NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION

JOSH STEIN
ATTORNEY GENERAL

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA
DIRECTOR

MEDICAL HISTORY STATEMENT

(Rev. 01/2018)

FORM F-1

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

INSTRUCTIONS: To be completed by applicant for a certifiable position prior to the physical examination and presented to the examiner at the time of examination. All questions must be answered completely and accurately. The original must be submitted to the Sheriffs' Standards Division by the employing agency and a copy must be retained in that agency's personnel files.

NAME: Last First Middle		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER (Include Area Code)		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: XXX-XX-	
EMPLOYING AGENCY:		
POSTION APPLIED FOR: ☐ Law Enforcement/Deputy Sheriff ☐ Detention Officer ☐ Telecommunicator		
☐ Other ([please specify):		

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.)_____

_____

_____

Over the Counter Medications: (Include all cold, allergy, headache, vitamins, supplements, herbal remedies, etc.)

_____

_____

ALLERGIES

Drug Allergies: (Include your reaction to the medication) _____

_____

_____

All Other Allergies: food, insects, seasons, animals, materials, etc.: (include reaction) _____

_____

_____

PAST MEDICAL HISTORY

List **ALL** hospitalizations and operations since childhood:
(Include type of surgery, date of surgery, any complications or other significant information)

_____

_____

_____

_____

Have you EVER, in your life, had any of the following types of medical problems: [check all that apply to you]

- ❑ **1. CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- ❑ **2. MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- ❑ **3. NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- ❑ **4. PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder, and others?
- ❑ **5. EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- ❑ **6. EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- ❑ **7. NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- ❑ **8. MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- ❑ **9. LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- ❑ **10. HEART AND CIRCULATION PROBLEMS:** such as a heart murmur, heart disease, heart attack, **hypertension (high blood pressure)**, irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- ❑ **11. DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- ❑ **12. HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- ❑ **13. URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- ❑ **14. HERNIA**: such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- ❑ **15. MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness, fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome, loss of a finger or toe, and others?
- ❑ **16. BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

MALES ONLY:

- ❑ **17.** Prostate problems such as enlargement or prostatitis?
- ❑ **18.** Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

- ❑ **19.** Currently pregnant?
- ❑ **20.** History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

- ❑ **21.** Have you ever had a positive TB test?
- ❑ **22.** Have you received Hepatitis B vaccinations?
- ❑ **23.** When did you receive your last tetanus (lockjaw) immunization? _____

OCCUPATIONAL HISTORY

Have you ever been exposed to any of the following, whether at home, work, military or any other setting: [check any that apply]

- ❑ **24.** Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- ❑ **25.** Chemical exposure to skin or lungs?
- ❑ **26.** Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)? Check all **YES** answers:
- ❑ **27.** Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- ❑ **28.** Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- ❑ **29.** Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- ❑ **30.** Do you have any missing limbs or non-functioning joints?
- ❑ **31.** Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- ❑ **32.** Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- ❑ **33.** Have you ever worked in law enforcement?
- ❑ 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- ❑ **34.** Have you ever served in any of the armed forces?
- ❑ 34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
- ❑ **35.** Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- ❑ **36.** Do you have difficulty sitting for any extended period of time?
- ❑ **37.** Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- ❑ **38.** Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- ❑ **39.** Do you have any difficulty driving at high speeds in a motorized vehicle?
- ❑ **40.** Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- ❑ **41.** Have you ever had any automobile accidents as a result of losing control of your vehicle?
- ❑ **42.** Do you have any difficulty driving for three (3) consecutive hours without stopping?
- ❑ **43.** Do you have any difficulty running for five (5) consecutive minutes without stopping?
- ❑ **44.** Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY "YES" ANSWERS: (Identify by number) Additional pages may be attached. Any additional pages must include your name and social security number and must be signed and dated.

_____

_____

_____

_____

PENALTY:

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

CERTIFICATION:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

RELEASE OF INFORMATION

I further hereby authorize and direct all persons, physicians, hospitals, and other entities, and employees thereof, holding any medical, psychological, emotional, or physiological information, record, or report about me to release said information or record to the _____and the North Carolina Sheriffs'
(Agency)
Education and Training Standards Commission or its agents and to give opinions, diagnosis, and prognosis of my medical, physical, emotional, and mental condition.
I further authorize the _____ and the North Carolina Sheriffs'
(Agency)
Education Training Standards Commission and its agents to share such information between themselves and to use such information, record, reports, opinion, diagnosis, and prognosis in making a final decision regarding my employment and/or certification as a justice officer.

Signature of Applicant (Use Ink) _____ **Date signed** _____

Signature of Physician or Licensed Independent Practitioner (Use Ink)

_____ **Date signed** _____
(Signature)

Name, Title and Address of Physician or Licensed Independent Practitioner Completing Review PLEASE TYPE