



**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. 01/18)

**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**