



**NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION**

POST OFFICE BOX 629  
RALEIGH, NC 27602 - 0629  
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JEFF JACKSON  
ATTORNEY GENERAL

RICHARD SQUIRES  
DIRECTOR

Form F-2A  
(REV. 01/25)

**INSTRUCTIONS TO AGENCY AND EXAMINER  
FOR COMPLETION OF MEDICAL EXAMINATION REPORT (FORM F-2)**

**TO AGENCY OR TRAINING DELIVERY SITE:**

The attached form must be completed following a physical examination by a Physician Licensed Independent Practitioner, or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces. The physical examination must be conducted either prior to beginning Basic Law Enforcement Training, the Detention Officer Certification Course, or the Telecommunicator Certification Course; or prior to employment as a justice officer - whichever occurs first. The form is valid for one (1) year from the date it is signed. The original should be submitted to the Sheriffs' Standards Division as a part of the certification application. The employing agency and training delivery sites should maintain a copy for their files.

**THE EMPLOYING AGENCY OR THE TRAINING DELIVERY SITE SHOULD PROVIDE THE EXAMINER WITH A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE SHERIFFS' STANDARDS COMMISSION.**

**TO EXAMINER:**

The person for whom this examination is being performed is a candidate for employment and training as a law enforcement officer/deputy sheriff, detention officer, or telecommunicator. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity.

**\*\*\*\*PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION, YOU MUST HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE SHERIFFS' STANDARDS COMMISSION.\*\*\*\***

**TO EMPLOYING AGENCY, TRAINING DELIVERY SITE, AND EXAMINER:**

**IF YOU DO NOT HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL OR IF YOU NEED ADDITIONAL COPIES PLEASE CONTACT THE SHERIFFS' STANDARDS DIVISION AT THE ADDRESS AND PHONE NUMBER ABOVE. YOU SHOULD ALSO FEEL FREE TO REPRODUCE THE MANUAL AS NEEDED.**



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## MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT  
BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-2  
(Rev. 01/25)

**INSTRUCTIONS:** To be completed by a physician licensed independent practitioner licensed to practice medicine in North Carolina or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original report must be submitted to the Sheriffs' Standards Division by the employing agency and a copy maintained in that agency's personnel files.

NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: <u>XXX-XX-</u>
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 / \_\_\_\_\_

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: \_\_\_\_\_

☐ **Check if hearing aid used (Telecommunicator applicants only). Hearing Acuity for Law Enforcement and Detention applicants should be measured without a hearing aid.**

## 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)

**Physical Examination:** ☐ - Normal ☐ - Abnormal

**ABNORMAL FINDINGS:** \_\_\_\_\_

URINALYSIS ☐ - Normal ☐ - Abnormal: \_\_\_\_\_

TB SKIN TEST Millimeters of Indurations \_\_\_\_\_

**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?**

Law Enforcement/Deputy ☐ - No ☐ - Yes: \_\_\_\_\_

**Detention Officer** ☐ - No ☐ - Yes: \_\_\_\_\_

Telecommunicator ☐ - No ☐ - Yes: \_\_\_\_\_

Other ☐ - No ☐ - Yes: \_\_\_\_\_

**I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Justice Officers in the State of North Carolina.**

\_\_\_\_\_  
Signature of Physician or Licensed Independent Practitioner

\_\_\_\_\_  
Date

Name, Title and Address of Physician or Licensed Independent Practitioner

**PLEASE TYPE**