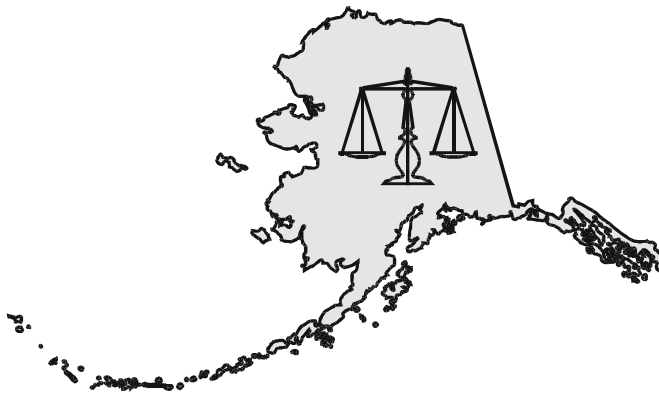


ALASKA POLICE STANDARDS COUNCIL



Health Questionnaire F2-A

Medical Examination Report F2-B

WARNING TO HIRING AGENCY

Forms F-2A & F-2B shall not be completed until a conditional offer of employment has been made to the candidate.

Completed forms F-2A & F-2B should be maintained in a separate file which insures confidentiality and has limited access.

CONFIDENTIAL RECORDS

HEALTH QUESTIONNAIRE

**COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND
GIVE IT TO THE EXAMINING PHYSICIAN AT THE TIME OF EXAMINATION.**

CANDIDATE'S NAME (Last, First, Middle)		ADDRESS
DATE OF BIRTH	AGE	CURRENT OCCUPATION
HIRING AGENCY		

**SECTION
A**

Have you ever or do you now have any of the following? For "YES" answers, supply full details in Section "B" on page 2. If the condition required hospitalization, check the corresponding box.

CONDITION	YES	NO	HOSP	CONDITION	YES	NO	HOSP
1. Head injury				21. Skin condition			
2. Back trouble or back pain				22. Any complications from childhood diseases			
3. Any defects of bones or joints including amputations, broken bones or dislocations				23. Sensitivity to dust			
4. Pernicious anemia, leukemia				24. Other allergies			
5. Rheumatism or arthritis				25. Cancer or malignancy			
6. Trick or locked knee/knee injury				26. Tumor, growth, or cyst			
7. Foot trouble				27. Polio			
8. Eye injury, surgery, or disease				28. Rheumatic fever			
9. Have you ever worn glasses/contact lens				29. Heart trouble (including circulatory)			
10. Hard of hearing or hearing problems				30. High or low blood pressure			
11. Headaches				31. Varicose veins			
12. Mental illness or nervous breakdown				32. Diabetes or sugar in urine			
13. Addiction to drugs or alcohol				33. Colitis			
14. Fainting or dizzy spells, epilepsy				34. Gall bladder trouble			
15. Hepatitis, jaundice, liver ailment				35. Kidney or bladder trouble			
16. Disorder of the nervous system				36. Hemorrhoids or piles			
17. Tuberculosis or lung disease				37. Rupture or hernia			
18. Shortness of breath or asthma				38. Mononucleosis			
19. Any type of blood disorder				39. Any contagious disease			
20. Bronchitis							

MEDICAL EXAMINATION REPORT

To Be Completed by a Licensed Physician or Surgeon

INSTRUCTIONS TO EXAMINING PHYSICIAN:

Please review Health Questionnaire (F-2A), before examining the candidate. Do not forward this report until lab results are received. Use section 13 for explanation of details, if necessary.

Name (<i>Last, First, Middle</i>)		Sex Male_____ Female_____	Birth Date
Height (<i>w/o shoes</i>)	Weight	Social Security Number	

INFORMATION FOR PHYSICIANS

Regulations established by the Alaska Police Standards Council require that every police, correctional, and probation/parole officer employed by a police department or the Department of Corrections shall be examined by a licensed physician. The physician's report examination must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a **police officer** include, but may not be limited to, performance of the following activities:

1. use of firearms	14. crouching	27. climbing ladders
2. driving emergency vehicles	15. sitting	28. hearing alarms
3. handcuffing prisoners	16. standing	29. hearing voice conversation
4. administer first aid	17. standing for long periods	30. color identification
5. rescue operations	18. kneeling	31. close vision
6. lifting and carrying 0-70 lbs.	19. twisting body	32. far vision
7. direct traffic	20. pushing	33. side vision-depth perception
8. subdue prisoners	21. pulling	34. night vision
9. pursue suspects	22. running	35. maintaining balance
10. walking-lateral mobility	23. sense of touch	36. operating passenger vehicles
11. walking rough terrain	24. reaching	37. finger dexterity
12. bending	25. gripping hands and fingers	38. speaking
13. stooping	26. climbing stairs	

The duties of a **correctional officer** include, but may not be limited to, performance of the following activities:

1. use of firearms	13. crouching	26. hearing voice conversation
2. handcuffing prisoners	14. sitting	27. color identification
3. administer first aid	15. standing	28. close vision
4. lifting and carrying 0-70 lbs.	16. standing for long periods	29. far vision
5. subdue prisoners	17. kneeling	30. side vision-depth perception
6. walking-lateral mobility	18. twisting body	31. night vision
7. bending	19. pushing	32. maintaining balance
8. stooping	20. pulling	33. finger dexterity
9. intervene in fire, riot and medical emergencies	21. running	34. speaking
10. fingerprint inmates wrist rotation	22. sense of touch	35. physically control combative and disruptive persons
11. write reports - finger dexterity	23. reaching	
12. pursue escaping prisoners on foot	24. gripping hands and fingers	
	25. hearing alarms	

