrected vision is 20/80 or more.

5. HEARING: (AUDIOMETER MUST BE USED)

	500HZ	1000HZ	2000HZ	3000HZ
dbL	_____	_____	_____	_____
dbR	_____	_____	_____	_____
Hearing aid used?_____		Note any abnormalities under 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. Pulmonary Function				
G. Nervous system <i>(describe any pathology or abnormal reflexes)</i>				

8. MENTAL HEALTH CONDITIONS

Does the applicant have a diagnosed mental health disorder? Yes No
If yes what disorder?

9. ABDOMEN

Masses	<input type="checkbox"/>	<input type="checkbox"/>
Tenderness		
Hernia		
Genito-Urinary System (<i>note any abnormalities</i>)		

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?

12. LABORATORY

Urinalysis	SP Gravity	ALB	Sugar
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Is the applicant Suicidal? Yes No

Is the applicant oriented to time and place? Yes No

13. COMMENTS/SUMMARY

14. CERTIFICATION: Examiner, Please Read Carefully

Are there any physical, mental or emotional conditions which in your opinion suggest further examination? _____ If yes, please explain:

After reviewing the VPSO job duties on page 1 of this form, do you have any reservations about the applicant's ability to physically and/or mentally perform these job duties? _____ If yes, please explain:

The information contained on this form will be used by the State of Alaska to determine the applicant's eligibility for employment and certification as a Village Public Safety Officer (VPSO).

By signing this form, you are certifying that the applicant named below can perform the duties listed on page one of this form, with or without reasonable accommodations, and can do so under all conditions including inclement weather, and while wearing personal protective equipment such as helmets, safety glasses, a six (6) pound duty belt and four (4) pound ballistic vest.

I hereby certify that I have completed a physical examination and have reviewed the Medical History Questionnaire form for: _____

(Applicant's Name 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 a VPSO.

Not physically capable of performing the essential functions of a VPSO.

("Mentally capable" or "Not Mentally capable" MUST BE CHECKED BELOW)

Mentally capable of performing the essential functions of a VPSO.

Not mentally capable of performing the essential functions of a VPSO.

EXAMINER'S SIGNATURE (MANDATORY)

EXAMINER'S NAME, ADDRESS & TELEPHONE #

DATE: