

**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 (Juvenile Justice)
(Rev.10/15)

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 either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in N.C. or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

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 / _____
With contacts:	R - 20 / _____	L - 20 / _____	Both - 20 / _____

How long have contacts been worn? _____

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 next page)

(continued)

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam:

ABNORMAL DETAILS

NORMAL

HEENT: _____

LUNGS: _____

ABDOMEN: _____

MUSCULOSKELETAL: _____

GENITOURINARY: _____

NEUROLOGICAL: _____

SKIN: _____

URINALYSIS Normal Abnormal: _____

TB SKIN TEST Negative Positive _____

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 Juvenile Justice Officers and Chief/Juvenile Court Counselors in the State of North Carolina.

Signature of Physician/Physician's Assistant/Nurse Practitioner

Date

Name and Address of Physician/Physician's Assistant/Nurse Practitioner - Typed

