

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

1. standing 2. maintain balance 3. twisting body 4. sitting 5. finger dexterity 6. walking-lateral mobility 7. gripping hands and fingers	8. search-persons, building and vehicles 9. hear normal voice conversations 10. operate standards passenger vehicles 11. physically control combative and disruptive persons	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:

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	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	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><b>1. VISUAL ACUITY</b></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><b>2. HORIZONTAL FIELD OF VISION</b></p> <p>Right:____Left:____Both:____</p> <p>Check if Present: Scotoma: _____</p> <p>Quadrantonopia (large blind spot): _____</p>	<p><b>3. COLOR PERCEPTION (ISHIHARA COLOR PLATES MUST BE USED)</b> <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><b>4. CORRECTION</b></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><b>5. HEARING: (AUDIOMETER MUST BE USED)</b></p> <table border="0"> <tr> <td></td> <td align="center">500HZ</td> <td align="center">1000HZ</td> <td align="center">2000HZ</td> <td align="center">3000HZ</td> </tr> <tr> <td>dbL</td> <td align="center">_____</td> <td align="center">_____</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>dbR</td> <td align="center">_____</td> <td align="center">_____</td> <td align="center">_____</td> <td align="center">_____</td> </tr> </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 (*note any abnormalities*)

**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 space for handwritten or typed 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

**EXAMINER'S NAME, ADDRESS & TELEPHONE #**

**EXAMINER'S SIGNATURE (MANDATORY)**

**DATE:**