

Law Enforcement Applicant Medical History

Employing Agency Information Only

Physical Standards and Critical & Essential tasks are derived from a discipline specific Job Task Analysis (JTA) for Law Enforcement Officers. Each JTA meets the Americans with Disabilities Act (ADA) criteria to identify the Essential Functions/Tasks of the position. A physician developed the medical standards based upon the essential tasks.

Critical and Essential Tasks are found at www.oregon.gov/dpsst/SC/pages/cjforms.aspx

Employing agencies can utilize this form if they do not have their own Medical Examination sheet. This is not a required document. The F2a Final Medical Report and optional waiver are the only forms DPSST requires.

<i>To be completed by applicant</i>		
Applicant Name (Last, First Middle)	Date of Birth (MM/DD/YYYY)	DPSST No.:

1. Do you have any current medical conditions? Yes No
 If so, please list: _____

2. Have you had any prior medical conditions that required treatment? Yes No
 If so, please list: _____

3. Have you ever had surgery? Yes No
 If so, please list (include year of surgery): _____

4. Are you currently taking any medications? (prescribed or over the counter) Yes No
 If so, please list: _____

Check if you have had any of the following.	✓	Physician Comments
Headaches requiring treatment	<input type="checkbox"/>	
Concussion or loss of consciousness	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	
Other neurological conditions	<input type="checkbox"/>	
Dizziness / balance problems	<input type="checkbox"/>	
Memory problems	<input type="checkbox"/>	
Depression / anxiety or other psychological conditions	<input type="checkbox"/>	
Vision problems	<input type="checkbox"/>	
Currently wear glasses or contacts	<input type="checkbox"/>	

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Check if you have had any of the following.	✓	Physician Comments
Eye surgery	<input type="checkbox"/>	
Difficulty driving or seeing at night	<input type="checkbox"/>	
Hearing loss / use of hearing aids	<input type="checkbox"/>	
Ringing in the ears	<input type="checkbox"/>	
Chest pain	<input type="checkbox"/>	
Heart attack	<input type="checkbox"/>	
Irregular / abnormal heart beats	<input type="checkbox"/>	
Heart murmurs	<input type="checkbox"/>	
Unusual shortness of breath	<input type="checkbox"/>	
Persistent diarrhea or constipation	<input type="checkbox"/>	
Blood in your stool	<input type="checkbox"/>	
Blood in your urine	<input type="checkbox"/>	
Coughing up blood	<input type="checkbox"/>	
Liver problems	<input type="checkbox"/>	
Kidney or bladder problems	<input type="checkbox"/>	
Unusual vaginal bleeding (if applicable)	<input type="checkbox"/>	
Hernia(s)	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	
Frequent bloody noses	<input type="checkbox"/>	
Easy bruising	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	
Unexplained weight changes	<input type="checkbox"/>	
Chronic fatigue	<input type="checkbox"/>	
Thyroid problems	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Back or neck pain / injuries	<input type="checkbox"/>	
Muscle / ligament / joint injuries	<input type="checkbox"/>	
Broken bones	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	
Illegal drug use	<input type="checkbox"/>	
Alcohol use	<input type="checkbox"/>	
Conviction(s) of driving under the influence	<input type="checkbox"/>	
Attended drug or alcohol rehabilitation	<input type="checkbox"/>	

Law Enforcement Medical Examination

Employing Agency Information Only Do Not Send to DPSST

Applicant Name: (Last, First Middle)	DOB: (MM/DD/YYYY)	DPSST No.:
Height: _____ ft. _____ in.	Weight: _____ lbs. / _____ kg.	

Eyes and Vision **Eye Exam (EOM, Pupils, etc.):** Normal: Yes No

1. Visual Acuity Standards

- 1.1. Monocular vision must be at least 20/30 (Snellen) corrected in each eye and not worse than 20/100 (Snellen) uncorrected in either eye.
- 1.2. Binocular vision must be at least 20/20 (Snellen) corrected.
- 1.3. Applicant whose uncorrected vision is worse than 20/100 must wear soft contact lenses to meet the corrected vision requirement.

	Right	Left	Both
Uncorrected	R20 /	L20 /	B20 /
Corrected	R20 /	L20 /	B20 /

2. Color Vision Standards

- 2.1. Applicant must be able to distinguish red, green, blue, and yellow, as determined by the HRR Test, 4th Edition.
- 2.2. Red or green deficiencies may be acceptable, providing the applicant can read at least nine of the first 13 plates of the Ishihara Test.
- 2.3. Applicant who fails to meet the color vision standard may meet this standard by demonstrating they can correctly discriminate colors via a field test conducted by the employer as approved by the examining physician/surgeon.

HRR Test, 4 th Ed.:	Ishihara (if applicable):	Field Test (if applicable):
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3. Depth Perception Standards

- 3.1. Random Stereo Test equal to 60 seconds of arc or better.

Seconds of Arc:

4. Peripheral Vision Standards

- 4.1. Visual Field Performance must be 140 degrees in the horizontal meridian combined.

Peripheral Vision	Right	Left	Total
Horizontal			

Comments:

Law Enforcement Medical Examination

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Applicant Name:	DOB:
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Hearing **Ear Exam (External Canal, Tympanic Membrane, etc.)** Normal: Yes No

5. Hearing Acuity Standards

5.1. Applicant must have no average hearing loss greater than 25 (db.) at the 500, 1,000, 2,000 and 3,000-Hertz levels in either ear with no single loss in excess of 40 db.

5.2. Amplification devices may be used to meet the above hearing requirement.

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz*	6000 Hz*	Average*
Right							
Left							

**Average does NOT include 4000 or 6000 Hz.*

Comments:

6. Cardiovascular Standard

Resting blood pressure must be less than or equal to 160 mmHg systolic and 100 mmHg diastolic.

- Applicant who fails to meet the cardiovascular standards must be examined by a general practitioner to address the issue.
- Applicant who has a history of organic cardiovascular disease will necessitate further medical evaluation.

Heart Rate: _____

Normal: Yes No

Sounds & Rhythm: _____

Normal: Yes No

Blood Pressure: _____ / _____

Comments:

7. Pulmonary Function Standard

Applicant with obstructive or restrictive spirogram (FVC or FEV1 less than 80% or FVC/FEV1 ratio of less than 70%) require further evaluation.

Pulmonary Function Test: _____

Comments:

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8. Medications Standard

The side effects of any prescribed medication must not interfere with the ability of the applicant to perform the critical and essential tasks of the job.

Comments:

Head/Throat/Neck

Comments:

Abdominal

Comments:

Musculoskeletal

Test flexibility by bending, stooping, squatting; also by head, arm and finger motions. Perform more in-depth exam of previously injured area.

	Comments*	Normal
Spine		<input type="checkbox"/> Yes <input type="checkbox"/> No
Upper Extremities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lower Extremities		<input type="checkbox"/> Yes <input type="checkbox"/> No

* Note any deformities, amputations, loss of motion, weakness, instability, limited function, etc.

Comments:

Neurological

	Normal
Reflexes (including pathologic reflexes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cerebellar and Cranial Nerves	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Skin

Comments:

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Laboratory*

* To be specified by agency requesting examination

Lab Work	Normal:	Comments
CBC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chemistry Panel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Urinalysis / Drug Screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Recommendations

- Applicants with a history of seizures or diabetes should be evaluated following the American College of Occupational and Environmental Medicine’s Guidance for the Medical Evaluation of Law Enforcement Officers, to include post-employment monitoring.
- Applicants with a history of hypertension (resting blood pressure exceeding 140 mmHg systolic and 90 mmHg diastolic (160/100)) should have post-employment medical monitoring.

NOTES: (Provide any additional information to the hiring agency regarding the applicant’s job-relevant **functional limitations, reasonable accommodation requirements, work restrictions**, and a description of the **nature and degree of potential risks** posed by the detected medical conditions. Include that information which is necessary and appropriate for the hiring department in making hiring decision.)

I certify that I am a licensed physician or surgeon, have conducted an examination on the above-mentioned applicant, and the information on this form is true and accurate.

Signature

License Number

Date

Printed Name: _____ Phone Number: _____

Address: _____

Please complete and return this Medical Exam, Applicant Medical History and the Form F2a Final Medical Report and optional waiver to the requesting applicant or employing agency