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

State: Zip:

Medical Examination Report Addendum

Form F-2B (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:

Address:

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:Last			
Date of Birth:	Last 4 Digits of SSN:		
Employing Agency:			
Additional Exam Notes			
C 1000 10			
Certification			
Meets Standards - Cleared			
Does Not Meet Standards - Further Evaluation Required			
Does Not Meet Standards - Disqualified			
I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice			
Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:			
https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/			
Signature of Qualified Medica	al Professional	Medical License #	Date
Practice Information			
Name:	Phone #:	Email:	

City: