



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

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MEDICAL EXAMINATION REPORT

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

Form F-2
(Rev. 09/25)

INSTRUCTIONS: To be completed by a physician licensed independent practitioner licensed to practice medicine in North Carolina 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 report must be submitted to the Sheriffs' Standards Division by the employing agency and a copy maintained in that agency's personnel files.

NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: <u>XXX-XX-</u>
EMPLOYING AGENCY:	

Height: _____ Weight: _____

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 / _____

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: _____

☐ **Check if hearing aid used (Telecommunicator applicants only). Hearing Acuity for Law Enforcement and Detention applicants should be measured without a hearing aid.**

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: ☐ - Normal ☐ - Abnormal: _____

Peripheral Circulation: ☐ - Normal ☐ - Abnormal: _____

ECG: ☐ - Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Physical Examination: ☐ - Normal ☐ - Abnormal

ABNORMAL FINDINGS: _____

URINALYSIS ☐ - Normal ☐ - Abnormal: _____

TB SKIN TEST Millimeters of Indurations _____

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?

Law Enforcement/Deputy ☐ - No ☐ - Yes: _____

Detention Officer ☐ - No ☐ - Yes: _____

Telecommunicator ☐ - No ☐ - Yes: _____

Other ☐ - No ☐ - Yes: _____

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Justice Officers in the State of North Carolina.

Signature of Physician or Licensed Independent Practitioner

Date

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