



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
 Harrisburg, Pennsylvania 17112-9748
www.mpoetc.state.pa.us

PHYSICAL EXAMINATION

This form is to be used by both municipal police officer applicants and cadet applicants seeking entry to a training academy.

THIS EXAMINATION MUST BE ADMINISTERED by a licensed physician, physician's assistant, or certified nurse practitioner who is licensed in Pennsylvania. This examination is to determine the physical fitness of the applicant to be certified as a police officer in Pennsylvania. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress.

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS		CITY/BORO	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH	GENDER	

PHYSICIAN SHALL COMPLETE THE FOLLOWING

- A. Is this applicant free from the addictive or excessive use of alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures? YES NO
- B. Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? YES NO
- C. Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer? YES NO
- D. Is this applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements? YES NO
- E. Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements? YES NO

QUESTIONS A – D MUST BE ANSWERED "YES" AND QUESTION E MUST BE ANSWERED "NO" FOR THE APPLICANT TO BE FOUND FIT.

BLOOD PESSURE	HEART	LUNGS
SYSTOLIC _____ DIASTOLIC _____	NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>	NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>

HEARING

The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

RIGHT NORMAL ABNORMAL LEFT NORMAL ABNORMAL

VISION

The applicant must have distant vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; and must be free of any significant visual abnormality. THE FOLLOWING MUST BE COMPLETED.

RIGHT	UNCORRECTED 20/____	LEFT	UNCORRECTED 20/____
	CORRECTED 20/____		CORRECTED 20/____

- I. Does the applicant have normal depth perception? YES NO
- II. Does the applicant have normal color perception? YES NO
- III. Is the applicant free from any other significant visual abnormalities? YES NO

IF THE APPLICANT'S HEARING OR VISION DOES NOT MEET THE REQUIREMENTS ABOVE, THE APPLICAN IS UNFIT.

REMARKS

PROFESSIONAL OPINION

- PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **physically capable** of exercising appropriate judgment and restraint as a certified police officer in Pennsylvania.
- PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is **physically unfit** to exercise appropriate judgment and restraint as a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the employing police department, or certified Act 120 police academy, or MPOETC by the examining physician within 15 days of the date of examination, **even if the applicant is found physically unfit**, pursuant to 37 Pa. Code § 21.11(4)(iv).

_____ SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PHYSICIAN/PA/CNP		_____ DATE	
PHYSICIAN PRINTED NAME		LICENSE NO.	
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

RELEASE OF PHYSICAL INFORMATION

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a physical examination by a licensed physician, as required by the Act, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the physician named above to release all information related to my physical examination to the Municipal Police Officer’s Education and Training Commission (MPOETC), or official designee, and to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

_____ NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY AND/OR MPOETC (Print)						
ADDRESS	CITY	STATE	ZIP CODE	FAX	EMAIL	

_____ SIGNATURE – APPLICANT				_____ DATE		
_____ SIGNATURE - PENNSYLVANIA LICENSED PHYSICIAN/PA/CNP				_____ DATE		