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

Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980

Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 10-2025)

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 <u>NOT</u> responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

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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: _____

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

ECG: _____

Vision

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

Without glasses:	R - 20 / _____	L - 20 / _____	Both - 20 / _____	Meets Standards	Does Not Meet Standards
With glasses:	R - 20 / _____	L - 20 / _____	Both - 20 / _____	Meets Standards	Does Not Meet Standards
With contacts:	R - 20 / _____	L - 20 / _____	Both - 20 / _____	Meets Standards	Does Not Meet Standards

<u>Color Perception</u>

Normal   Abnormal: _____   Meets Standards   Does Not Meet Standards

<u>Visual Fields</u>

Normal   Abnormal: _____   Meets Standards   Does Not Meet Standards

Hearing

<u>Hearing Acuity</u> *(Audiogram)*   **Check if Assisted Device Used by Patient**   Yes   No

Right Ear	Normal	Abnormal: _____	Meets Standards	Does Not Meet Standards
Left Ear	Normal	Abnormal: _____	Meets Standards	Does Not Meet Standards

Examination

HEENT:	Normal	Abnormal	_____
Cardiac Examination:	Normal	Abnormal	_____
Peripheral Circulation:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

Screening

Urinalysis   Normal   Abnormal _____

Tuberculosis Questionnaire (F-2A) Administered: Yes   No   Additional Screening Required: Yes   No

Specify Additional Screening: _____

Certification

Are there any conditions, physical, emotional, or mental, which, in your opinion, suggest further examination?

     No   Yes: _____

_____

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

     No   Yes: _____

_____

   Meets Standards - Cleared

   Does Not Meet Standards - Further Evaluation Required

   Does Not Meet Standards - 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/

_____	_____	_____
Signature of Qualified Medical Professional	Medical License #	Date

Practice Information

Name: _____   Phone #: _____   Email: _____

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

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Tuberculosis Questionnaire

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

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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 jejunal 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