

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Criminal Justice Standards Division
Telephone: (919) 661-5980

Sheriffs' Standards Division
Telephone: (919) 779-8213



MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 05-2026)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Sheriffs' or Criminal Justice Standards Division is NOT responsible for payment.

Mail form to hiring agency or individual

DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Vitals

Height: _____ Weight: _____ BMI Calculation: _____

Blood Pressure: _____ Heart Rate: _____ SP02: _____ RR: _____

ECG: _____

Vision

Visual Acuity (If applicant wears glasses or contacts, test and record acuity with and without glasses/contacts)

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Guidelines Does Not Meet Guidelines

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Guidelines Does Not Meet Guidelines

With contacts: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Guidelines Does Not Meet Guidelines

Color Perception

Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Visual Fields

Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Hearing

Hearing Acuity (Audiogram)

Check if Assisted Device Used by Patient

Yes No

Right Ear Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Left Ear Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Examination

HEENT:	Normal	Abnormal	_____
Cardiovascular Exam:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen/Hernia:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

Screening

Urine Dip Test or Urinalysis	Normal	Abnormal	_____
Urine Drug Screen	Positive	Negative	_____
Tuberculosis Questionnaire (F-2A) Administered:	Yes	No	Additional Screening Required: Yes No (Specify)
Additional Screening:	_____		
Sickle Cell Disease Screening	Sickle Cell Disease	Sickle Cell Trait	Negative
Hepatitis B Titers	Immune	Not Immune	

Certification

Are there any conditions which, in your opinion, suggest further examination?

No Yes: _____

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes: _____

Meets Guidelines - Cleared

Does Not Meet Guidelines - Further Evaluation Required

Does Not Meet Guidelines - Disqualified

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Name of Qualified Medical Professional (*Please Print*)

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
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Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213



Tuberculosis Questionnaire

Form F-2A
(Rev. 10-2025)

This information is for official use only and will not be released to unauthorized persons.

Attach to Form F-2 (Medical Examination Report)

DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Tuberculosis Risk Questions

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, or resided in jail or prison? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |
| 6) Have you ever done one of the following: worked or resided at a homeless shelter, worked in a jail or prison, worked as a healthcare worker (including in a hospital or clinic), or worked as an Emergency Medical Responder or Emergency Medical Technician? | Yes | No |

Tuberculosis Symptom Questions

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |