

## Pre-Placement Physical Examination Form

Date of Examination: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Vital signs**

Weight \_\_\_\_\_

Height \_\_\_\_\_

BMI \_\_\_\_\_

Blood pressure \_\_\_\_\_/\_\_\_\_\_

Heart rate \_\_\_\_\_

Waist circumference \_\_\_\_\_

**Vision**

Visual acuity, distant, without correction:

LT \_\_\_\_\_ RT \_\_\_\_\_ Both \_\_\_\_\_

Visual acuity, distant, with correction:

LT \_\_\_\_\_ RT \_\_\_\_\_ Both \_\_\_\_\_

Visual acuity, near, without correction:

LT \_\_\_\_\_ RT \_\_\_\_\_ Both \_\_\_\_\_

Visual acuity, near, with correction:

LT \_\_\_\_\_ RT \_\_\_\_\_ Both \_\_\_\_\_

Peripheral vision:

LT \_\_\_\_\_ RT \_\_\_\_\_

Color vision (type of test and score): \_\_\_\_\_

Eyes	Unremarkable	Abnormal Findings
Pupils		
Conjunctivae		
Eyelids		
Extraocular motions		

Ears, nose, mouth, and throat	Unremarkable	Abnormal Findings
Oropharynx		
Teeth		
Ear canals		
Tympanic membranes		
Nose		
Deformity of face		
Deformity of skull		

Neck	Unremarkable	Abnormal Findings
Trachea (midline)		
Jugular vein distention		
Cervical lymphadenopathy		
Carotid bruit		
Mass		
Thyroid		

<b>Cardiorespiratory</b>	<b>Unremarkable</b>	<b>Abnormal Findings</b>
Heart auscultation		
Lung auscultation		
Pedal pulses		
Leg edema		

<b>Abdomen</b>	<b>Unremarkable</b>	<b>Abnormal Findings</b>
Hernia		
Mass		
Scars		
Tenderness		
Rigidity		
Bowel sounds		
Enlarged liver		
Enlarged spleen		

<b>Spine</b>	<b>Unremarkable</b>	<b>Abnormal Findings</b>
Scars		
Deformity		
Curvature		
Tenderness		
Straight leg raise		
Walk on toes and on heels		
Range of motion of cervical spine		
Range of motion of lumbar spine		

<b>Upper extremities</b>	<b>Unremarkable</b>	<b>Abnormal Findings</b>
Deformity		
Range of motion		
Tenderness		
Atrophy		
Amputation		

Lower extremities	Unremarkable	Abnormal Findings
Deformity		
Range of motion		
Tenderness		
Atrophy		
Amputation		

Neurological	Unremarkable	Abnormal Findings
Posture		
Gait		
Mental status (alertness, orientation, memory)		
Speech		
Finger to nose		
Cranial nerves		
Deep tendon reflexes		
Light touch sensation		
Strength (biceps, triceps, knees, ankles)		
Tandem walk		
Romberg		
Tremors		

Skin	Unremarkable	Abnormal Findings
Rash		
Lesions		

Psychiatric	Unremarkable	Abnormal Findings
Mood and affect		
Judgment		
Impulse control		

Optional examinations	Unremarkable	Abnormal Findings
Genitourinary		
Rectal exam		
Breast exam		

Comments:

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Signature of Medical Provider

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Printed name of Medical Provider

**APPENDIX D**

**Immunization Worksheet for Law Enforcement Officers 2016**

Based on the Centers for Disease Control and Prevention’s Recommended Adult Immunization Schedule—United States – 2016. Available at: <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>.

Last Name	First Name	DOB
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**Medical Notes (allergies, vaccine reactions, etc.):**

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**Immunizations:**

Vaccine	Formulation & Manufacturer	Date Given	Administered By:	Lot Number	Expiration	Next Dose
<b>Diphtheria/Tetanus/Pertussis</b>						
Recommend: Substitute 1-time dose of Tdap for Td booster, then boost with Td every 10 years						
<b>Hepatitis B</b>						
3-dose series. Not needed to restart series if dose is missed per schedule; resume where immunization series left off and complete.						
<b>Varicella</b>						
2-dose series now part of routine childhood immunizations. Administer for all persons who lack evidence of immunity to varicella.						
<b>Measles</b>						
2-dose series now part of routine childhood immunizations. Administer for all persons who lack documentation of vaccination (unless a medical contra-indication exists).						
<b>Influenza</b>						
1 dose annually						

**APPENDIX E**

**Police Physician Report**

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Agency: \_\_\_\_\_

**Position applied for:** Law enforcement officer

I certify that I reviewed the medical history, physical examination and diagnostic testing and all other documents included in the medical file for the individual named above.

It is my opinion that this individual, from a medical perspective:

- can perform the essential job functions with no limitations.
- cannot perform all the essential job functions due to limitations (see notes below).
- cannot make determination as this time, pending receipt of further information.

Notes: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Provider