NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213

MEDICAL EXAMINATION REPORT

Form F-2 (Rev. 10-2025)

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 Sheriffs' or Criminal Justice Standards Division is <u>NOT</u> responsible for payment.

Mail form to hiring agency or individual

DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date:						
Name:	nst					
					Middle	
		_ Last 4 Digits of SSN				
Employing Age	ncy:					
Vitals						
Height:		Weight:				
Blood Pressure:		Heart Rate:		SP02:		RR:
ECG:						
Vision						
Visual Acuity	(If applicant wears	glasses or contacts, to	est and record	d acuity wi	th and without gla	sses/contacts)
Without glasse	s: R - 20 /	L - 20 /	Both - 20 / _		Meets Standards	Does Not Meet Standards
With glasses:	R - 20 /	L - 20 /	Both - 20 / _		Meets Standards	Does Not Meet Standards
With contacts:	R - 20 /	L - 20 /	Both - 20 / _		Meets Standards	Does Not Meet Standards
Color Percept	<u>ion</u>					
Normal	Abnormal:			_ Meet	s Standards Doe	es Not Meet Standards
Visual Fields						
Normal Abnormal:		_ Meet	s Standards Doe	es Not Meet Standards		
Hearing						
Hearing Acuity	<u>y</u> (Audiogram)	Check if Assisted Device	e Used by Patien	nt Yes	No	
Right Ear	Normal Abnorma	al:			Meets Standards	Does Not Meet Standards
Left Ear	Normal Abnorma	al:			Meets Standards	Does Not Meet Standards

Examination					
HEENT: Cardiac Examination: Peripheral Circulation: Lungs: Abdomen: Musculoskeletal: Neurological: Skin:	Normal Abnorma Normal Abnorma Normal Abnorma Normal Abnorma Normal Abnorma Normal Abnorma	1			
Screening					
Tuberculosis Questionnaire (F-	Abnormal	Yes No	Additional Screening Required:	Yes	_ No
Certification					
No Yes: Do you have any reservation No Yes: Meets Standards - Clea Does Not Meet Standar Does Not Meet Standar I have read and fully unders Officers in the State of North	red ds - Further Evalu ds - Disqualified stand the Medical Sc h Carolina Impleme	ation Requirereening Guidentation Manua	ed	duties? Criminal on our w	Justice vebsite at:
Signature of Qualified N	Medical Professional		Medical License #		Date
Practice Information					
Name:		Phone #:	Email:		
Address:		City:	State:	Z	Zip: