

Municipal Fire and Police Retirement System of Iowa
 Medical Examination – For Completion by Physician

NAME: _____ SSN: _____

Applicant for: Police Fire Date: _____

Vital signs:

Height	Weight	Pulse	Respirations	Blood Pressure
(inches)	(pounds)	/ min.	/ min.	/

Vision:

	Without Correction			With Correction <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		
	Right	Left	Both	Right	Left	Both
FAR	20/	20/	20/	20/	20/	20/
NEAR	20/	20/	20/	20/	20/	20/

Color Vision:

- Normal
 Borderline
 Abnormal

Problematic colors: _____

Peripheral Vision:

Right	Left	Both
o	o	o

Check the appropriate box for each item. “N” = Normal, “A” = Abnormal. Please provide an explanation for items marked abnormal. If additional space is needed, please use the space allotted on the following page.

Exam	N	A	Explanation	Exam	N	A	Explanation
Skin				Neurological			
Head-Neck				Reflexes:			
Nose				Patellar			
Teeth-Gums				Achilles			
Mouth				Brachialis			
Throat				Triceps			
Lymph nodes/glands				Joints			
Thyroid				Arms			
Eyes				Hands			
Ears				Legs			
Thorax				Feet			
Lungs				Gait			
Heart				Grip Force			
Pulses				Spine			
Abdomen				Flexion			
Liver				Extension			
Varicosities				Operative scars			
Hernia				Straight leg raise: R			
Genito-urinary				L			

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Medical Examination – For Completion by Physician

NAME: _____ SSN: _____

Date: _____

Examination for position of (Job title): _____

Below, please circle the appropriate response to indicate final results. Please comment on any reasons for a “NO” or “PENDING” response.

YES The **EXAMINEE** is medically qualified to do the essential functions of the job.

NO The **EXAMINEE** is **NOT** medically qualified to do the essential functions of the job.

Comments: _____

NOTE: Abnormalities on the above physical examination and/or required laboratory studies may require further evaluation. Payment authorization must be obtained from the employing authority prior to any additional examination or evaluation. The results of such further evaluation must rule out any disease or illness that may interfere with the ability of the candidate to perform the essential functions required of their occupation. These results must be submitted to the examiner that will be providing medical clearance to perform the duties required of police officers or firefighters (whichever the case may be).

OTHER CONSIDERATIONS: Sufficient medical information must be available to make a definitive determination as to the applicant’s ability to perform the essential functions of the job (as set out in the protocol) with or without reasonable accommodation. If additional information is required, further evaluation will be necessary, subject to advance payment authorization, as set forth in the preceding paragraph. If it is determined that the applicant is not medically qualified to perform the essential functions of the job with or without reasonable accommodation, the basis for that conclusion should be set out in the “Comments” section above.

Physician’s Signature: _____

Physician’s Name (please print): _____

Clinic/Hospital Name: _____

Date: _____
