Minimum Medical Qualifications for Law Enforcement Officers, Justice Officers, Corrections Officers, Juvenile Justice Officers, Court Counselors, Chief Court Counselors, Detention Officers, and Telecommunicators

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA SHERIFF'S EDUCATION AND TRAINING STANDARDS COMMISSION

(Rev. 08/2025)

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INTRODUCTION

The following guide was developed by a committee of physicians with expertise in law enforcement medicine, occupational health, neurology, neurosurgery, hematology, and various other medical specialties. This document specifically outlines the minimum medical qualifications for individuals seeking certification and employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator in the State of North Carolina. This document provides guidance for initial fitness for duty evaluations. It is not intended to address maintenance of certification, although regular medical fitness for duty evaluations are strongly encouraged by the committee.

Medical fitness for duty examinations should be performed by a qualified medical professional to include physicians, physician assistants, and nurse practitioners. The medical professional should maintain an active certification in the United States. The medical professional should have an understanding of the essential job functions of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator. The medical professional should also have an understanding of the agency-specific essential job functions of the position the candidate is seeking.

This document addresses many common conditions that may affect medical fitness for duty, however it is not comprehensive. Any candidate who is found to have a condition or exam finding that is not addressed in this document should be referred to a qualified medical provider with expertise in the condition of concern for further evaluation.

This document does not address psychological fitness for duty evaluations including attention deficit disorder, attention deficit and hyperactivity disorder, anxiety, depression, bipolar disorder, post-traumatic stress disorder, substance use disorder, obsessive-compulsive disorder, and personality disorder. Any reported history of these or other psychologic conditions should be reported to the qualified medical professional for further evaluation.

REASONABLE ACCOMMODATIONS

If a condition is identified on evaluation that could potentially be disqualifying, the medical examiner may choose to make recommendations to the employing agency for accommodations. Ultimately, the employing agency is responsible for determining if these recommendations are reasonable in compliance with the Americans with Disabilities Act. These recommendations do not apply to conditions deemed to be absolutely disqualifying, as described in this document.

MINIMUM COMPONENTS OF THE CLINICAL TESTS

The examiner shall obtain a comprehensive medical history based on review of the candidate's completed Medical History Statement (Form F-1) and administer a medical screening examination which includes, but is not limited to, the following components:

Mandatory Tests:

1) Comprehensive Physical Examination:
    a. Height
    b. Weight
    c. BMI calculation
    d. Vital Signs (Heart Rate, Respiratory Rate, Blood Pressure, SpO2)
    e. Vision (visual acuity, visual field, color vision)
    f. Hearing
    g. Cardiovascular
    h. Pulmonary
    i. Gastrointestinal
        i. Hernia (not required for telecommunicator candidates)
    j. Musculoskeletal
    k. Neurological
2) Sickle Cell Disease Screening
3) Hepatitis B Titers
4) Tuberculosis Screening Tool (May also require additional testing with Mantoux and/or chest x-ray if indicated based on positive screening tool, expected work with incarcerated populations, or residential academy.)
5) Urine dip test or Urinalysis
6) Electrocardiogram (ECG)
7) Urine drug screen

Recommended Tests:

It is strongly recommended that additional laboratory and neurological testing be performed to guide fitness for duty determinations. This additional testing may also assist with directing counseling for the candidate regarding the physical demands of training and employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer. Telecommunicator candidates are also at increased risk for complications of cardiovascular disease and diabetes due to the high stress, sedentary nature of the job. The following testing is strongly recommended but not required:

1) Complete Blood Count
2) Complete Metabolic Panel
3) Lipid Panel
4) Hemoglobin A1c (required for patients with BMI >/= to 30, or candidates 35 y/o or greater)
5) Baseline SCAT5 testing (not indicated for telecommunicator candidates)

Other Testing

Additional testing may be considered based on the needs of the agency, essential job functions of the position, or health history of the candidate. These tests include, but are not limited to:

1) Pulmonary Function Testing
2) Exercise Tolerance Testing (Bruce protocol)
3) Lead Testing
4) Additional laboratory testing (i.e. thyroid function, albumin/creatinine ratio, prostate specific antigen)

Body Mass Index (BMI)

Higher BMI has been shown in law enforcement officers to be associated with lower exercise tolerance, higher rates of cardiovascular disease risk factors, and even workplace injury. Cutoff demonstrating greatest risk is at a BMI greater than or equal to 30 for all candidates.

Law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer and telecommunicator candidates with BMI greater than or equal to 30 warrant further workup to rule out metabolic syndrome, including evaluations for hypertension, diabetes, and hyperlipidemia. All candidates with a BMI greater than or equal to 30 should have a Hemoglobin A1c test to rule out diabetes mellitus.

Exercise tolerance testing (Bruce protocol) should also be considered for candidates with a BMI greater than or equal to 30 due to the increased risk for cardiovascular disease.

Sports Concussion Assessment Tool (SCAT)

SCAT can be useful as a tool to assess for concussion symptoms. Obtaining a baseline assessment prior to participation is helpful, as a 3.5 point drop in SCAT testing had 96% sensitivity and 81% specificity in detecting concussion. Without baseline scoring, this went down to 83% sensitivity and 91% specificity as a screening tool for concussion. An example of the SCAT can be found at: Sport concussion assessment tool - 5th edition

Exercise Tolerance Testing

If any of the below are present, exercise tolerance testing (Bruce protocol) should be considered prior to a candidate participating in standard exercise regimens:

1. Age >35
2. Diabetes Mellitus
3. Hypertension
4. Smoking
5. Asthma

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EYES AND VISION

The examiner is to note any condition which may interfere with the candidate's ability to perform the essential tasks of the job in question. If any of these conditions are controlled, then they may be non-disqualifying.

1. Visual Acuity:

1.1 Uncorrected vision: All law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer and telecommunicator candidates should meet an uncorrected standard not worse than 20/200 (Snellen) for both eyes together.

1.2 Corrected vision: Corrected version (glasses or contacts) should be at least 20/30 (Snellen) in each eye and both eyes together. The examining qualified medical professional should take note of relevant OSHA and NFPA 1500 rules and prohibitions concerning use of contact lenses other than "soft" lenses and use of hard frames. Those candidates who use soft contact lenses, should have successful use for at least one year.

2. Color Vision: Any color vision deficiency should be noted on evaluation however total color blindness is grounds for disqualification. This requirement does not apply to telecommunicator candidates.

A candidate should be able to identify images on at least 9 of the first 13 plates of the 24-plate Ishihara test. If the candidate is unable to complete this task, more extensive testing may be performed by a qualified optometrist or ophthalmologist at the candidate’s expense. Additional testing should include the Farnsworth-Munsell 100 Hue-Test or other method of similar efficacy. Results should be submitted in writing.

3. Depth Perception: For law enforcement officer, corrections officer, juvenile justice officer and detention officer candidates, depth perception should be sufficient to demonstrate normal stereo depth perception with or without correction to the standard: 80 ARC seconds.

4. Visual Fields: law enforcement officer, corrections officer, juvenile justice officer and detention officer candidates must have adequate peripheral vision to perform the essential tasks of entry-level law enforcement, detention, and telecommunicator candidates. A candidate with reduced visual fields <85 degrees in each eye is disqualifying. Candidates with reduced visual fields may be referred for additional evaluation by a qualified optometrist or ophthalmologist at the candidate’s expense. Results should be submitted in writing.

5. Night Blindness A history of night blindness should be evaluated to determine the candidate's capacity to perform essential tasks at night or in dark settings. If candidate has a history of night blindness, a Night Blindness Test must be conducted by a qualified optometrist or ophthalmologist. This does not apply to telecommunicator candidates.

6. Refractive Surgery: A history of refractive surgery is not disqualifying. Additional evaluation or documentation from a qualified ophthalmologist may be indicated below.

6.1 Post-operative Night Blindness: If a candidate has undergone the procedure and has a history of night blindness, a Night Blindness Test must be conducted by a qualified ophthalmologist. This does not apply to telecommunicator candidates.

6.2 Chemical exposure: If a candidate has a history of refractive surgery within one year of medical evaluation, they should obtain documentation from a qualified ophthalmologist stating when it is safe for the candidate to be exposed to chemical irritants such as oleoresin capsicum (OC), CS and CN.

7. Monovision: Due to the need for depth perception and peripheral vision, candidates with monovision (congenital or acquired) may be disqualified. Candidates with monovision should be referred to a qualified medical provider to ensure they are able to perform the essential job functions such as precision driving, firearms use and fine motor skills, among other tasks. This requirement does not apply to telecommunicator candidates.

8. Other Eye Conditions: Candidates with the following conditions should be referred to a qualified ophthalmologist, as deemed appropriate by the medical examiner. Special attention should be made on safety of potential chemical exposures and respirator use and expected disease progression.

Glaucoma
Diabetic Retinopathy
Macular Degeneration
Ophthalmic Vein Thrombosis
Retinal Artery Occlusion
Retinal Detachment
Other conditions that could affect vision

EARS AND HEARING

The examiner is to note any condition which may interfere with the candidate's ability to perform the essential tasks of the job in question.

1 Hearing Acuity

1.1 Testing: The candidate must have hearing in both ears sufficient to perform essential tasks without posing a direct threat to themselves or others. An audiometer should be used to assess hearing. A whisper test is not sufficient. The following frequencies should be tested: 500, 1000, 2000, 3000, 4000, 6000 Hz. Testing at 8000 Hz is recommended but not required.

1.2 Unilateral hearing loss: The candidate should not have a loss greater than 40 dB at any frequency in either ear.

1.3 Average hearing loss: There should be no average loss greater than 25 dB at any frequency.

1.4 Asymmetric hearing loss: There should be no asymmetric hearing loss greater than 15dB at 500, 1000, or 2000 Hz or greater than 30dB at 3000 Hz, 4000 and 6000 Hz.

1.5 Additional evaluation: Evaluation by a qualified otolaryngologist or audiologist at the candidate’s expense should be performed if any of these requirements are not met. If the derangement can be corrected with hearing aids or other devices, the candidate may still be considered for fitness for duty.

2. Hearing aids: Use of a hearing aid by a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer is on a case-by-case basis. Use of a hearing aid is acceptable for telecommunicator candidates. Hearing aids are battery-powered electronic

circuits with a miniature microphone and speaker. They amplify sound at different amounts at different frequencies to restore functional hearing. Unfortunately, they do not always restore hearing to functionally normal. They can improve sound detection, but sound localization is difficult to restore. If they are shown to return functional hearing in a candidate, the aid needs to be worn at all times during field duties. Even then, the aid requires frequent monitoring to ensure that it is providing and continues to provide the expected benefit. The candidate will, at the candidate's expense, be evaluated by an audiologist to: a) evaluate whether the aids are working properly and review the fitting program/setting, b) determine whether the functional gain is both physiologic and appropriate for subject's hearing loss, c) perform Hearing In Noise Test (HINT) in noise and quiet, and d) a report of the examination and findings shall be sent to the examiner.

3. Cochlear Implants, Bone-Anchored Hearing Aids, Auditory Brainstem Implants, and other surgical interventions: Candidates with other hearing intervention devices with demonstrated correction of hearing deficits may be considered. Any candidate who may be exposed to an electrical conduction device, water (swiftwater rescue) or head trauma (defensive tactics) should have documentation from a qualified otolaryngologist providing clearance for these activities.

4. Ear Disorders

4.1 Otitis Media, Otitis Externa, And Mastoiditis

If the candidate meets Hearing Acuity guidelines and the condition is resolved or improving under adequate medical care, then the condition is non-disqualifying.

4.2 Any Inner/Middle/Outer Ear Disorder Affecting Equilibrium

If the candidate has historically had episodes of vertigo, including due to Meniere's disease and benign paroxysmal positional vertigo, further evaluation by a qualified otolaryngologist or neurologist may be required.

4.3 Any External Ear Deformity Any external ear deformity that prevents the use of personal protective equipment may be a disqualifying condition and should be evaluated further by a qualified otolaryngologist or audiologist.

References

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CARDIOVASCULAR

Training and occupational challenges for law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, or detention officers require sustained maximal levels of exercise tolerance and strength. The candidate, and subsequently the cadet and officer, is also exposed to physical trauma implying unacceptable risk from needed anticoagulation, medications or implanted pacemakers or defibrillators. The examiner, therefore, must search for cardiovascular conditions that might put the candidate at risk of sudden collapse or death. Judgments on a finding for or against fitness for duty may require expert use and interpretation of tests including electrocardiograms, echocardiograms, maximal exercise tolerance tests (Bruce protocol), cardiac catheterization, electrophysiologic procedures, magnetic resonance imaging, and others.

The most recognized components of the initial screening cardiovascular examination follow:

Medical history*
Personal history
1. Chest pain/discomfort/tightness/pressure related to exertion
2. Unexplained syncope/near-syncope†
3. Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise
4. Prior recognition of a heart murmur
5. Elevated systemic blood pressure
6. Prior restriction from participation in sports
7. Prior testing for the heart, ordered by a physician
Family history
8. Premature death (sudden and unexpected, or otherwise) before 50 y of age attributable to heart disease in ≥1 relative
9. Disability from heart disease in close relative <50 y of age
10. Hypertrophic or dilated cardiomyopathy, long-QT syndrome, or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members
Physical examination
11. Heart murmur‡
12. Femoral pulses to exclude aortic coarctation
13. Physical stigmata of Marfan syndrome
14. Brachial artery blood pressure (sitting position)§

TABLE 2
The 14-Element American Heart Association Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes

*—Parental verification is recommended for high school and middle school athletes.
†—Judged not to be of neurocardiogenic (vasovagal) origin; of particular concern when occurring during or after physical exertion.
‡—Refers to heart murmurs judged likely to be organic and unlikely to be innocent; auscultation should be performed with the patient in both the supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.
§—Preferably taken in both arms.

Am Fam Physician. 2021; 103(9):539-546.

1. Hypertension

Resting Blood Pressure should be less than or equal to 150 mmHg systolic and 90 mmHg diastolic.

If Systolic Blood Pressure is greater than 150 mmHg or Diastolic Blood Pressure is greater than 90 mmHg, the candidate should provide documentation from a qualified medical professional that blood pressure is being addressed through medication and/or diet and exercise, and is well-controlled. The candidate should also be asymptomatic for any headaches, chest pain, or other disabling conditions. If, upon re-evaluation by a qualified medical professional, the candidate's blood pressure is within the required parameters, documentation should be provided attesting to this.

If the candidate has controlled hypertension (prehypertension or stage I hypertension) not exceeding the above standard and is on medication with side effect profiles that do not interfere with performance of essential job functions, the candidate may be considered for fitness for duty.

2. Electrocardiogram (EKG)

EKG should be obtained for all law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates. Electrocardiographic interpretation of an EKG is influenced by the patient's history, presence or absence of symptoms, by many conditions such as stress, medications, fever and others. Any candidate with ECG abnormalities should be referred for further evaluation. The following is a chart addressing ECG findings from the International Recommendations for Electrocardiographic Interpretation in Athletes.

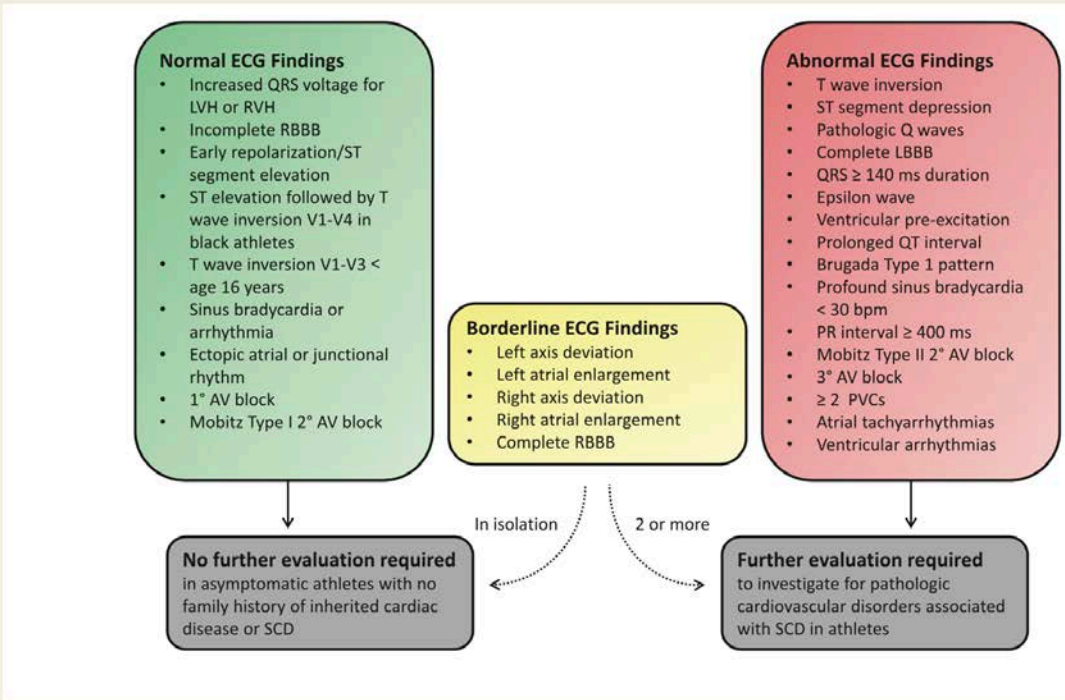

Figure 1 International consensus standards for electrocardiographic interpretation in athletes. AV, atrioventriular block; LBBB, left bundle branch block; LVH, left ventricular hypertrophy; RBBB, right bundle branch block; RVH, right ventricular hypertrophy; PVC, premature ventricular contraction; SCD, sudden cardiac death.

Adapted with permission from Maron BJ, Friedman RA, Kligfield P, et al. Assessment of the 12-lead ECG as a screening test for detection of cardiovascular disease in healthy general populations of young people (12-25 years of age): a scientific statement from the American Heart Association and the American College of Cardiology. Circulation. 2014; 130(15): 1305.
The following is a list of cardiovascular conditions that justify rejection or referral prior to a recommendation for acceptance.

3. Congenital or valvular heart disease

3.1 Due to the high risk for sudden cardiac death and other complications, the following conditions are disqualifying:

- Aortic stenosis
- Mitral stenosis
- Coarctation of the aorta
- Tetralogy of Fallot
- Transposition of great vessels
- Truncus arteriosus
- Coronary artery dissection
- Coronary artery aneurysm (as with Kawasaki disease)
- Abnormal origin of any coronary artery
- Marfan syndrome
- Bicuspid aortic valve associated with suspected aortopathy

3.2 Candidates with the following conditions should be referred to a qualified cardiologist for further evaluation and clearance, regardless of whether they have had surgical repair or ablation of the condition. Evaluation should include electrocardiography, transthoracic echocardiography, and exercise stress test.

- Aortic regurgitation
- Mitral regurgitation
- Mitral valve prolapse syndrome
- Pulmonic stenosis
- Pulmonary regurgitation
- Ventricular septal defect
- Atrial septal defect

4. Cardiomyopathies

4.1 Due to the high risk for sudden cardiac death and other complications, the following conditions are disqualifying:

- Hypertrophic cardiomyopathy
- Dilated cardiomyopathy
    - Ischemic cardiomyopathy
    - Any non-ischemic cardiomyopathy
    - Non-compaction of the ventricular myocardium
- Sarcoidosis involving the heart
- Amyloidosis involving the heart

Arrhythmogenic cardiomyopathy. (previously known as arrhythmogenic right ventricular cardiomyopathy)

4.2 Candidates with the following conditions should be referred to a qualified cardiologist for further evaluation and clearance, regardless of whether they have had surgical repair or ablation of the condition. Evaluation should include electrocardiography, transthoracic echocardiography, and exercise stress test.

Any history of myocarditis or pericarditis

5. Inherited or acquired arrhythmogenic syndromes

5.1 Due to the high risk for sudden cardiac death and other complications, the following conditions are disqualifying:

Long QT syndromes
Short QT syndromes
Catacholaminergic polymorphic ventricular tachycardia
Brugada syndrome
Idiopathic ventricular tachycardia.
Second degree heart block type II or third degree heart block
Congenital heart block
Complete left bundle branch block
Wolff-Parkinson-White (WPW) syndrome
Atrial fibrillation treated with anticoagulation
Need for any implanted device: pacemaker, automatic internal cardiac defibrillator

5.2 Candidates with the following conditions should be referred to a qualified cardiologist for further evaluation and clearance, regardless of whether they have had surgical repair or ablation of the condition. Evaluation should include electrocardiography, transthoracic echocardiography, and exercise stress test.

Intermittent supraventricular tachycardia
` Intermittent atrial fibrillation or history of ablation for atrial fibrillation
History of recurrent or unexplained syncope or near syncope
History of recurrent palpitations

6. Coronary heart disease

6.1 Due to the high risk for sudden cardiac death and other complications, the following conditions are disqualifying:

Symptoms suggesting angina pectoris
History of acute myocardial infarction (STEMI or non-STEMI)

6.2 Any history of evaluation by a medical provider for chest pain or a possible coronary syndrome is disqualifying until the evaluation is reviewed and documented to show no evidence of coronary heart disease. Clinical history of suspected coronary heart disease includes:

History of acute myocardial infarction (STEMI or non-STEMI)
History of cardiac catheterization, coronary angiography, computed coronary tomographic angiography, myocardial perfusion imaging, myocardial magnetic imaging, or exercise stress test

6.3 Use of medications for purely primary prevention of coronary or other atherosclerotic diseases including statin agents, antihypertensive agents, and other similar medications is non-disqualifying.

References:

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ENDOCRINE

1. Thyroid

1.1 Hyperthyroidism

Hyperthyroid conditions include but are not limited to Grave's disease, toxic multinodular goiter, toxic adenoma, thyroiditis, medication. History of hyperthyroidism is not a disqualifying condition however some comorbidities may be disqualifying. Additional blood work needed for medical clearance includes TSH in physiological range (euthyroid). T3 and Free T4 should also be considered.

