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[www.southwesterncc.edu/content/public-safety-training](http://www.southwesterncc.edu/content/public-safety-training)

## NATIONAL PARK SERVICE SEASONAL LAW ENFORCEMENT TRAINING PROGRAM

### PHYSICAL EXAMINATION FORM

#### TO EXAMINING PHYSICIAN:

The individual for whom this Physical Examination is being performed is an applicant for entry into a law enforcement training program. This training will include the performance of physical and cognitive tasks that involve situational stress commensurate with the realities of the law enforcement profession and will include a physical training (PT) component including, but not limited to, aerobic exercises, calisthenics, weight lifting, flexibility and plyometric exercises.

#### MEDICAL EXAMINATION RESULTS/OBSERVATIONS

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

APPLICANT: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(LAST NAME, FIRST NAME, MIDDLE NAME)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HEIGHT: \_\_\_\_ Ft. \_\_\_\_ In. WEIGHT: \_\_\_\_ Lbs.

#### VISION

*Visual Acuity: If Applicant wears corrective glasses or contacts, test and record acuity with and without glasses/contact and record below.*

WITHOUT CORRECTION: R-20/ \_\_\_\_\_ L-20/ \_\_\_\_\_ BOTH: 20/ \_\_\_\_\_

WITH CORRECTION: R-20/ \_\_\_\_\_ L-20/ \_\_\_\_\_ BOTH: 20/ \_\_\_\_\_

DEPTH PERCEPTION: [ ] Normal [ ] Abnormal: \_\_\_\_\_

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: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
(LAST NAME, FIRST NAME, MIDDLE NAME)

**CARDIOVASCULAR**

BLOOD PRESSURE: \_\_\_\_\_ mmHg      RESTING PULSE: \_\_\_\_\_

CARDIAC EXAMINATION:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

PERIPHERAL CIRCULATION:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

**GENERAL EXAMINATION**

HEENT:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

LUNGS:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

ABDOMEN:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

MUSCULOSKELTAL: [ ] Normal      [ ] Abnormal: \_\_\_\_\_

GENITOURINARY:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

NEUROLOGICAL:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

SKIN:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

SPEECH:      [ ] Normal      [ ] Abnormal: \_\_\_\_\_

**CURRENT MEDICATIONS**

Prescription Medications: *(Include pain relievers, birth control, etc.)*

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OTC Medications: *(Include cold, allergy, headache, vitamins, etc.)*

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**ALLERGIES**

Drug Allergies: *(Include reaction to medication)*

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All Other Allergies: *(e.g., food, insect, seasons, animals, materials, etc.)*

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APPLICANT: \_\_\_\_\_  
(LAST NAME, FIRST NAME, MIDDLE NAME)

ARE THERE ANY CONDITIONS, PHYSICAL, EMOTIONAL OR MENTAL WHICH, IN YOUR PROFESSIONAL MEDICAL OPINION, SUGGEST FURTHER EXAMINATION?

No

Yes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN YOUR PROFESSIONAL MEDICAL OPINION, DO YOU HAVE ANY RESERVATIONS REGARDING THIS APPLICANT'S ABILITY TO PHYSICALLY PERFORM WITHIN A LAW ENFORCEMENT TRAINING ENVIRONMENT?

No

Yes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EXAMINING PHYSICIAN'S NAME:

\_\_\_\_\_  
*Printed/Stamped*

\_\_\_\_\_  
*Signature*

PHYSICIAN'S ADDRESS:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Telephone Number*