



## Examination

HEENT:	Normal	Abnormal	_____
Cardiac Examination:	Normal	Abnormal	_____
Peripheral Circulation:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

## Screening

Urinalysis          Normal      Abnormal \_\_\_\_\_  
Tuberculosis Questionnaire (F-2A) Administered:      Yes      No      Additional Screening Required:      Yes      No  
Specify Additional Screening: \_\_\_\_\_

## Certification

**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: \_\_\_\_\_  
\_\_\_\_\_

**Meets Standards - Cleared**

**Does Not Meet Standards - Further Evaluation Required**

**Does Not Meet Standards - Disqualified**

**I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:**

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

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

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

\_\_\_\_\_  
Date

## Practice Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_