Manifestations of hyperthyroidism that require referral to a qualified medical provider for further evaluation and clearance include:

Cardiovascular symptoms (arrhythmias, High output Heart failure, hypertension) should be managed per cardiovascular section including evaluation with an echocardiogram, exercise tolerance test or other tests, as indicated. Anticoagulation use is a disqualifying medication. Most patients with hyperthyroid-related cardiovascular conditions may meet standards once treatment is initiated and euthyroid, which can take up to 6-8 weeks.

Vision symptoms (proptosis, diplopia, light sensitivity, decrease visual acuity, among others). If diplopia or severe decreased visual acuity are present, the candidate should be referred to a qualified ophthalmologist for further evaluation and clearance.

Mental health symptoms (psychosis, anxiety disorders, bipolar disorders) may be a disqualifying condition. Psychological assessment is not addressed in these guidelines.

Musculoskeletal symptoms (proximal muscle weakness, paralysis, tremors) may be a disqualifying condition and should necessitate referral to a qualified medical provider for further evaluation and clearance.

Disqualifications related to complications of hyperthyroidism may be reassessed in 4-6 weeks post-treatment.

1.2 Hypothyroidism

Hypothyroid conditions include but are not limited to Hashimoto's disease, thyroiditis, congenital hypothyroidism, surgical removal of thyroid, radiation treatment of thyroid. Hypothyroidism is not a disqualifying condition however some comorbidities may be disqualifying. Additional blood work needed for medical clearance includes TSH in physiological range (euthyroid). T3 and free T4 should also be considered.

The primary concern in patient with known or new hypothyroidism are the cardiovascular, neuromuscular, and mental health symptoms that may arise. These complications include:

Cardiovascular symptoms (arrhythmia, HTN, CHF, among other) should be managed per cardiovascular section including evaluation with an echocardiogram, exercise tolerance test or other tests, as indicated. Anticoagulation use is a disqualifying medication. Most patients with hypothyroid

related cardiovascular conditions may meet standards once treatment is initiated and euthyroid which can take up to 6-8 weeks.

Psychiatric conditions (depression, mood instability, mild cognitive dysfunction) should be managed by psychiatry evaluation and recommendations. Candidates who have been identified to have psychiatric conditions related to hypothyroidism may meet criteria once hypothyroidism is treated. Psychological assessment is not addressed in these guidelines.

Hypothyroidism without complications is not a disqualifying factor.

Candidates with hypothyroidism and hyperthyroidism can perform their duties effectively with proper medical management. Maintaining stable thyroid hormone levels through regular testing and medication is essential for safety and performance. Disqualifying factors typically include uncontrolled thyroid levels or severe symptoms that impair cognitive or physical abilities.

2. Diabetes Mellitus

Well controlled Diabetes Mellitus (DM) is not a disqualifying condition. The goal is to ensure that the candidate with DM can perform the duties safely and effectively while managing their health condition. Hemoglobin A1C (HbA1c) should be considered for all candidates 35 years old and greater and shall be obtained in all candidates with a history of DM.

Uncontrolled diabetes is a disqualifying condition. An HbA1c level above 8% indicates poor long-term glucose control. The A1C does **not** provide a measure of glucose variability (the daily highs and lows) or hypoglycemia. Blood glucose logs to determine the variability and stability of blood glucose should be reviewed by the examiner. This is especially important for patients currently treated with insulin or sulfonylureas due to the higher risk of hypoglycemic events that could affect a candidate's alertness and decision-making abilities.

Examiners should perform a thorough history and physical examination of candidates with a history of DM, with specific attention on potential diabetes-related complications. These complications include:

Diabetic retinopathy causing visual impairment. Severe decreased visual acuity would be a disqualifying condition.
Neuropathy that impairs motor skills or reflexes, would be a disqualifying condition.
Cardiovascular complications should be managed per cardiovascular section with.
Renal complications that impact overall health and limit the applicant's ability to perform essential job functions.
Frequent or severe hypoglycemic episodes.
Inability to recognize hypoglycemia is a disqualifying condition.
Medication adherence or management that should be managed and controlled by PCP and/or endocrinologist > 6 months.

Candidates with a history of uncontrolled DM (HbA1C >8%, a history of hospitalizations for glucose emergencies, or long-term complications as listed above) should be referred to a qualified medical provider for further evaluation and clearance.

3. Adrenal Insufficiency

Adrenal insufficiency can affect a person's ability to handle stress and physical tasks because of symptoms and the risk of an adrenal crisis. Adrenal insufficiency may be congenital, inherited (Addison's disease), or acquired (chronic steroid use or adrenalectomy). Treatment involves lifelong hormone replacement and any stressors such as infection and injury could trigger an adrenal crisis. If the condition is well-managed, with no associated symptoms, the candidate may be fit for duty. However, if the condition is poorly controlled or causes frequent health problems, it may be disqualifying. Candidates with a history of adrenal insufficiency should be referred to a qualified medical provider for further evaluation and clearance.

Evaluation may include a morning cortisol test and ACTH Stimulation test.

References

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GASTROINTESTINAL

Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, and telecommunicators with gastrointestinal (GI) conditions must adhere to established medical guidelines to ensure their safety, operational readiness, and overall well-being. A comprehensive gastrointestinal history should be obtained, with a particular focus on prior surgeries, inflammatory bowel disease, and other significant GI conditions.

Gastrointestinal conditions that cause chronic pain, unpredictable symptoms, or require ongoing medication—such as inflammatory bowel disease (IBD), severe gastroesophageal reflux disease (GERD), or conditions necessitating immunosuppressive therapy—may pose significant occupational challenges. Candidates must also avoid treatments that could impair alertness, mobility, or hydration status, such as long-term opioid use, frequent restroom needs, or dependence on total parenteral nutrition. Therefore, medical examiners must assess for GI disorders that could compromise duty performance or lead to incapacitation.

Certain gastrointestinal conditions may require additional evaluation and medical clearance from a specialist. The following list outlines key information that should be documented by a qualified medical provider to ensure a thorough assessment of full-duty fitness.

1. Esophageal Disease

1.1 Gastro-Esophageal Reflux Disease

Candidates with Gastroesophageal Reflux Disease (GERD) are evaluated based on symptom severity, treatment, and medical history to determine their fitness for duty. Severe or uncontrolled difficulty swallowing (dysphagia) may be disqualifying, while esophageal conditions causing significant pain or physical limitations require careful assessment. Medications that could impair job performance or safety may need further review. A history of serious complications, such as strictures or Barrett's esophagus, should be documented and evaluated. Candidates who have undergone surgical treatments like fundoplication or esophageal dilation within the past year must obtain medical clearance to confirm full recovery and ability to perform essential job functions.

1.2 Eosinophilic Esophagitis

Candidates with Eosinophilic Esophagitis (EoE) are assessed based on symptoms, treatment, and medical history. Difficulty swallowing (dysphagia) may increase the risk of choking, while chest or abdominal pain can affect physical tasks. Those with well-controlled EoE and no major limitations may be fit for duty, but medications affecting alertness or performance require review. Severe cases, including frequent esophageal dilations or emergency care, may need extra clearance. Candidates who had recent procedures must provide specialist approval to confirm full recovery.

2. GI Ulcers (Gastric or peptic)

Medical evaluations for stomach ulcers should assess current symptoms, severity, and impact on physical performance. Frequent abdominal pain, nausea, or discomfort may affect a candidate's ability to perform demanding law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator tasks. Medication usage and effectiveness

must be reviewed, especially if the treatment affects alertness, stamina, or safety. Certain medications or uncontrolled symptoms may require further assessment or be disqualifying condition.

3. Inflammatory Bowel Disease (Crohn's disease and Ulcerative colitis) and Irritable Bowel Syndrome

IBD itself is not an automatic disqualifying condition from employment however there are additional considerations to evaluate fitness for duty. Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers and telecommunicators must be able to perform essential job functions including long shifts and emergency response. Telecommunications personnel must remain at their workstation for extended periods, which can be challenging for individuals with IBS or IBD. Severe cases with frequent hospitalizations, inability to maintain hydration/nutrition, or incapacity to perform duties require referral to a qualified medical provider for further evaluation and clearance. Candidates should also provide written documentation of disease course, including any associated surgeries, hospitalizations, treatments, and complications.

4. Gastrointestinal Hernias

Hernias can significantly impact a candidate's ability to perform the physical tasks required for law enforcement officer, corrections officer, juvenile justice officer, detention officer, and telecommunicators roles. Untreated inguinal or abdominal hernias may restrict movement and pose a risk of medical emergencies during strenuous activities.

Symptomatic hernias (causing pain or limited mobility) are generally disqualifying due to the risk of incarceration or strangulation. If surgical intervention was performed, details such as procedure type (open vs. laparoscopic), date, and any complications must be documented. Recovery times typically range from 4–6 weeks, and if surgery occurred within a year of application or academy enrollment, a surgical clearance may be required to confirm fitness for duty.

Any law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates with hernias should be referred to a qualified medical provider for further evaluation and clearance. Clearance is not required for telecommunicator candidates.

5. Abdominal surgeries

Abdominal surgery during the preceding 6 months, including cesarean section, is a disqualifier. Uncomplicated laparoscopic surgeries may meet the standard after 3 months with surgeons' clearance. Surgery performed less than 1 year from application/initiation of the academy or job may require a surgical clearance for fitness for duty.

5.1 Bowel obstruction or perforation

A candidate with a history of bowel obstruction or perforation may be considered fit for duty if the condition is stable, well-managed, and does not affect performance or safety. A medical clearance from a qualified surgeon or gastroenterologist is required to confirm there are no lingering issues such as infections, adhesions, or bowel function abnormalities. Reversible causes (e.g., adhesions, tumors, or ulcers) are not disqualifying if treatment has resolved the issue without long-term complications.

However, progressive or unknown causes may be disqualifying due to the higher risk of medical emergencies under physical and high-stress conditions. If the obstruction/perforation is linked to chronic conditions like Crohn's disease or diverticulitis, the candidate must show effective medical management with a low risk of recurrence. The overall assessment focuses on ensuring the candidate can safely perform all essential job functions without a significant risk of obstruction during duty.

5.2 Bariatric Surgeries

Bariatric surgery can affect a candidate's health, energy levels, and ability to handle physical tasks, so a thorough recovery assessment is important. The type of surgery (gastric sleeve, Roux-en-Y, or gastric bypass) and at least one year of recovery without complications are key factors for medical clearance. Since these surgeries can cause nutrient absorption issues, candidates must manage vitamin and mineral deficiencies to prevent fatigue, weakness, or anemia. Some may also experience complications like dumping syndrome, GERD, or gallstones, which could impact job performance. A medical clearance by a qualified medical provider should confirm that the candidate has no major health issues and can safely perform physically demanding or high-stress duties. The goal is to ensure they have the strength and stamina needed for the job.

5.3 Bowel Resection Surgery

Bowel resection surgery can vary in extent, from removing small sections of the intestine to more complex procedures. If the underlying condition (such as obstruction, ulcerative colitis, or diverticulitis) has been successfully treated and the candidate has no symptoms, the surgery itself is not disqualifying. However, complications like chronic diarrhea, recurring bowel obstructions, motility issues (ileus or partial small bowel obstruction), or the need for a colectomy/ileostomy may affect job performance and could be disqualifying. Candidates must demonstrate good bowel function and no major ongoing issues that would interfere with their duties. Medical clearance by a qualified medical provider is required to confirm the candidate can safely handle physical and high-stress tasks.

