

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

Form F-2(LE)
(Rev.11/08)

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

**PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE HIRING AGENCY OR THE INDIVIDUAL
THE CRIMINAL JUSTICE STANDARDS DIVISION IS NOT RESPONSIBLE FOR PAYMENT**

MAIL FORM TO HIRING AGENCY OR INDIVIDUAL

DO NOT MAIL FORM TO CRIMINAL JUSTICE STANDARDS DIVISION

INSTRUCTIONS:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

DATE: _____ SOCIAL SECURITY # XXX-XX _____

NAME: _____ DATE OF BIRTH _____
Last First Middle

EMPLOYING AGENCY: _____

Height: _____ Weight: _____

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 / _____

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: _____ (If resting pulse is less than 50 or greater than 100)

ABNORMAL FINDINGS

HEENT: _____

LUNGS: _____

ABDOMEN: _____

MUSCULOSKELETAL: _____

GENITOURINARY: _____

NEUROLOGICAL: _____

SKIN: _____

URINALYSIS - Normal - Abnormal: _____

TB SKIN TEST Millimeters of Induration _____

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 Qualified Medical Professional

Date

Name and Address of Qualified Medical Professional

PLEASE TYPE