CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

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

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 11-2022)

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 Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division

Instructions:
To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: R - 20 / _____ L- 20 / _____ Both - 20 / _____
How long have contacts been worn? _____

Color Perception: ☐ Normal ☐ Abnormal: _____

Peripheral Vision: ☐ Normal ☐ Abnormal: _____

Hearing

Hearing Acuity: ☐ Audiogram or ☐ 15' whispered conversation (check one)

Right ear: ☐ Normal ☐ Abnormal: _____

Left Ear: ☐ Normal ☐ Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: ☐ Normal ☐ Abnormal: _____

Peripheral Circulation: ☐ Normal ☐ Abnormal: _____

ECG: ☐ Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: ☐ Normal ☐ Abnormal _____

Lungs: ☐ Normal ☐ Abnormal _____

Abdomen: ☐ Normal ☐ Abnormal _____

Musculoskeletal: ☐ Normal ☐ Abnormal _____

Genitourinary: ☐ Normal ☐ Abnormal _____

Neurological: ☐ Normal ☐ Abnormal _____

Skin: ☐ Normal ☐ Abnormal _____

Urinalysis ☐ Normal ☐ Abnormal _____

TB Risk Questionnaires Administered: ☐ Yes ☐ No Additional Screening Required: ☐ Yes ☐ No

Specify Additional Screening: _____

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:

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

_____
Name and Address of Qualified Medical Professional (**Please Type)**

Tuberculosis Risk Questionnaire

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, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? Yes ☐ No ☐

5) Have you ever been exposed to anyone with infectious tuberculosis? Yes ☐ No ☐

Tuberculosis Symptom Questionnaire

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 ☐