



**NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING
STANDARDS COMMISSION**



NORTH CAROLINA DEPARTMENT OF JUSTICE
Sheriffs' Standards Division

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Director

MEDICAL EXAMINATION REPORT

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

**Form F-2
(Rev. 1/98)**

INSTRUCTIONS: To be completed by a nurse practitioner, physician's assistant, physician or surgeon licensed to practice medicine in North Carolina following an actual physical examination. The original report must be submitted to the Sheriffs' Standards Division by the employing agency and a copy maintained in that agency's personnel files.

NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
EMPLOYING AGENCY:	

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: 9 - Normal 9 - Abnormal: _____

Peripheral Circulation: 9 - Normal 9 - Abnormal: _____

ECG: 9 - Indicated by hx or exam: _____

NORMAL

ABNORMAL DETAILS

- 9 HEENT: _____
- 9 LUNGS: _____
- 9 ABDOMEN: _____
- 9 MUSCULOSKELETAL: _____
- 9 GENITOURINARY: _____
- 9 NEUROLOGICAL: _____
- 9 SKIN: _____

URINALYSIS 9 - Normal 9 - Abnormal: _____

TB SKIN TEST 9 - Negative 9 - Positive

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

9 - No 9 - Yes: _____

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

9 - No 9 - Yes: _____

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

Signature of Examiner

Date

Name, Title and Address of Examiner - PLEASE TYPE