

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION  
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602  
Telephone: (919) 661-5980  
Fax (919) 779-8210

**MEDICAL EXAMINATION REPORT**

**Form F-2(LE)**  
*(Rev. 5.1.14)*

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standard Division**

**Instructions:**

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Employing Agency: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vision**

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

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: \_\_\_\_\_

**Cardiovascular**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Cardiac Examination:  Normal  Abnormal: \_\_\_\_\_

Peripheral Circulation:  Normal  Abnormal: \_\_\_\_\_

ECG:  Indicated by hx or exam: \_\_\_\_\_ (If resting pulse is less than 50 or greater than 100)

**Abnormal Findings**

HEENT: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Genitourinary: \_\_\_\_\_

Neurological: \_\_\_\_\_

Skin: \_\_\_\_\_

Urinalysis  Normal  Abnormal: \_\_\_\_\_

TB Risk Questionnaires Administered:  Yes  No Additional Screening Required:  Yes  No

Specify Additional Screening: \_\_\_\_\_

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

No  Yes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any reservations about this candidate's ability to physically perform required duties?**

No  Yes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have read and fully understand the Medical Screening Guidelines Implementation Manual for the certification of Criminal Justice Officers in the State of North Carolina.**

\_\_\_\_\_  
Signature of Qualified Medical Professional

\_\_\_\_\_  
Medical License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of Qualified Medical Professional (Please Type)

## **Tuberculosis Risk Questionnaire**

- |  |     |    |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe?   | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe?  | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?  | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis?  | Yes | No |

## **Tuberculosis Symptom Questionnaire**

Do you currently have any of the following symptoms?

- |  |     |    |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks                   | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks                   | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath   | Yes | No |
| 5) Chest Pain  | Yes | No |
| 6) Unintentional weight loss                                     | Yes | No |
| 7) Unexplained fatigue (very tired for no reason)                | Yes | No |