

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

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-2 (DJJDP)

(Rev.6/11)

INSTRUCTIONS:

To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in N.C. or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Height: _____ Weight: _____

- Well nourished
- Obese
- Muscular

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 / _____

Depth Perception: Normal Abnormal: _____

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: _____

(Continued on reverse side)

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam:

ABNORMAL DETAILS

NORMAL

HEENT: _____

LUNGS: _____

ABDOMEN: _____

MUSCULOSKELETAL: _____

GENITOURINARY: _____

NEUROLOGICAL: _____

SKIN: _____

URINALYSIS Normal Abnormal: _____

TB SKIN TEST Negative Positive _____

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 Juvenile Justice Officers and Chief/Juvenile Court Counselors in the State of North Carolina.

Signature of Physician/Physician's Assistant/Nurse Practitioner

Date

Name and Address of Physician/Physician's Assistant/Nurse Practitioner - Typed