6. Hepatobiliary Diseases

6.1 Gallstones/Cholelithiasis

A history of gallstones is not disqualifying; however, a thorough history should be obtained including any surgeries, treatments, recurring symptoms, or complications. If a candidate has any recurring symptoms or complications, a referral to a qualified medical provider may be considered.

6.2 Gilbert's syndrome

For candidates with a history of Gilbert's syndrome, the medical guidance is generally favorable. Gilbert's syndrome is considered a benign condition that typically does not disqualify candidates from law enforcement officer, corrections officer, juvenile justice officer, detention officer or telecommunicator positions. The most common symptom is mild jaundice, which usually does not affect job performance. Some individuals may experience fatigue, which could impact alertness during long shifts, and gastrointestinal issues such as nausea or an upset stomach, which may cause discomfort during active duty. While these symptoms are typically mild, candidates should be aware of their potential effects on physical performance and endurance. Overall, Gilbert's syndrome alone is not disqualifying, but

symptom management should be considered for demanding law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer roles. Candidates should also be counseled on the importance of proper hydration, especially in the setting of heavy physical exertion and viral gastrointestinal illness, as these conditions can exacerbate the condition.

6.3 Hepatitis

Hepatitis can impact a candidate's ability to perform the essential job functions in several ways, depending on the type and stage of the infection. Candidates with a history of hepatitis seeking employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator must be referred to a qualified medical provider for further evaluation and clearance. Candidates with chronic hepatitis B may safely perform all essential job tasks with a viral load of <1000 IU/mL

6.4 Cirrhosis

Cirrhosis can significantly affect a candidate's ability to perform essential job functions. It may cause muscle weakness, fatigue, and reduced strength, making it hard to perform physical tasks and maintain stamina required for long shifts. Advanced disease can affect mental alertness, decision making capabilities among many other physical concerns.

Cirrhosis (alcoholic or non-alcoholic) is usually a disqualifying condition. Candidates with milder cases may be considered and should be referred to a qualified medical provider for further evaluation and clearance.

6.5 Non-alcoholic Steatohepatitis (NASH) NASH

NASH may be disqualifying depending on the disease severity and impact on overall health. Advanced fibrosis (F3) or cirrhosis (F4) increases the risk of serious liver problems, which may limit physical performance and lead to disqualification. However, mild NASH (F0-F1 fibrosis) usually has good prognosis and can often be managed with lifestyle changes like weight loss and exercise. Candidates with mild disease may be fit for duty if they have no major health complications affecting job performance. Candidates should be referred to a qualified medical provider to ascertain level of disease and overall health to determine qualifying status.

6.6 Hereditary Hemochromatosis

Candidates with hereditary hemochromatosis should be based on the severity of iron overload and the presence of end-organ damage. Candidates with significant organ involvement, such as advanced liver disease (cirrhosis), cardiomyopathy, or diabetes, would be considered a disqualifying condition, while well-managed HH without significant organ damage may be considered a qualifying condition with documentation by patient gastroenterologist of stable condition.

6.7 Pancreatitis

An isolated history of pancreatitis is not disqualifying. Candidates with a history of chronic or recurrent pancreatitis should be referred to a qualified medical provider for further evaluation and clearance. Severe chronic pancreatitis, with constant pain requiring narcotics, digestive issues (weight loss,

malnutrition), or diabetes, may disqualify candidates due to its impact on job performance. However, well-managed pancreatitis without major complications may be considered, depending on the candidate's overall health and ability to perform the essential job functions.

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HEMATOLOGY

There are a variety of hematologic conditions which may significantly increase the risk of morbidity and mortality in the setting of heavy exertion and dehydration as well as isolated or repetitive trauma. Certain conditions may be disqualifying due to the inability to make reasonable accommodations based on the essential job functions of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer. These conditions should not be disqualifying for telecommunicator candidates.

1. Sickle Cell Trait
Individuals with sickle cell trait (SCT) generally do not experience symptoms and have normal life expectancy. However, they may be at increased risk for exertional rhabdomyolysis and heat-related illnesses during intense physical activity

No routine screening for SCT is recommended. Recruits may know that they have SCT based on family history or prior testing. Hemoglobin electrophoresis or high-performance liquid chromatography (HPLC) can be done to confirm the presence of SCT.

Candidates with SCT should be counseled on the following:

a) Ensure proper hydration and allow for adequate rest periods during training or after periods of intense physical activity
b) Educate candidates on recognizing early symptoms of heat-related illnesses.

If the individual is asymptomatic and has no history of exertional complications, they may be cleared with recommendations for proper hydration and monitoring during physical activities. If there is a history of complications, especially in the setting of exertion, candidates should be referred to a qualified hematologist for further evaluation.

2. Sickle Cell Disease

Most adults with sickle cell disease (SCD) may have complications that preclude employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counseor, detention officer, or telecommunicator. Specifically, these individuals often have chronic anemia, joint and bony disease (e.g. osteonecrosis of the bone), strokes, eye disease (retinopathy), increased risk for infections, hypoxia, acute pain episodes and chronic pain. These complications often lead to decreased physical performance, and these individuals are susceptible to acute pain episodes or other complications after physical exertion. Other triggers include change in ambient temperature, stress, infections/inflammation, and various other exposures.

All candidates should be tested for sickle cell disease. Candidates with active sickle cell disease should be excluded as they are unlikely to meet the physical requirements of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer. Telecommunicator candidates should be referred to a qualified hematologist for additional evaluation and clearance.

Some individuals with well-controlled disease (e.g. after transformative treatments such as stem cell transplant/gene therapy), or those with variant genotypes with minimal symptoms may be appropriate after demonstrating an extended period of stability. These individuals, which comprise a minority of the SCD population, will require a detailed assessment by a hematologist experienced in managing SCD for clearance for roles requiring physical exertion. Clearance generally may be granted for non-strenuous roles with regular medical follow-ups, provided the capacity for tailored work accommodations.

3. General Anemia

Anemia (typically due to iron deficiency) is common in the general population, with up to 5% of non-pregnant females in the US affected. People with anemia may experience increased fatigue/weakness, reduced cognitive function, shortness of breath, and depression/anxiety. These factors may negatively impact job performance for officers and affect physical performance. Other conditions may also lead to anemia, including renal disease, other nutrient deficiency, inflammation/infection, autoimmune disorders, and bone marrow disorder/malignancy.

All individuals should be screened for anemia and treated appropriately. This can be done with a complete blood count (CBC) with measurement of hemoglobin.

For those who screen positive for anemia, additional studies should be pursued. This can include: Iron studies (serum iron, ferritin, total iron-binding capacity), vitamin B12 and folate levels, creatinine and other measures of renal function, and referral to a specialist if etiology of anemia cannot be easily determined.

Clearance depends on the severity and cause of anemia. Mild anemia with effective treatment may allow for clearance with periodic monitoring. Some individuals may have mild baseline anemia from genetic conditions such as thalassemia trait, which generally does not impact physical activity and thus should not be disqualifying. Severe or untreated anemia will warrant further treatment and improvement before clearance.

4. Thalassemia and other mild congenital anemias

As previously noted, some individuals are born with conditions that are associated with mild anemia, such as alpha or beta thalassemia trait. Individuals with mild baseline anemia are usually well compensated and thus there are no specific indications for additional interventions or monitoring. These conditions are not disqualifying.

5. Leukopenia

Many individuals have low white blood cell (WBC) count or leukopenia. Oftentimes, leukopenia is benign, such as in transient bone marrow suppression after infection, or congenital (e.g. Duffy-associated neutrophil count), or medication associated. People with chronic, persistent leukopenia should be evaluated for conditions which may impact job performance. Depending on the cause, leukopenia can increase susceptibility to infections, which can impact roles that involve frequent contact with the public and potential exposure to pathogens.

It is recommended to obtain a CBC on all candidates to determine WBC count and identify the type of leukopenia (e.g., neutropenia, lymphopenia).

Screen all candidates for blood disorders with a CBC.

Individuals with chronic leukopenia should be evaluated and cleared by a medical specialist who should conduct a thorough risk assessment to evaluate the likelihood of recurrent infections and the impact on job performance. This may involve consultation with a hematologist and/or infectious disease specialist. Individuals with mild leukopenia and no history of recurrent infections may be cleared for duty with regular monitoring. Those with severe leukopenia or frequent infections may require further evaluation and risk assessment with a specialist.

Further workup for the underlying etiology for those with chronic leukopenia should be considered. Additional tests may include specific tests to identify underlying causes (e.g., infections, autoimmune disorders, and bone marrow disorders). For some individuals with slightly low neutrophil counts and no history of frequent infectious complications, Duffy antigen testing may be sufficient.

Individuals at increased risk of infectious complications should be instructed on proper hygiene, vaccinations, and avoiding exposure to known sources of infection

6. Bleeding Disorders

Bleeding disorders include inherited (congenital) disorders such as von Willebrand disease, hemophilia, factor deficiencies, and platelet disorders (including thrombocytopenia or low platelet count). Bleeding disorders may also be acquired: Acquired hemophilia or von Willebrand disease, vitamin K deficiency, and liver disease such as cirrhosis, and chronic kidney disease.

Bleeding disorders can increase the risk of excessive bleeding from injuries, which is a significant concern in law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer roles.

A detailed medical history on prior bleeding issues should be considered. Laboratory tests do not reliably identify all individuals with bleeding disorders and may be falsely abnormal and lead to over-testing.

The following severe bleeding disorders are disqualifying:

Hemophilia
Factor Deficiencies

For those candidates with a bleeding diathesis who are found fit for duty, there should be appropriate training and procedures in place to manage a bleeding episode.

Individuals with mild bleeding disorders may be cleared with precautions and regular monitoring by a bleeding disorder specialist. Those with severe bleeding disorders may not be suitable for roles with high physical risk unless cleared by a hematologist with a specific mitigation plan.

7. History of Thrombophilia or Thrombosis (Not on Active Anticoagulation)

Many individuals have a personal history of venous thromboembolism (VTE) or have inherited genetic traits, which altogether increase the risk of developing a subsequent VTE. Detailed medical history, including the type, location, and frequency of thrombotic events, any underlying thrombophilia (e.g., Factor V Leiden, prothrombin gene mutation, antiphospholipid antibody syndrome), and any risk factors that were present at each event. A hematologist may be helpful obtaining this history and providing corresponding documentation.

A history of thrombosis or thrombophilia can increase the risk of recurrent thrombotic events, which may be exacerbated by prolonged periods of inactivity, dehydration, or injury. Overall, the impact law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, and telecommunicators on a day-to-day basis is low, but may increase the risk of complications after injuries.

Conduct a thorough risk assessment to evaluate the likelihood of recurrent thrombotic events. This may involve consultation with a hematologist or vascular specialist with anticipated job duties.

Individuals with a well-managed history of thrombosis or thrombophilia, no recent thrombotic events, and otherwise in good health should be cleared for duty. Those with recurrent thrombotic events or significant risk factors should be referred to a qualified hematologist for further evaluation and clearance.

Preventive measures such as ensuring proper hydration, encouraging regular physical activity, and avoiding prolonged periods of inactivity may be helpful. Educate individuals on recognizing early signs of thrombosis and seeking prompt medical attention if symptoms do develop.

8. Current Anticoagulation Use

An increasing number of individuals take anticoagulation and/or antiplatelet medications on a regular basis to reduce the risk for thrombosis. Similarly to those with bleeding disorders, individuals on anticoagulation may be at higher risk for bleeding especially after trauma. All candidates should be asked to provide a list of medications they use daily. This list should be reviewed for any medications that increase the risk for bleeding.

For individuals on anticoagulation, activities that contain a substantial risk for injury should be avoided. Individuals solely on single antiplatelet agents can be considered for more active roles and should be referred to a qualified medical provider for further evaluation and clearance.

Generally, law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates who take lifelong anticoagulation should be disqualified due to the risk of morbidity and mortality in the setting of trauma.

Some individuals with lower thrombosis risk may be able to tolerate brief pauses in their anticoagulation dosing to allow for higher risk activities. These candidates should be referred to the prescribing provider

for clearance to participate in these specific functions. A detailed mitigation plan with clear instructions on when to hold their medication should be developed prior to clearance.

If brief pauses in anticoagulation use are not possible to accommodate high risk activities like defensive tactics training, law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates taking anticoagulation should be disqualified.

Anticoagulation use is not disqualifying for telecommunicator candidates, but they should be encouraged to maintain good medication compliance and follow up with the prescribing provider due to the sedentary nature of the position.

IMMUNIZATIONS

Due to the nature of the occupation, law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, and detention officers have the potential to be exposed to a variety of vaccine-preventable diseases including Hepatitis A, Hepatitis B, and Tetanus. It is strongly recommended that candidate vaccination records be reviewed during the medical screening exam. This recommendation does not apply to telecommunicator candidates.

Candidates may obtain vaccination records through their pediatrician or primary care provider or health department in the county they lived in during childhood. Medical examiners may also be able to obtain vaccination records through the state vaccine registry. If vaccination records are not available, titer levels may be considered.

While vaccinations are strongly recommended and may be mandated by an agency, candidates may apply for a religious or medical exemption as per Title VII of the Civil Rights Act of 1964 (Title VII) and the Americans with Disabilities Act (ADA), respectively.

Hepatitis A

Hepatitis A is a self-limited, viral illness that affects the liver. It is transmitted through the fecal-oral route. It may cause abdominal pain, vomiting, diarrhea, jaundice, fatigue, fever, and dark urine.

Hepatitis A vaccination should be recommended to any law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer candidate who may be exposed to Hepatitis A, including working in flood conditions, food contamination and working in close contact with infected persons. Travel to foreign countries may also be an indication for immunization.

The vaccination typically is administered in a 2-dose series over the course of 6 months. Some formulations may require 3 or 4 doses.

Hepatitis B

Hepatitis B is a viral illness that affects the liver. It is transmitted through exposure to infected blood or body fluids. This virus can cause liver failure, liver cancer and even death. Individuals infected with Hepatitis B may be asymptomatic in the early stages or may develop symptoms including fever, abdominal pain, diarrhea, clay-colored stools, dark urine, and jaundice. Treatments for Hepatitis B are available but there is currently no cure available.

Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, and detention officers may be exposed to blood through accidental needle sticks, while providing aide, or during physical altercations. Due to the high risk of exposure to Hepatitis B during the performance of essential job functions, it is strongly recommended that and law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer be immunized against this virus.

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030) requires employers to make Hepatitis B vaccines available at no cost to any employee who has a “reasonably anticipated contact with blood or other potentially infectious materials (OPIM) during performance of their jobs.”

Hepatitis B vaccination is typically a two or three dose series administered over the course of 3 months. Sometimes a single dose booster or a second, complete two or three dose series booster is required to obtain immunity. Rarely, an individual may be a non-responder to the vaccination. In this situation, counseling should be offered in the event of bloodborne or OPIM exposure.

It is strongly recommended that an anti-HBs titer level be obtained to determine immunity status due to the potential for incomplete immunization or non-responders.

Tetanus

Tetanus is a bacterial infection caused by Clostridium tetani. Clostridium tetani may be contracted through contaminated wounds. The bacteria release toxins that can cause severe muscle spasms including a phenomenon called "lockjaw."

Tetanus requires treatment with anti-toxin medications, antibiotics and supportive care with muscle relaxers and sedatives. In advanced cases, respiratory support may be required.

A tetanus vaccination (Td or TDAP) is available with a booster administered every 10 years. A booster should be considered after 5 years in the setting of a significantly contaminated wound or immunocompromise.

Candidates should be offered a tetanus booster as indicated.

Meningococcus

Meningitis is a bacterial infection caused by Neisseria meningitidis. It can infect the cerebrospinal fluid and blood, causing inflammation of the brain and spinal cord or systemic infection, respectively. Symptoms include fever, headache, neck stiffness, vomiting, confusion, vision loss, hearing loss, and even death.

Due to the risk of exposure in a communal living setting, meningococcal vaccination should be considered for candidates who will be training in a residential academy.

Other Vaccinations

Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, and detention officers may interact with under-vaccinated or unvaccinated populations. As a result, they may be exposed to measles, mumps, rubella, tuberculosis, influenza, COVID-19, and respiratory syncytial virus (RSV), among other diseases. In order to protect law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, and detention officers, the people they serve, and their family members, it is strongly encouraged that all candidates be vaccinated per current Centers for Disease Control (CDC) recommendations (Adult Immunization Schedule by Age | Vaccines & Immunizations | CDC).

References

1. Vaccination Laws | Public Health Law | CDC
2. Hepatitis B vaccine and titer requirements for firefighters, police, and EMTs. | Occupational Safety and Health Administration

INFECTIOUS DISEASE

1. Hepatitis B

A diagnosis of Hepatitis B is not automatically disqualifying. Candidates with a diagnosis of Hepatitis B should be considered if they can demonstrate that the disease is well controlled. They should provide documentation from a qualified medical provider stating that the candidate is compliant with treatment and has no deleterious effects of the disease including impaired hepatic function. Hepatic function tests and Hepatitis B viral loads should be obtained. Candidates should be counseled on methods to reduce the spread of the disease including through personal protective equipment and other approved means.

2. Hepatitis C

A diagnosis of Hepatitis C is not automatically disqualifying. Candidates with a diagnosis of Hepatitis C should be considered if they can demonstrate that the disease is well controlled or cured. They should provide documentation from a qualified medical provider stating that the candidate is compliant with treatment and has no deleterious effects of the disease including impaired hepatic function. Hepatic function tests and Hepatitis C viral loads should be obtained. Candidates should be counseled on methods to reduce the spread of the disease including through personal protective equipment and other approved means.

3. HIV and AIDS

3.1 HIV

A diagnosis of HIV is not disqualifying. Candidates with a diagnosis of HIV should be considered if the disease is well controlled with current treatment. Complications of treatment, including immunocompromise, pancreatitis, liver disease, lactic acidosis. Candidates should be referred to a qualified medical provider for further evaluation at their own expense. The qualified medical provider should review the essential job functions of the position and ensure that the candidate is able to safely perform these functions. HIV viral load, a CD4 count and complete metabolic panel should be obtained.

Persons with HIV are considered a protected class under the Americans with Disabilities Act. As such, all reasonable accommodations should be made.

It should be noted that there is no increased risk of transmission of HIV from a person with undetectable viral loads. Therefore, there should be no activity restrictions for a candidate with well controlled HIV. It is reasonable to provide counseling on the signs and symptoms of disease progression as well as infection prevention through personal protective equipment and other approved means.

3.2 AIDS

If a candidate has a diagnosis of AIDS, their disease is not considered to be well controlled and they should be referred to a qualified medical provider for further evaluation. Any candidate with a history of HIV and signs, symptoms, or labs findings of complications of HIV should be referred to a qualified medical provider. These findings include co-infections (Hepatitis B and C), opportunistic infections (i.e. PJP pneumonia, cytomegalovirus, neurologic disorders (HIV-associated dementia and peripheral neuropathy), cancers (i.e. Kaposi sarcoma and non-Hodgkin’s lymphoma), heart disease, encephalitis,

renal insufficiency, hepatic insufficiency, bone loss, skin changes, and gastrointestinal complications (i.e. diarrhea or malabsorption).

4. Tuberculosis

All candidates should be screened for tuberculosis using a written screening tool. Any candidate who screens positive should be considered for further testing including the Mantoux test or chest x-ray. All corrections officer candidates should have a Mantoux test, QuantiFERON-TB gold test, or chest x-ray to be evaluated for tuberculosis.

A candidate with a history of tuberculosis (pulmonary or disseminated) should provide proof of completion of treatment. The candidate should also have a negative chest x ray. Any candidate who does not meet these requirements should be disqualified.

5. Other Infectious Diseases

Candidates with other infectious or communicable diseases should be referred to a qualified medical provider for further evaluation and clearance to perform the essential job functions. The medical provider should also provide recommendations on any special infection control prevention measures, beyond standard measures, needed during training or performance of the essential job functions.

MUSCULOSKELETAL

Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, and detention officers are required to perform many physical tasks including Compliance and Control Tactics (CCT), Control, Restraint and Defensive Tactics (CRDT), and Restraint, Control and Defense Techniques (RCDT), searches of structures, vehicles and persons, use and maintenance of firearms, and driving, among many other essential job functions. Any conditions or physical exam findings that could potentially limit a candidate's ability to perform the essential job functions necessitate referral to a qualified medical provider for further evaluation and clearance.

1. Lower extremity
The following lower extremity conditions are not disqualifying as long as they have been resolved and provide no significant physical limitations. Candidates should provide records detailing diagnosis and treatment, including physical therapy, surgery or other interventions. If the injury occurred within the year prior to evaluation, written clearance by the treating medical provider should be requested.

Fracture
Dislocation/Subluxation
Anterior or posterior cruciate ligament injury
Meniscal injury
Labrum (Hip) injury
Achilles tendon rupture
Other ligamentous or cartilaginous injury
Total or Partial Joint Replacement

2. Upper extremity
The following lower extremity conditions are not disqualifying as long as they have been resolved and provide no significant physical limitations. Candidates should provide records detailing diagnosis and treatment, including physical therapy, surgery or other interventions. If the injury occurred within the year prior to evaluation, written clearance by the treating medical provider should be requested.

Fracture
Dislocation/Subluxation
Mallet finger
Boutonniere deformity
Volar plate injury
Tennis elbow
Golfer's elbow
Rotator cuff injury
Shoulder impingement

3. Amputations
Amputations may be congenital or acquired. There are many advancements in technology that allow individuals to perform activities of daily living, compete in professional sports, work in law enforcement and in the fire service, and serve in the military. Persons with amputations are protected under Americans with Disabilities Act and may be found fit for duty with reasonable accommodations. It is important for the examiner to have an understanding of the essential job functions of the position as

well as what reasonable accommodations could be made prior to making a determination of fitness for duty. Referral to a qualified medical provider for further evaluation and clearance should be considered.

3.1 Lower extremity amputations
Lower extremity amputations are not always disqualifying. Candidates should undergo additional assessment for the ability to walk, run, jump, and pivot as well as for balance and dexterity. Candidates with great toe amputations, or multiple metatarsal amputations are likely to have difficulty with the performance of these tasks and should be referred to a qualified medical provider for clearance. Challenges of other types of amputations may be overcome through the use of a prosthesis. Examiners should consult a qualified orthotist for additional evaluation and clearance. Types of lower extremity amputations include:

Great toe distal IP or metatarsal amputation
Isolated metatarsal amputation
Transmetatarsal amputation
Below the knee amputation
Above the knee amputation

3.2 Upper extremity amputations
Law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates with upper extremity amputations should be evaluated for fine and gross motor capabilities, dexterity, and proprioception. It is unlikely that a candidate with multiple metacarpal amputations or an amputation of the thumb or index finger will be able to maintain the proper power grip necessary for proper control of a vehicle or firearm. Candidates with the following amputations should undergo additional evaluation to assess fine and gross motor capabilities, dexterity and proprioception. Referral to a qualified medical provider for further evaluation and clearance should be considered. Telecommunicator candidates with multiple digit amputation, hand, or higher upper extremity amputations should be assessed for the ability to perform the essential job functions. The following are possible amputations that could be considered disqualifying.

Distal IP amputation
Amputation proximal to the DIP
Thumb amputation
Multiple digit amputation
Hand amputation

4. Prosthetic Devices
Individuals with a prosthetic device are protected under the Americans with Disabilities Act (ADA). Reasonable accommodations must be made, when possible. The use of a lower extremity prosthetic device is not a disqualifying condition as long as the candidate can perform the physical tasks required of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator. A candidate using an upper extremity prosthetic device may lack the ability to have proper grip strength, dexterity and proprioception. The use of a prosthetic device should not be disqualifying for a telecommunicator candidate.

5. Compartment Syndrome
Compartment syndromes may be traumatic or exercise-induced. Treatment of isolated events typically require fasciotomy. Individuals with exercise-induced compartment syndrome may elect to decrease or

avoid repetitive activities or may have an elective fasciotomy. While the recurrence of compartment syndrome in an extremity is significantly reduced following fasciotomy, there is still a small risk. A candidate with a history of compartment syndrome in the last year should be cleared by their treating medical provider to perform the essential job functions of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer.

6. Arthritis

Candidates with a history of osteoarthritis or autoimmune arthritis (including rheumatoid, psoriatic, and lupus) should have a thorough history and physical examination. They should be evaluated for fine and gross motor skills, dexterity, and proprioception. Examiners should consider referral to a qualified medical provider for further evaluation and clearance.

NEUROLOGIC

Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, telecommunicators and trainees are expected to maintain high levels of mental alertness and cognitive function as well as possess fine and gross motor skills. A thorough neurological examination, including cranial nerves, cerebellar function, strength, sensation, cognition, and both fine and gross motor function should be performed. A complete neurologic history should be obtained with special focus on seizures, concussion, central neurologic processes, progressive neurologic diseases, and congenital neuromuscular disorders.

There are certain conditions that may warrant additional evaluation and clearance from a specialist. While this list is not exhaustive, these are several conditions that will require special attention.

1. Seizures

There are several types of seizures and conditions that cause seizures. Common triggers for seizures include sleep disruptions, stress, head injuries, and flashing (strobe) lights. Due to the essential job functions of law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor and detention officer in the state of North Carolina, any or all of these potential triggers may be encountered. While persons with seizures are protected under the Americans with Disabilities Act, accommodations to avoid these potential triggers may not be reasonable.

After a review of medical screening guidelines for other groups such as firefighters, military, college and professional athletics, and commercial driver's license, the following restrictions modified from NFPA Standard 1582-41 should apply:

Condition	Restriction	Special
(1) *Epilepsy, including but not limited to, simple, partial, complex, generalized, psychomotor, or provoked seizure at high risk for recurrence	Two (2) or more unprovoked seizures more than 24 hours apart	Meets the following provisions: a) Had no seizures for the most recent consecutive 10 years b) Is currently on a stable regimen of antiepileptic drugs for the most recent 5 years with no side effects impacting the performance of the essential job functions, or on no antiepileptic drugs for the most recent 5 years c) Has normal neurological examination results d) Has a signed statement from a neurologic specialist, indicating that the individual meets the provisions

		specified in (a) through (c) and can safely and effectively perform the essential job functions
(2) Single, unprovoked seizure, including but not limited to, simple, partial, complex, generalized or psychomotor seizure disorders	N/A	Meets the following provisions: a) Had no seizures for the most recent consecutive 5 years b) Is currently on a stable regimen of antiepileptic drugs for the most recent 5 years with no side effects impacting the performance of the essential job functions, or on no antiepileptic drugs for the most recent 5 years c) Has normal neurological examination results d) Has a signed statement from a neurologic specialist, indicating that the individual meets the provisions specified in (a) through (c) and can safely and effectively perform the essential job functions e) Has normal brain MRI results f) Has normal awake and asleep photic stimulation and hyperventilation EEG study results
(3) Provoked seizures associated with one of the following factors that have a low risk of recurrence: a) Medications b) Toxin exposures c) Metabolic abnormalities d) Withdrawal (e.g., alcohol, benzodiazepines) e) Drugs (e.g., cocaine, amphetamines, PCP)	N/A	Meets the following provisions: (a) The underlying cause of the seizure is no longer present and the risk of encountering the precipitating factor again is minimal (b) Has normal neurological examination results (c) Has normal brain MRI results or meets the

		special provisions for epilepsy in (1) (d) Has normal awake and asleep photic stimulation and hyperventilation EEG study results or meets the requirements for epilepsy in (1) (e) Has a signed statement from a neurologic specialist, indicating that the individual meets the provisions specified in (a) through (c) and can safely and effectively perform the essential job functions
(4) Provoked seizures associated with one of the following factors that have a high risk of recurrence: a) Head trauma that occurred more than 7 days before the seizure b) Intracerebral or intracranial hemorrhage c) Brain infection – encephalitis, bacterial meningitis, abscess, cysticercosis d) Stroke – ischemic or hemorrhagic e) Brain surgery f) Structural brain lesion, such as brain tumor g) Active phase of autoimmune disorder	N/A	Meets the following provisions: a) Had no seizures for the most recent consecutive 10 years b) Is currently on a stable regimen of antiepileptic drugs for the most recent 5 years with no side effects impacting the performance of the essential job functions, or on no antiepileptic drugs for the most recent 5 years c) Has normal neurological examination results d) Has a signed statement from a neurologic specialist, indicating that the individual meets the provisions specified in (a) through (c) and can safely and effectively perform the essential job functions

2. Concussions and Traumatic Brain Injuries

Due to the nature of the work of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer, there is a risk of concussions in both the training environment and in the field. It is strongly recommended that baseline testing be performed during the medical screening evaluation. Any baseline testing can be used to guide a safe return to duty if a candidate sustains a concussion during training or throughout their career. The SCAT5 assessment tool (https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf) is one of several tools which can be used for baseline and post concussive evaluation.

A candidate with a history of multiple or severe brain injury should be considered for referral to a specialist for further evaluation and clearance.

3. Progressive Neurological Disorders

Any progressive disorder that affects the central neurologic system should be referred to a qualified specialist for further evaluation and clearance. These conditions include, but are not limited to:

Amyotrophic Lateral Sclerosis (ALS)
Movement Disorders
Multiple Sclerosis
Myasthenia Gravis
Parkinson's Disease
Parkinson-like Disease

3.1 ALS

Amyotrophic lateral sclerosis (Lou Gehrig's disease) is a terminal neurodegenerative disease that progressively affects motor neurons that control voluntary movement. Findings on history or physical exam consistent with ALS require referral to a neurologist. Definitive diagnosis is exclusionary.

3.2 Movement disorders

3.2.1 Huntington's Disease

Huntington's Chorea is an incurable, inherited, neurodegenerative disease which is characterized by cognitive and psychiatric difficulties, coordination of gait difficulties, and a hyperkinetic movement disorder known as chorea. This diagnosis is disqualifying.

3.2.2 Tourette's syndrome and other tic disorders

Tourette's syndrome is a neurodevelopmental disorder typically with onset in childhood or adolescence. Tics involving blinking, facial movements, throat clearing, sniffing, and coughing are characteristic. Involuntary vocalizations, sometimes of inappropriate or obscene words, can occur less commonly. Attention deficit hypersensitivity disorder (ADHD) and obsessive-compulsive disorder (OCD) occur more frequently with Tourette's. Eighty percent of patients resolve this syndrome and treatment can be effective. Referral of the candidate to a neurologist for evaluation/treatment/opinion regarding fitness and relative risk to pursue employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer is recommended.

3.2.3 Tardive dyskinesia

Tardive dyskinesia is an atherogenic disorder typically caused by antipsychotic or antiemetic medications, which result in repetitive, involuntary body movements, usually lip smacking, tongue protrusion, or facial grimacing. Candidates with these findings on exam and history of aforementioned medication use should be referred to a neurologist for a definitive diagnosis and opinion regarding fitness and relative risk to pursue employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator.

3.2.4 Essential tremor

Among the most common movement disorders observed, essential tremor is characterized by involuntary rhythmic contractions and relaxations of certain muscle groups when they are used or held in a posture. Fingers, hands, arms, and sometimes the head, vocal cords, and other body parts are typically involved. Family history predisposes to early age onset. Although often mild, severely affected individuals can have difficulties with activities of daily living. There is no cure and generally it is progressive. Referral to a neurologist is recommended. A definitive diagnosis is in all probability exclusionary for law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor and detention officer candidates.

3.3 Multiple Sclerosis

Multiple Sclerosis is an autoimmune disease resulting in demyelination of cells in the brain and spinal cord. These lesions can occur throughout the central nervous system and can result in the typical "multiple signs and symptoms in space and time". There are a multitude of varieties of Multiple Sclerosis and their courses. The vast majority of cases are progressive. Candidates who present with a diagnosis or have multiple neurological symptoms and signs should be referred to a neurologist for opinion regarding fitness and relative risk to pursue employment as law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator. This diagnosis in general, is exclusionary, but rare exceptions with neurology consultation could be made.

3.4 Myasthenia Gravis

Myasthenia Gravis is an autoimmune disease that affects the neuromuscular junction, resulting in varying degrees of skeletal muscle weakness, typically affecting the eyes, face, speech, and swallowing. Myasthenia Gravis is treatable but not curable, and exacerbations can be sudden and debilitating. Consultation with a neurologist is recommended for an opinion regarding fitness and the relative risk of pursuing a career as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator. Definitive diagnosis is probably exclusionary for all candidates.

3.5 Muscular Dystrophy

This is a group of diseases that have a variety of genetic and clinical syndromes that have in common neuromuscular disease that results in progressive weakness and breakdown of skeletal muscles. Careful evaluation with experts for definitive diagnosis is indicated. It is highly unlikely that even candidates with the mildest forms even with reasonable accommodations can perform as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer. Depending on the severity, reasonable accommodations may not be available for telecommunicator candidates.

4. Cognitive Disorders
All law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, and telecommunicators are expected to maintain mental alertness at all times and must be able to retain and process information delivered in a variety of means and under a variety of conditions.