The duties of a **probation/parole officer** include, but may not be limited to, performance of the following activities:

1. standing 2. maintain balance 3. twisting body 4. sitting 5. finger dexterity 6. walking-lateral mobility 7. gripping hands and fingers	8. search-persons, building and vehicles 9. hear normal voice conversations 10. operate standards passenger vehicles 11. physically control combative and disruptive persons	12. transport arrested persons 13. frisk search for weapons 14. vision and coordination to prepare and proofread reports 15. sensory ability to observe and recognize specific persons, vehicles, evidence, and or property
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Working conditions for **police** and **correctional officers** include, but may not be limited to, the following:

1. Exposure to inside temp. extremes 2. exposure to sun 3. exposure to outside temp. extremes 4. dampness 5. high/low humidity 6. noisy work areas 7. work at heights 8. work in confined areas 9. work in crowded areas 10. working alone 11. exposure to intense light 12. exposure to noxious odors	13. work on high ladders 14. work in remote locations 15. wearing helmets 16. wearing safety glasses 17. wearing special clothing 18. wearing ear plugs/muffs 19. wearing rubber boots 20. exposure to bee stings 21. exposure to dust or pollen 22. exposure to fumes 23. working with mental patients 24. air travel	25. working long hours 26. working night shifts 27. working day shifts 28. working weekends 29. exposure to tobacco smoke 30. working at high elevations 31. working remote from emergency medical assistance 32. working with mentally challenged persons
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VISION & HEARING

<p>1. VISUAL ACUITY</p> <p><u>DISTANCE</u> Uncorrected: R20/ ____ L20/ ____ B20/ ____ Corrected: R20/ ____ L20/ ____ B20/ ____</p> <p><u>NEAR VISION</u> Uncorrected: R20/ ____ L20/ ____ B20/ ____ Corrected: R20/ ____ L20/ ____ B20/ ____</p>	<p>2. HORIZONTAL FIELD OF VISION</p> <p>Right: ____ Left: ____ Both: ____</p> <p>Check if Present:</p> <p>Scatoma: ____</p> <p>Quadratonopia (large blind spot): ____</p>	<p>3. COLOR PERCEPTION</p> <p><i>(Note any deficiencies)</i></p> <p>Red: ____ Green: ____</p> <p>Yellow: ____ Color Plates: ____</p>															
<p>4. CORRECTION</p> <p>None: ____ Spectacles: ____</p> <p>Hard contact Lenses: ____</p> <p>Soft Contact Lenses: ____</p> <p>Required if uncorrected vision is 20/80 or more.</p>	<p>5. HEARING: (AUDIOMETER MUST BE USED)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">500HZ</td> <td style="text-align: center;">1000HZ</td> <td style="text-align: center;">2000HZ</td> <td style="text-align: center;">3000HZ</td> </tr> <tr> <td>dbL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>dbR</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p>Hearing aid used? _____ Note any abnormalities in section 13.</p>			500HZ	1000HZ	2000HZ	3000HZ	dbL	_____	_____	_____	_____	dbR	_____	_____	_____	_____
	500HZ	1000HZ	2000HZ	3000HZ													
dbL	_____	_____	_____	_____													
dbR	_____	_____	_____	_____													
<p>6. Head <i>(Note any defect, disease or injury involving eyes, ears, nose, mouth and throat.)</i></p>																	

7. CARDIOVASCULAR SYSTEM				
TYPE OF ACTION	BLOOD PRESSURE	PULSE RATE	SOUNDS	RHYTHM
A. At rest				
B. After moderate exercise				
C. Two minutes after exercise				
D. Circulation to extremities			E. Note any abnormality	
F. Lungs				
G. Nervous system (<i>describe any pathology or abnormal reflexes</i>)				
8. ABDOMEN		9. RECTAL		
Masses		Fissure		
Tenderness		Fistula		
Hernia		Hemorrhoids		
Genito-Urinary System (<i>note any abnormalities</i>)				
10. MUSCULO - SKELETAL				
<i>(Test by bending, stooping, squatting, also by head, arm, and finger motions.)</i>				
Spine:	Mobility	Symmetry	Posture	
Upper Extremities:	Limited function			
Lower Extremities:	Limited function			
Skin (<i>scars, varicosities, disease, abnormalities - nature and severity</i>)				
11. CONTAGIOUS DISEASES				
Does the applicant have contagious hepatitis?				
Does the applicant have contagious tuberculosis?			Date of last chest x-ray: _____	
12. LABORATORY				
Urinalysis	SP Gravity	ALB	Sugar	Microscopic
Serology (VDRL) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Non-reactive Blood type _____				

13. SUMMARY/COMMENTS

Blank space for summary and comments.

CERTIFICATION

Physician Please Read Carefully

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

Do you have any reservations about this candidate's ability to physically and mentally perform the duties of the job?

I hereby certify that I have completed a physical examination and have reviewed form F-2A (health questionnaire) of: _____ (Patient's Name)

This applicant is found to be:

_____ Physically capable of performing the essential functions of the job.

_____ Not physically capable of performing the essential functions of the job.

- Police Officer State Trooper Correctional Officer Probation/Parole Officer

Blank space for physician's signature.

NAME, ADDRESS & TELEPHONE # OF PHYSICIAN

PHYSICIAN'S SIGNATURE

DATE