

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602

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**MEDICAL EXAMINATION REPORT**

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-2(LE)  
(Rev.10/01)

**INSTRUCTIONS:**

To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in N.C. or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

- Well nourished
- Obese
- Muscular

**VISION**

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses:	R - 20 / _____	L - 20 / _____	Both - 20 / _____
With glasses:	R - 20 / _____	L - 20 / _____	Both - 20 / _____

Depth Perception:  - Normal  - Abnormal:

Color Perception:  - Normal  - Abnormal:

Peripheral Vision:  - Normal  - Abnormal:

**HEARING**

Hearing Acuity:  - Audiogram - or -  15' whispered conversation (check one)

Right ear:  - Normal  - Abnormal:

Left Ear:  - Normal  - Abnormal:

(Continued on reverse side)

**CARDIOVASCULAR**

Blood Pressure: \_\_\_\_\_

Resting Pulse: \_\_\_\_\_

Cardiac Examination:  - Normal  - Abnormal: \_\_\_\_\_

Peripheral Circulation:  - Normal  - Abnormal: \_\_\_\_\_

ECG:  - Indicated by hx or exam: \_\_\_\_\_

**ABNORMAL DETAILS**

**NORMAL**

- HEENT: \_\_\_\_\_
- LUNGS: \_\_\_\_\_
- ABDOMEN: \_\_\_\_\_
- MUSCULOSKELETAL: \_\_\_\_\_
- GENITOURINARY: \_\_\_\_\_
- NEUROLOGICAL: \_\_\_\_\_
- SKIN: \_\_\_\_\_

URINALYSIS  - Normal  - Abnormal: \_\_\_\_\_

TB SKIN TEST  - Negative  - Positive \_\_\_\_\_

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

- No  - Yes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any reservations about this candidate's ability to physically perform required duties?**

- No  - Yes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read and fully understand the Medical Screening Guidelines Implementation Manual for the certification of Criminal Justice Officers in the State of North Carolina.**

\_\_\_\_\_  
Signature of Physician/Physician's Assistant/Nurse Practitioner

\_\_\_\_\_  
Date

Name and Address of Physician/Physician's  
Assistant/Nurse Practitioner - Typed