

## **Medical Examination – Police**

For completion by physician

First Name	Last Name		Last 5 Digits of SSN					
	Applicant for:	Police	🗆 Fire					
Employing City				Date				
<u>Vital Signs</u>								
Height Weight	Pul	lse	<u>Respira</u>	ations	Blood Pressure			
inches	ounds	/min.		/min	/			
Vision								
Without Correct				tion 🗆 Glasses 🗆 Contacts				
Right Left	Both		Right	Left	Both			
Far 20/ 20/	20/	Far	20/	20/	20/			
Near 20/ 20/	20/	Near	20/	20/	20/			
Color Vision								
□ Normal								
Borderline								
Abnormal								
Problematic colors:								
Peripheral Vision								
Right Left 。	Both							

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	Ν	Α	Explanation	Exam	Ν	Α	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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Please use this space for additional comments and/or explanations of abnormal results from the medical examination on the previous page. If more space is needed, please use the back of this page.

Please use the table below for laboratory results. Include the actual values where appropriate. If possible, provide an explanation for abnormal results. Additional space is provided, if needed, on the following page.

Lab/Test		Α	Results, if applicable	Explanation
Urinalysis (Dip): Protein				
Sugar				
Blood				
CBC				
Serum creatinine				
Fasting glucose				
AST				
ALT				
Hepatitis B antibody				
Hepatitis B <i>antigen</i>				
Hepatitis C screen (anti-HCV antibody)				
HIV screen				
PPD (Tuberculin)				
Fasting lipid profile				
5-drug urine drug screen:				
THC, Coc, PCP, opiates,				
amphetamine-methamphetamine				
ECG				
Treadmill stress test				
CXR (PA/Lat) to be read by a				
radiologist				
Spirometry: FEV1				
FVC				
FEV1/FVC				



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First Name		Last Na	ame	Last	Last 5 Digits of SSN			
Audiometry (	<u>unaided)</u>							
	<u>500</u>	<u>1000</u>	<u>2000</u>	<u>3000</u>	4000	<u>6000</u>	<u>8000</u> (optional)	
Left								
Right								

Please use this space for any additional comments regarding labs, audiometry, or other studies.



pensions@mfprsi.org Medical Examination – Police

For completion by physician

First Name

Last Name

ax: 515.254.9300

Last 5 Digits of SSN

Date

Examination for position of (i.e., job title):

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

□ Yes The **examinee** is medically gualified to do the essential functions of the job.

The **examinee** is **not** medically gualified 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

Clinic/Hospital Name

Date

MFPRSI . 7155 Lake Drive, Suite 201 . West Des Moines, IA 50266 . Toll Free: 888.254.9200 . Phone: 515.254.9200 Fax: 515.254.9300 . pensions@mfprsi.org . www.mfprsi.org