The following conditions are disqualifying:

Dementia (i.e. vascular, frontotemporal, Alzheimer's)

Any candidate unable to complete cognitive testing should be referred to a qualified specialist for further evaluation and clearance. Examples of conditions which might affect cognitive function include, but are not limited to:

Mild Cognitive Impairment
Functional Cognitive Disorder
Autism Spectrum Disorder

5. Congenital Disorders
Candidates should be screened for congenital neuromuscular disorders. Additional evaluation by a specialist is not indicated unless there are deficits identified on screening history and exam that could compromise the candidate's ability to perform the essential job functions. Examples of congenital conditions include, but are not limited to:

Cerebral Palsy
Spina bifida

7. Sleep Disorders

7.1 Narcolepsy

Narcolepsy is a chronic neurological condition that affects sleep-wake cycles. Symptoms include excessive daytime sleepiness, sleep paralysis, hallucinations associated with sleep, disturbed nighttime sleep patterns, and cataplexy triggered by strong emotional states. There is an association with motor vehicle crashes and falls. Treatment is with medication to address the symptoms. There is no cure. Consultation with a neurologist is recommended and definitive diagnosis is exclusionary.

7.2 Obstructive sleep apnea

Affecting 4% of men and 2% of women between the ages of 30 and 60, obstructive sleep apnea may be seen in candidates for employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator. Symptoms include loud snoring, recurrent apneic spells followed by gasping respirations, nocturnal restlessness, and daytime sleepiness. The chronic nighttime hypoxemia and non-refreshing sleep may lead to excessive daytime drowsiness, personality difficulties, intellectual impairment, and increased risk of accidents. Candidates may be completely unaware of their nighttime apnea, particularly if they live alone. There is increased risk for the development of cardiovascular disease, hypertension, diabetes mellitus, stroke,

aortic disease, and clinical depression. Treatment can be effective. Referral to a sleep specialist is recommended. Following evaluation and effective treatment, opinion should be solicited regarding fitness and relative risk of pursuing employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator.

7.Other Neurologic Conditions

7.1 There are other neurologic conditions which may impact a candidate's ability to perform the essential job functions of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator. The conditions that should be considered for further evaluation and clearance by a specialist include, but are not limited to:

Chronic Fatigue Syndrome
Encephalitis
Fibromyalgia
Meningitis (viral, bacterial, and fungal)
Muscular dystrophy
Myasthenia gravis
Peripheral neuropathy
Spinal muscular atrophy
TIA/CVA (ischemic and hemorrhagic)

7.2 Conditions that should not impact a candidate's fitness for duty and do not require evaluation and clearance by a specialist include:

Bell's palsy (current or resolved)
Migraines and other headache disorders

NEUROSURGICAL

The following clinical entities are of spinal, neurological, and neurosurgical significance in the evaluation of candidates for law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer. While these are not necessarily exclusionary conditions, their presence in the candidate's history or detection by physical exam merits further scrutiny as to whether they impact the ability of the individual to perform the essential functions of their job with or without reasonable accommodations. This is not an exhaustive or complete catalog of such conditions. Others that might appear in the course of evaluating candidates require similar scrutiny.

1. Cervical Spine

1.1 Cervical disc disease/cervical stenosis

Cervical disc disease is common and may be seen in the history of candidates. Inquiries should be made as to its past treatment, any surgery done, or if there are ongoing symptoms or obstructions to daily living as a result. If there are ongoing symptoms or frequent exacerbations, or if a candidate carries a diagnosis of cervical stenosis, further evaluation by a neurosurgeon or orthopedic spine surgeon for clearance should be considered.

1.2 Single level cervical fusion

Candidates who have had previous single level cervical fusion and have residual symptoms should be considered for further evaluation by a neurosurgeon or other spine surgeon for clearance. If they have no residual difficulties and have enjoyed full life activities since surgery, further scrutiny is not recommended.

1.3 Multi-level cervical fusion

Multi-level fusion carries the higher risk of the development of adjacent level disease. Those candidates with two or more levels of fusion in their cervical spine should be evaluated by a spine surgeon to determine their fitness and relative risk to function as a law enforcement officer, corrections officer, juvenile justice officer or detention officer.

1.4 Cervical fracture

Past history of cervical fracture with or without surgery requires further consultation with a spine surgeon to determine their fitness and relative risk to function as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

1.5 Congenital abnormalities of the cervical spine

Any congenital abnormalities of the cervical spine require clearance by a spine surgeon. Further study of previously diagnosed conditions to ensure their stability or document correction (example: Chiara Malformation) should be a part of that consultation.

1.6 Arthritis of the cervical spine

Arthritis of the cervical spine and its treatment may be commonly seen in the history of candidates, particularly older candidates. Inquiries should be made as to ongoing difficulties, triggers that reactivate symptoms, frequency and severity of exacerbations, obstructions to activities of daily living, and ongoing treatments. Such a condition is not necessarily exclusionary, but a complete picture should be captured to assess whether the candidate can perform the essential duties of a law enforcement officer,

corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer, even with reasonable accommodations.

1.7 Tumors of the cervical spine

A variety of benign tumors can occur in the cervical spine, many of which have no implications for performing duties of a law enforcement officer, corrections officer, juvenile justice officer or detention officer. Known tumors, however, that have had surgery, or are being followed regularly by studies, require consultation with a spine specialist to determine their fitness and relative risk to perform the essential duties of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer.

2. Thoracic Spine

2.1 Two or more level fusion of the thoracic spine

Multi-level fusion of the thoracic spine carries the higher risk of the development of adjacent level disease. Those candidates with two or more levels of fusion in their thoracic spine should be evaluated by a spine surgeon to determine their fitness and relative risk to function as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

2.2 Diastomatomyelia/syringomyelia

Diastomatomyelia or syringomyelia of the thoracic spine requires evaluation by a spine specialist. If symptomatic and not surgically corrected, these entities should be considered exclusionary.

2.3 Tumors of the thoracic spine

A variety of benign tumors can occur in the thoracic spine, many of which have no implications for performing duties of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer. Known tumors, however, that have had surgery or are being followed regularly by studies, require consultation with a spine specialist to determine their fitness and relative risk to perform the essential duties of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

3. Lumbar Spine

3.1 Lumbar disc disease/lumbar stenosis

Lumbar disc disease is common and may be seen in the history of candidates. Inquiries should be made as to its past treatment, any surgery done, or if there are ongoing symptoms or obstructions to daily living as a result. If there are ongoing symptoms or frequent exacerbations, or if a candidate carries a diagnosis of lumbar spinal stenosis, further evaluation by a neurosurgeon or orthopedic spine surgeon for clearance should be considered.

3.2 Single level lumbar fusion

Candidates who have had previous single level lumbar fusion and have residual symptoms should be considered for further evaluation by a neurosurgeon or other spine surgeon for clearance. If they have no residual difficulties and have enjoyed full life activities since surgery, further scrutiny is not recommended.

3.3 Multi-level fusion of the lumbar spine

Multi-level fusion carries a higher risk of the development of adjacent level disease. Those candidates with two or more levels of fusion in their lumbar spine should be evaluated by a spine surgeon to determine their fitness and relative risk to function as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

3.4 Lumbar fracture

Past history of lumbar fracture with or without surgery requires further consultation with a spine surgeon to determine their fitness and relative risk to function as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

3.5 Tethered cord syndrome

Tethered cord syndrome is a disorder in which the spinal cord is limited in its movement by an abnormal attachment. Often congenital, it may include hairy patches, dimples, or fatty tumors in the lumbar spine area. Candidates may have had previous surgical correction. It can present in adulthood with pains, scoliosis, motor and sensory deficits or incontinence of bowel and bladder. Presence of this entity or a suspicion on physical exam should prompt evaluation with a spine surgeon who can assess the candidate's fitness and relative risk to perform as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

3.6 Benign tumors of the lumbar spine

A variety of benign tumors can occur in the lumbar spine, many of which have no implications for performing the duties of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer. Known tumors, however, that have had surgery, or are being followed regularly by studies, require consultation with a spine specialist to determine their fitness and relative risk to perform the essential duties of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

3.7 Arthritis of the lumbar spine

Arthritis of the lumbar spine and its treatment may be commonly seen in the history of candidates, particularly older candidates. Inquiries should be made as to ongoing difficulties, triggers that reactivate symptoms, frequency and severity of exacerbations, obstructions to activities of daily living, and ongoing treatments. Such a condition is not necessarily exclusionary, but a complete picture should be captured to assess whether the candidate can perform the essential duties, even with reasonable accommodations.

4. Peripheral Nervous System

4.1 Peripheral neuropathy

This entity can significantly affect motor, sensory, or autonomic nerves outside the brain and spinal cord. This may impair sensation, movement, balance, coordination, reduce sensitivity to pain and temperature, and, when autonomic, poor bladder control, abnormal blood pressure or heart rate, or reduced ability to sweat. All of these potentially have implications for service as a of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer. If found by history or physical/neurological exam, consultation with a neurologist for a definitive diagnosis, assessment of cause (some are treatable), and opinion regarding fitness and relative risk to pursue employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator is recommended.

4.2 Brachial plexopathy

This is a specific form of peripheral neuropathy involving the brachial plexus, which can result in significant shoulder, arm, hand, and finger motor and sensory deficits. Some candidates may present with long-standing changes including wasting, contractures, chronic weakness or arm/hand/finger deformities as a result of birth injury or distant trauma. Toxic chemicals, viral infections, general anesthesia, or tumors in the area can result in brachial plexopathy. Consultation with a neurologist or neurosurgeon is recommended with an opinion regarding fitness and relative risk to pursue employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator.

Specific peripheral nerve pathology
Carpal tunnel syndrome
Cubital tunnel síndrome
Thoracic outlet syndrome

4.3 Peroneal nerve compression

All four of these entities can cause significant pain, numbness and weakness in the distribution of the compressed nerves. Most can be surgically or medically treated successfully, but absent that, have potential impacts on performance as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer. Carpal tunnel syndrome or cubital tunnel syndrome should be referred to a hand specialist or neurosurgeon for treatment and recommendations. Thoracic outlet syndrome should be seen by thoracic surgeons with experience with treatment. Peroneal nerve compression is best seen by neurosurgeons or orthopedic surgeons with expertise in that area.

4.4 Charcot-Marie-Tooth Disease

This is a hereditary motor and sensory neuropathy affecting the peripheral nervous system which appears in childhood or early adulthood. It is progressive with no cure and results in weakness, stiffness, muscle wasting, spinal deformities and foot abnormalities. If diagnosis is definitive, this is exclusionary to participation in activities of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator.

4.5 Motor/Sensory/Balance deficits

Candidates who present with motor or sensory deficits that preclude full use of their extremities merit careful scrutiny by specialists. We have outlined in previous sections some of the more common causes, but there are a multitude of others. Similarly, difficulties with balance present a significant challenge to pursuing employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator. Some causes are correctable, others not, but referral to appropriate specialists for evaluation and opinion regarding fitness is recommended.

5. Intracranial

5.1 Stroke

While young healthy candidates are not likely to present with symptoms or signs of a stroke, a past history of such is possible. Consultation with a neurologist, and functional capacity and cognitive

evaluation should be sought to determine fitness and relative risk to pursue employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator.

