

Lander Police Department

Medical Examination Report for Police Officers

Date _____ Sex _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Health History: Please check yes or no to each question

Any illness or injury in the last 5 years	yes_____ no_____
Head/brain injuries, disorders or illness	yes_____ no_____
Seizures, epilepsy	yes_____ no_____
Medication _____	
Eye disorders or impaired vision (except corrective Lenses)	yes_____ no_____
Ear disorders, loss of hearing or balance	yes_____ no_____
Heart disease or heart attack; other cardiovascular Condition	yes_____ no_____
Medication _____	
Heart surgery	yes_____ no_____
High blood pressure	yes_____ no_____
Medication _____	
Muscular disease	yes_____ no_____
Shortness of breath	yes_____ no_____
Lung disease, emphysema, asthma etc.	yes_____ no_____
Kidney disease	yes_____ no_____
Liver disease	yes_____ no_____
Digestive problems	yes_____ no_____
Diabetes	yes_____ no_____

Nervous or psychiatric disorders	yes_____ no_____
Loss of or altered consciousness	yes_____ no_____
Fainting or dizziness	yes_____ no_____
Sleep disorders	yes_____ no_____
Stroke or paralysis	yes_____ no_____
Spinal injury or disease	yes_____ no_____
Chronic low back pain	yes_____ no_____
Regular/frequent alcohol use	yes_____ no_____

For any YES answer please indicate the onset date, diagnosis and name and address of physicians name and any current limitations. Also list all medications (including over the counter medications) used on a regular basis:_____

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination.

Signed:_____ Date_____

Clinical Evaluation

Normal abnormal

Head, Face, Neck Scalp		
Nose		
Sinuses		
Mouth/Throat		
Ears/General		
Drums (perforation)		
Eyes/General		
Ophthalmoscopic		
Pupils		
Ocular Motility		
Lungs/Chest		
Heart		
Vascular System		
Abdomen & Viscera		
Anus/rectum		
Endocrine system		
G-U System		
Upper extremities		
Feet		
Lower extremities		
Spine/muscular-skeletal		
Identifying body marks		
Skin/lymphatics		
Neurological		
Psychiatric		

Urinalysis: SP. GR. _____

EKG _____ (only if recommended by Doctor)

Height _____ Weight _____ Hair Color _____ Eye color _____

Build: Slender _____ Medium _____ Heavy _____

Blood Pressure (arm at heart level)

SYS. _____

SYS. _____

SYS _____

Sitting DIAS _____

Recumbent _____

Standing DIAS (3 min) _____

Pulse (arm at heart level)

Sitting _____ After exercise _____ 2 min after _____

Recumbent _____ After standing 3 min _____

Distant Vision:

Near Vision

Right 20/___ Corrected to 20/___ Corrected to: _____ by _____

Left 20/___ Corrected to 20/___ Corrected to: _____ by _____

Color Vision (test used and results) _____

Field of Vision _____ Accommodation _____

It is essential that all statements pertaining to visual acuity and color vision be completed in detail.

Date

Signature of examiner

Name of Examiner: _____

(type or print please)

Address: _____

City

State

Phone number (____) _____

Hearing

This section to be completed by a certified audiologist

To be considered qualified for the position of police officer candidates must have average hearing not to exceed 25db @ 1k, 2k, and 3 khz. No single reading to exceed 35 db at 500, 1k, 2, 3, and 4khz. Hearing corrected to proper levels will be accepted with a letter from an audiologist indicating proper fit and level of hearing correction in both ears.

It is essential to complete the section below in detail

Right ear levels _____

Left ear levels _____

Pass _____

Fail _____

Examiner Comments: _____

Date

Signature of Examiner

Address: _____

City

State

Phone (____) _____

Lander Police Department Physical assessment forms

For information and guidance of medical examiners

The position of police patrol officer requires applicants to be able to endure strenuous physical exertion, operate emergency motor vehicles in a safe manner during extremely stressful situations, and participate in defensive tactics and dangerous assignments which might entail the use of firearms, electronic control devices, batons and other normal police equipment. For those reasons candidates must be in good health and meet certain vision and hearing criteria to insure the safety of themselves and those they serve. The attached assessment forms must be completed in detail and returned to the applicant to be presented to the Lander Police hiring board to be further considered in the selection process.