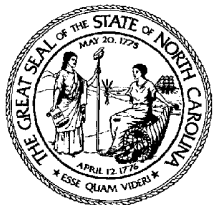


CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



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 (Adult Correction)
 (Revised 10/15)**

INSTRUCTIONS:

To be completed by a licensed physician/physician assistant/ nurse practitioner or surgeon following actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency.

| | | | |
|---|--|--|--|
| 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 |
| 7. Visual Acuity (If applicant wears glasses, test and record acuity both with and without glasses) | | | |
| a. Without glasses R20/ _____ L20/ _____ B20/ _____ | | b. With glasses R20/ _____ L20/ _____ B20/ _____ | |
| c. Depth perception _____ | | d. Color perception _____ | |
| c. Pupils: Equal _____ | | Reaction _____ | |
| f. Eye Grounds: _____ | | | |
| g. Form Fields of Vision (Temporal): Right eye _____ Left eye _____ Each eye on Zero Line _____ | | | |
| (Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram below) | | | |
| h. Evidence of Suppression _____ | | | |
| Note any abnormality | | | |
| 8. HEARING | | | |
| (Whispered conversation at 15 ft. considered normal) | | | |
| Right 15/ _____ | HEARING AID USED | | DRUM PERFORATION OR DRAINAGE |
| Left 15/ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Note any abnormality | | | |
| 9. Head (note any defect, disease, or injury involving eyes, ears, nose, mouth, throat) | | 10. Dentistry Recommended | |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 11. Lungs | 12. Date Chest X-ray Taken | 13. Chest X-ray normal | |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 14. CARDIO VASCULAR SYSTEM | | | |
| A. Blood Pressure _____ B. Resting pulse rate _____ | | | |
| C. Heart Sounds | | | |
| 1. S1 _____ S2 _____ Click _____ Ejection sound _____ | | | |
| 2. Gallop sounds? S3 _____ S4 _____ | | | |
| 3. Murmur describe _____ | | | |
| 4. Circulation to extremities _____ | | | |
| 15. NERVOUS SYSTEM (describe any pathology of abnormal reflexes) | | | |