5.2 Cerebral aneurysm/Arterial Venous Malformation

Candidates may have a history of aneurysm or AVM intracranially. Documented successful treatment eliminates the risks in the absence of seizures. Known intracranial vascular abnormalities without treatment, those being followed, or those associated with seizures require consultation with a qualified vascular neurosurgeon for assessment of fitness and risk.

5.3 CNS tumor

There are a variety of intracranial tumors, some require treatment, some do not. Some increase the risk of seizure, some do not. Some would be patently exclusionary, most would not. Consultation with a qualified neurosurgeon is required.

5.4 CNS Infection

CNS infection (meningitis, encephalitis, cerebritis, brain abscess) in the history of a candidate is not necessarily exclusionary. Assessment revolves around determining residual neurological disabilities including hearing loss, vision loss and paralysis, associated seizures, and the degree of chronicity or persistence. Evaluation by appropriate neurology and infectious disease consultants may be necessary. Distant infectious with full recovery neurologically and no history of seizures does not preclude a candidate from pursuing employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator.

5.5 Epidural hematoma/subdural hematoma

Prior history of intracranial hemorrhage with or without surgical correction merits further investigation. If the hemorrhage was distant in time (greater than 12 months), had no associated seizures, and was resolved either by surgery or observation, prudence would dictate a “clearing” intracranial study (CT or MRI of the head) prior to clearance. With residual neurological symptoms or with associated seizures, a clearing study and consultation with a neurosurgeon is indicated. Candidates who require surgery for epidural hematoma or subdural hematoma, and have no residual neurologic deficits or associated seizures can participate in required activities at one year post surgery.

ONCOLOGY

Candidates with a history of cancer, either in remission or active, should be referred to a qualified medical provider for further evaluation and medical clearance to participate in the essential job functions. Candidates should provide complete records of diagnosis, treatments (including chemotherapy, radiation treatment, gene-modification therapy, biologic therapies, stem cell transplantation, and surgery), and any pertinent laboratory and radiographic results. Considerations should be made regarding infection control practices for immunocompromised individuals. Considerations should also be made for anticoagulation use or acquired coagulopathies as detailed in the Hematology section.

PULMONARY

In general, the ability of a candidate to safely perform their duties while managing a pre-existing pulmonary condition depends largely on the severity of the condition, the level of symptom control, and their current physical function. Specific diagnoses will be addressed below, but key factors to consider during all evaluations include:

Medical history, including past episodes of exacerbation or hospitalization for pulmonary conditions.

Assessment of physical fitness and exercise tolerance, with particular focus on tasks that mimic duties of a law enforcement officer, corrections officer, juvenile justice officer or detention officer (e.g., running, climbing, carrying equipment).

Objective pulmonary function tests (PFTs), including FEV1, FVC, and diffusion capacity (DLCO) for law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer candidates. PFTs are not indicated for telecommunicator applicants.

1. Asthma

Asthma is a chronic inflammatory disease of the airways that can cause episodes of wheezing, breathlessness, chest tightness, and coughing. For all candidates, it is essential to assess both the severity of the asthma and the candidate's current level of control over the condition.

Well-controlled asthma with no recent exacerbations may not be a disqualifying factor. However, candidates should demonstrate consistent control of symptoms (e.g., no recent hospitalizations or emergency treatments) and the ability to perform physical tasks.

Inadequately controlled asthma, particularly with frequent symptoms or exacerbations, could present significant risks in the performance of essential job functions, especially those that require physical endurance and exposure to environmental stressors. If asthma control is suboptimal (e.g., more than 1-2 asthma exacerbations in the last year), further investigation is warranted and candidates should undergo pulmonary function tests (PFTs) and assess their peak flow readings. These candidates should also be referred to a qualified medical provider for further evaluation and clearance.

2. Chronic Obstructive Pulmonary Disease (COPD)

COPD is a progressive lung disease characterized by airflow limitation that is not fully reversible. It can impair physical performance, which is critical for duties of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer.

Mild COPD (stage 1) may not necessarily disqualify a candidate, but it is crucial to evaluate the severity of symptoms (dyspnea, exercise tolerance) and lung function (e.g., FEV1). These candidates should have PFTs and be referred to a qualified medical provider for further evaluation and clearance.

Moderate to severe COPD (stage 2 and beyond) poses significant concerns for physical fitness, stamina, and safety during law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer activities. Examinations should include PFTs, assessing FEV1/FVC ratio and overall lung volume. It may also limit telecommunicator abilities to safely and effectively perform the essential job functions. Candidates with moderate to severe COPD (FEV1 < 50%

predicted) should be disqualified as their pulmonary function is likely insufficient for the physical demands of the essential job functions.

3. Prior Spontaneous Pneumothorax
A spontaneous pneumothorax (SP) occurs without trauma, often due to the rupture of small air sacs (blebs) in the lung. Although many individuals recover fully from an SP, a history of spontaneous pneumothorax may predispose candidates to future occurrences, particularly under the strenuous physical demands encountered in each of these roles.

If a candidate has a history of a single spontaneous pneumothorax, and there has been full recovery without recurrence, they may be eligible for consideration. However, they should be evaluated for any underlying lung pathology (e.g., emphysema, cystic fibrosis) beforehand.
Multiple spontaneous pneumothoraces, or those with a known predisposition to bleb formation (e.g., Marfan syndrome), may indicate a higher risk of recurrence, potentially disqualifying them from the application process.

Candidates should be referred to a qualified medical provider for further evaluation including imaging studies (e.g., chest CT) to rule out persistent blebs or underlying lung disease. These candidates should be symptom-free and physically fit.

4. Prior Lung Resection
Lung resection refers to the removal of part of the lung, usually due to trauma or lung disease (e.g., tumors or infections). The impact of lung resection on a candidate's ability to meet the physical demands of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor or detention officer will depend on the extent of the resection and overall pulmonary function.

If the resection is limited to a small portion of the lung (e.g., wedge resection), the candidate may be able to resume normal function, but pulmonary function tests and exercise tolerance testing are essential to evaluate their ability to perform physically demanding tasks.

Extensive lung resection (e.g., lobectomy or pneumonectomy) significantly reduces lung capacity and could impair physical stamina. These candidates should be referred to a qualified medical provider for further evaluation and clearance.

Candidates who have undergone a lobectomy or pneumonectomy should not be cleared unless they demonstrate normal lung function (i.e., FEV1 > 70% predicted), full recovery, and no evidence of complications (e.g., respiratory infections).

5. Restrictive Lung Diseases
Restrictive lung diseases are characterized by reduced lung volumes, either due to intrinsic lung disease (e.g., pulmonary fibrosis) or extrinsic factors (e.g., obesity, neuromuscular disorders). These conditions may limit the ability to perform high-demand physical tasks due to decreased lung compliance or respiratory muscle strength.

Mild restrictive disease (e.g., mild interstitial changes) may not preclude the candidate if they demonstrate good exercise tolerance and normal oxygenation. Severe restrictive lung disease (e.g.,

pulmonary fibrosis or neuromuscular disease) may significantly impair lung function and stamina, which is crucial for each of these roles.

Candidates should undergo pulmonary function tests to assess total lung capacity (TLC) and forced vital capacity (FVC). Severe restriction (e.g., TLC < 60% predicted) or significant symptoms would disqualify the candidate.

6. Interstitial Lung Diseases (ILDs)

Interstitial lung diseases (ILDs) encompass a variety of conditions that lead to scarring of lung tissue and impaired gas exchange. The most common ILDs include idiopathic pulmonary fibrosis (IPF), sarcoidosis, and hypersensitivity pneumonitis.

Mild to moderate ILD may allow a candidate to remain in the application process if pulmonary function is adequate and symptoms are controlled. However, significant pulmonary fibrosis or hypoxemia would impair the candidate's fitness for duty. Severe ILD, especially with hypoxemia or progression of disease, presents a significant concern for physical stamina, work capacity, and safety in each of these roles.

Candidates with ILD should be referred to a qualified medical provider for additional evaluation and clearance. Evaluation may include high-resolution CT scans and PFTs. If there is evidence of significant fibrosis, decreased lung volumes, or hypoxemia (PaO_2 < 60 mmHg at rest), they should not be cleared.

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American Thoracic Society (ATS) Guidelines for the Diagnosis and Management of IPF, 2018. ATS, https://site.thoracic.org/

PREGNANCY

Candidates who are pregnant or in the post-partum period are protected by the Americans with Disabilities Act (ADA) and Pregnant Workers Fairness Act (PWFA) and cannot be disqualified based on these conditions. These candidates should be referred to a qualified medical provider to be evaluated further and cleared for participation in the essential job functions of the position. Candidates should specifically discuss with a qualified medical provider the risks of potential lead exposure, conductive electrical device exposure, chemical exposure, physical fitness, and defensive tactics training. All reasonable accommodations should be made in line with ADA and PWFA protections.

References

1. Spirit of the law: A blueprint for pregnancy on patrol
2. www.theiacp.org/sites/default/files/2021-05/Pregnancy%20Formatted%2005-2021.pdf

RENAL

Renal dysfunction can impair mental alertness and stamina. For optimal performance, candidates should be free from dysfunction and abnormalities that impair renal function. In their assessment, examiners should obtain a detailed history of renal disease, look for signs of renal impairment on the physical exam, and determine renal function via laboratory tests. Normal laboratory tests are critical elements of meeting the renal system standard.

1. Assessment

1.1 History

In a review of the candidate's past medical history, the examiner should note whether any of the following renal dysfunctions or abnormalities ever occurred or existed.

Acute Kidney Injury
Cancer of the Kidney, Bladder or Ureter
Chronic Kidney Disease
Nephrectomy (or Solitary Kidney) and Its Cause
Nephritis
Nephrotic Syndrome
Polycystic Kidney Disease
Renal Transplant
Rhabdomyolysis
Urinary Tract Infection

1.2 Review of Systems

The examiner should note any occurrence of the following symptoms:

Dysuria
Polyuria
Urinary Frequency

1.3 Physical Exam

The examiner should look for and note any of the following signs of renal dysfunction including edema of the hands, ankles, or feet.

1.4 Laboratory Evaluation

Every candidate should have a screening urinalysis and serum creatinine and estimated glomerular filtration rate (normal eGFR).

2. Clearance

2.1 Candidates who satisfy the following criteria meet the renal standard:

a. No history of renal disease or dysfunction
b. Negative review of systems

c. No physical signs of renal dysfunction or abnormalities
d. Normal urinalysis (i.e., no RBCs, WBCs, hematuria or protein, and normal specific gravity)
e. Normal creatinine
f. Normal eGFR

2.2 Candidates with a history of renal dysfunction that has resolved AND who meet the criteria b-f above meet the renal standard.

3. Counseling: Candidates with a history of renal dysfunction or abnormalities who meet the renal standard should receive counseling on the importance of hydration and nephrotoxin avoidance, particularly during times of high intensity exercise and prolonged exposure to extremes of temperature.

SPECIALTY CLEARANCE

Candidates with a history of nephrotic syndrome, polycystic kidney disease, renal malignancy, renal transplant, a solitary kidney, or abnormal laboratory tests require evaluation and clearance by a qualified nephrologist.

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