FORM F-2

MEDICAL EXAMINATION REPORT

To Be Completed by a Licensed Physician

INSTRUCTIONS TO EXAMINING PHYSICIAN: Please review Health Questionnaire before examining the candidate. Do not forward this report until lab results are received. Use Section 24 for explanation of details, if necessary.

1. Name (Last, First, Middle) 2. Birth Date (Mo., Day, Yr.)

3. Height (without shoes) 4. Weight (without shoes and coat) 5. Chest Girth (Expiration) 6. Abdomen Girth

6. Visual Acuity (if applicant wears glasses, test and record acuity both with and without glasses)
   a. Color Discrimination _____ b. Depth Perception _____
   c. Peripheral Vision (temporal) Right Eye _____ degrees Left Eye _____ degrees
   (Each eye on zero line)

   d. Visual Acuity (16 inches) without glasses R-20 /_____ L-20/ _____ B-20/ _____
   (16 inches) with glasses R-20/ _____ L-20/ _____ B-20/ _____
   (20 feet) without glasses R-20/ _____ L-20/ _____ B-20/ _____
   (20 feet) with glasses R-20/ _____ L-20/ _____ B-20/ _____

   e. Eye fundus – findings _____

   f. Does examination reveal any internal or external eye pathology? ☐ No ☐ Yes

   If Yes, describe: _____

   g. Is there any apparent eye deviation ? ☐ No ☐ Yes

   Note any eye or visual abnormality _____

   _____

7. HEARING
(Whispered conversation at 15 ft. considered normal)

Right 15/ _____ Left 15/ _____	HEARING AID USED ☐ No ☐ Yes	DRUM PERFORATION OR DRAINAGE ☐ No ☐ Yes

NOTE ANY ABNORMALITY:

9. Head (Note any defect, disease, or injury involving eyes, ears, nose, mouth, throat)	10. Dentistry Recommended ☐ No ☐ Yes

10. Lungs	11. Date Chest X-ray taken`	13. Chest X-ray Normal ☐ No ☐ Yes (report may be attached)

14. CARDIO VASCULAR 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

15. NERVOUS SYSTEM (Describe any Pathology or Abnormal Reflexes)

16. ABDOMEN	17. RECTAL
MASSES	FISSURE
TENDERNESS	FISTULA
HERNIA	HEMORRHOIDS

18. GENITO-URINARY SYSTEM (Note any abnormalities)

19. MUSCULO – SKELETAL (Test by bending, stooping, squatting; also by head, arm, leg, and finger motions)				
A. SPINE	MOBILITY	SYMMETRY	POSTURE	X-RAY RECOMMENDED ☐ NO ☐ YES
B. UPPER EXTREMITIES	LIMITED FUNCTION	MISSING PARTS		
C. LOWER EXTREMITIES	LIMITED FUNCTION	MISSING PARTS		

20. SKIN (Scars, Varicosities, Disease, Abnormalities – Nature and Severity

21. LABORATORY (Report may be attached)				
A. URINALYSIS	SP GRAVITY	ALB.	SUGAR	MICROSCOPIC

B. SEROLOGY (VDRL) ☐ POSITIVE ☐ NEGATIVE ☐ NON-REACTIVE BLOOD TYPE _____

22. ARE THERE ANY CONDITIONS, PHYSICAL, MENTAL OR EMOTIONAL WHICH IN YOUR OPINION, SUGGESTS FURTHER EXAMINATION? ☐ NO ☐ YES (Explain in 24 below)	23. DO YOU HAVE ANY RESERVATIONS ABOUT THIS CANDIDATE'S ABILITY TO PHYSICALLY PERFORM THE DUTIES OF A PEACE OFFICER? ☐ NO ☐ YES (Explain in 24 below)

24. SUMMARY/COMMENTS

SPECIAL INSTRUCTIONS

PHYSICIAN'S SIGNATURE DATE	NAME AND ADDRESS OF PHYSICIAN (Print or Type)