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INSTRUCTIONS

- This form is to be used in conjunction with the Medical History Statement (POST 2-252) to evaluate a candidate's qualifications for the position of entry-level law enforcement officer. The form is divided into two sections.

SECTION 1 (Completed by Licensed Examining Physician):

Part A. Examination Results: Use this section to record all notes and test results from the medical examination. Prior to examining the candidate, (1) review the candidate's Medical History Statement, and (2) make sure that you are familiar with the relevant job demands and working conditions of the specific position for which the candidate is being considered. If unavailable, seek this information from the hiring authority.

Part B. Candidate Assessment: This section consists of a series of questions. Your answers are intended to provide the hiring authority with the most useful information possible upon which to base the ultimate employment decision.

SECTION 2 (Completed by Hiring Authority): This section is to be completed after you review Section 1. Your responses to the questions listed will determine whether the candidate can safely perform the essential job demands and meets the employment qualifications for the designated position.

- Type or legibly print (in ink) required information on printed form. To access this form on the POST website, go to www.post.ca.gov.

SECTION 1: TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN

CANDIDATE'S NAME (LAST, FIRST, MI)	DATE OF BIRTH (MM/DD/YYYY)
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SOCIAL SECURITY NO.: - -	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT (without shoes): FT INCHES	WEIGHT (without shoes and coat): LBS
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Part A: Examination Results

VISION (Snellen Notation)					CARDIOVASCULAR		HEARING TEST			RETEST		
	UNCORRECTED		CORRECTED		<input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS	PERIPHERAL VISION:	BLOOD PRESSURE:		Left	Right	Left	Right
	Far	Near	Far	Near			Sitting	500				
Right					COLOR VISION:	Right	— Systaltic:	1000			1000	
						OTHER VISION TESTS:	o	— Dialysis:	2000			2000
Left							Left	Pulse	3000			3000
						o			4000			4000
Both								6000			6000	
								8000			8000	

Indicate "Normal" or "Abnormal" for each of the following conditions. Please provide detailed descriptions of abnormal findings and supplementary testing:

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
SKIN			
Color / Texture (lesions, scars, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
HEAD / EYES			
Corneas (RK scars)	<input type="checkbox"/>	<input type="checkbox"/>	
Pupils / Light reaction	<input type="checkbox"/>	<input type="checkbox"/>	
Fundi	<input type="checkbox"/>	<input type="checkbox"/>	
EOM	<input type="checkbox"/>	<input type="checkbox"/>	
EARS / NOSE / THROAT / MOUTH			
Pinna / Canals / TM	<input type="checkbox"/>	<input type="checkbox"/>	
Nasal septum / Mucosa	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth / Gums	<input type="checkbox"/>	<input type="checkbox"/>	
Tongue / Palate	<input type="checkbox"/>	<input type="checkbox"/>	
NECK / NODES			
Bruit	<input type="checkbox"/>	<input type="checkbox"/>	
ROM	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	
Neck nodes	<input type="checkbox"/>	<input type="checkbox"/>	
Inguinal / Axillary nodes	<input type="checkbox"/>	<input type="checkbox"/>	
CHEST / LUNGS			
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	
Breasts (females age 35 and over)	<input type="checkbox"/>	<input type="checkbox"/>	
CARDIOVASCULAR			
Pulses: Radial, Femoral	<input type="checkbox"/>	<input type="checkbox"/>	
Pulses: D. Pedis, P. Tibial	<input type="checkbox"/>	<input type="checkbox"/>	
Apex impulse	<input type="checkbox"/>	<input type="checkbox"/>	
Heart sounds (murmurs)	<input type="checkbox"/>	<input type="checkbox"/>	
Heart rate and rhythm	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL EXAMINATION REPORT

CHECKLIST <i>continued</i>	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
ABDOMEN			
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Bowel sounds (Bruits)	<input type="checkbox"/>	<input type="checkbox"/>	
Liver / Kidney / Spleen	<input type="checkbox"/>	<input type="checkbox"/>	
Masses	<input type="checkbox"/>	<input type="checkbox"/>	
MUSCULOSKELETAL			
Upper Extremity:			
Shoulder ROM	<input type="checkbox"/>	<input type="checkbox"/>	
Shoulder Apprehension Test	<input type="checkbox"/>	<input type="checkbox"/>	
Grip strength	<input type="checkbox"/>	<input type="checkbox"/>	
Back:			
Heel / Toe walk	<input type="checkbox"/>	<input type="checkbox"/>	
Forward flexion	<input type="checkbox"/>	<input type="checkbox"/>	
Palpation	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Passive SLR	<input type="checkbox"/>	<input type="checkbox"/>	
Knees:			
Squat	<input type="checkbox"/>	<input type="checkbox"/>	
Duck-walk	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Thigh Circumference	<input type="checkbox"/>	<input type="checkbox"/>	
Lachman Test	<input type="checkbox"/>	<input type="checkbox"/>	
Collateral stability	<input type="checkbox"/>	<input type="checkbox"/>	
Patellar apprehension	<input type="checkbox"/>	<input type="checkbox"/>	
One leg hop for distance	<input type="checkbox"/>	<input type="checkbox"/>	
NERVOUS SYSTEM			
Tremor	<input type="checkbox"/>	<input type="checkbox"/>	
Finger-to-nose	<input type="checkbox"/>	<input type="checkbox"/>	
Rhomberg	<input type="checkbox"/>	<input type="checkbox"/>	
Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	
Gait	<input type="checkbox"/>	<input type="checkbox"/>	
Vibration / Toes	<input type="checkbox"/>	<input type="checkbox"/>	
GENITALIA / RECTAL*			
Rectal (age 40 and over)	<input type="checkbox"/>	<input type="checkbox"/>	
Male: Penis	<input type="checkbox"/>	<input type="checkbox"/>	
Male: Scrotum / testes (hernia)	<input type="checkbox"/>	<input type="checkbox"/>	
Female: Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	

*NOTE: Recent exam and test results from candidate's private M.D. are permissible.

LABORATORY FINDINGS			
CBC	<input type="checkbox"/>	<input type="checkbox"/>	
Chem Panel	<input type="checkbox"/>	<input type="checkbox"/>	
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	
ECG	<input type="checkbox"/>	<input type="checkbox"/>	
Spirometry	<input type="checkbox"/>	<input type="checkbox"/>	
Mammogram (age 35 and over)	<input type="checkbox"/>	<input type="checkbox"/>	
Sigmoidoscopy (age 50 and over)	<input type="checkbox"/>	<input type="checkbox"/>	
PPD Mantoux (if assigned to prisons)	<input type="checkbox"/>	<input type="checkbox"/>	
CXR (smokers age 40 and over)	<input type="checkbox"/>	<input type="checkbox"/>	

SUMMARY OF FINDINGS (Continue on page 6 if more space is required.)

SIGNATURE OF LICENSED EXAMINING PHYSICIAN	PRINT PHYSICIAN NAME	DATE
ADDRESS OF PRACTICE (Street, City, State, Zip)		PHONE: () - Ext:

Part B: Candidate Assessment

INSTRUCTIONS

- This section is to be completed by the examining physician. The following questions are designed to translate the results of the medical examination (**Part A**) into a determination of the candidate’s ability to safely perform as a patrol officer.
- You should be fully familiar with the legal issues surrounding medical screening and employment of individuals with disabilities, as described in the “Pre-Employment Screening and the Law” section of the Medical Screening Manual. You should also be familiar with the agency-specific job demands and working conditions for patrol officers.
- If your responses in this section provide the employer with sufficient information to reach a decision regarding the candidate’s employability, you may consider detaching **Part B** from this report and forwarding it alone to the employer for review and evaluation. This will help ensure the confidentiality of non-relevant medical information. Revealing specific medical diagnoses should be avoided unless necessary.
- Questions **1a** and **2b** solicit your suggestions regarding reasonable accommodation. In considering your responses, keep in mind that accommodations can take a variety of forms, including medication regimens, shift scheduling restrictions, environmental limitations, or use of monitoring systems or corrective devices (e.g., contact lenses).

1a. In your opinion, does the candidate have, or is the candidate likely to develop, any physical symptoms or limitations that could impair performance as a patrol officer within the next two (2) years?

<input type="checkbox"/> No	Proceed to question 2a.
<input type="checkbox"/> Indeterminate	Describe additional tests or information required prior to making final determination. (<i>Continue on page 6 if more space is required.</i>)
<input type="checkbox"/> Yes	Describe the impact of these limitations; include the following criteria. (<i>Continue on page 6 if more space is required.</i>) <ul style="list-style-type: none"> • Job functions affected: • Nature and degree of severity: • Duration of impairment (if intermittent or temporary): • Likelihood(s) associated with this impact:

1b. Describe any means, devices or work restrictions that could reduce or eliminate the impact of this impairment on performance as a patrol officer. Include the manner in which the accommodation needs to be implemented, maintained, and monitored; any side effects or risks associated with the accommodation; and a revised estimate of the candidate’s viability as a patrol officer if it is implemented.

2a. In your opinion, could the candidate’s performance as a patrol officer result in a risk to the health and safety of the candidate or others within the next two (2) years?

No

Proceed to question 3.

Indeterminate

Describe additional tests or information required prior to making final determination. (*Continue on page 6 if more space is required.*)

Yes

Describe this risk; include the following criteria. (*Continue on page 6 if more space is required.*)

- Specific job duties and/or working conditions that precipitate the risk:

- Nature and severity of potential harm:

- Impact of harm on self and/or others:

- Likelihood(s) associated with this risk:

- Imminence and duration of the threat:

2b. Describe any means, devices or work restrictions that could reduce or eliminate this risk to a level not significantly greater than that posed by the average candidate. Include the manner in which the accommodation needs to be implemented, maintained, and monitored; any side effects or risks associated with the accommodation; and a revised estimate of the candidate’s viability as a patrol officer if it is implemented.

3. In summary, what is your evaluation of the candidate’s ability to safely perform the duties of patrol officer? (*Continue on page 6 if more space is required.*)

SIGNATURE OF LICENSED EXAMINING PHYSICIAN	PRINT PHYSICIAN NAME	DATE
ADDRESS OF PRACTICE (Street, City, State, Zip)		PHONE: () - Ext:

SECTION 2: TO BE COMPLETED BY HIRING AUTHORITY

Based on the physician's assessment (Section 1, Part B), can the candidate safely perform the essential job demands of patrol officer?
(Check all that apply.)

Yes

Yes, with accommodation He/she needs a reasonable accommodation which can be implemented without undue hardship. (Please specify.)

No The individual **cannot** perform the essential job functions, with or without reasonable accommodation. Provide justification.

No The individual poses a **direct threat** to self or others, with or without reasonable accommodation. Provide justification.

No The accommodation(s) required would constitute an **undue hardship** for the employer. Provide justification.

SIGNATURE OF LICENSED EXAMINING PHYSICIAN	PRINT PHYSICIAN NAME	DATE
ADDRESS OF PRACTICE (Street, City, State, Zip)		PHONE: () - Ext:

