

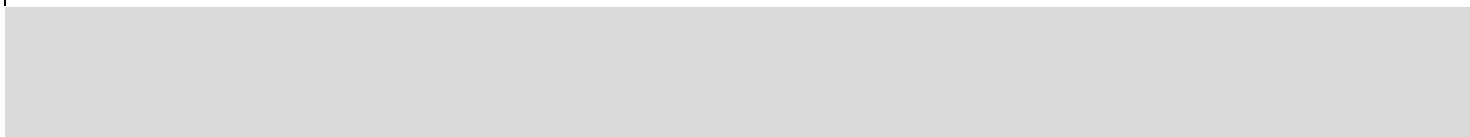


MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
 Harrisburg, Pennsylvania 17112-9748
www.mpoetc.state.pa.us

PHYSICAL EXAMINATION

This form is to be used by both municipal police officer applicants and cadet applicants seeking entry to a training academy.



SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER
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PHYSICIAN SHALL COMPLETE THE FOLLOWING

- A. Is this applicant free from the addictive or excessive use of alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures? YES NO
- B. Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? YES NO
- C. Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer? YES NO
- D. Is this applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements? YES NO
- E. Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements? YES NO

QUESTIONS A – D MUST BE ANSWERED "YES" AND QUESTION E MUST BE ANSWERED "NO" FOR THE APPLICANT TO BE FOUND FIT.

BLOOD PESSURE		HEART		LUNGS	
SYSTOLIC	DIASTOLIC	NORMAL	ABNORMAL	NORMAL	ABNORMAL

HEARING

The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

RIGHT	NORMAL	LEFT	NORMAL
	ABNORMAL		ABNORMAL

VISION

The applicant must have distant vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; and must be free of any significant visual abnormality. THE FOLLOWING MUST BE COMPLETED.

RIGHT	UNCORRECTED 20/____	LEFT	UNCORRECTED 20/____
	CORRECTED 20/____		CORRECTED 20/____

- I. Does the applicant have normal depth perception? YES NO
- II. Does the applicant have normal color perception? YES NO
- III. Is the applicant free from any other significant visual abnormalities? YES NO

REMARKS