



PHYSICIAN APPROVAL FORM

To the Examining Physician:

Please complete this Physician Approval Form in its entirety.

All information is required. The student will not be accepted if any part is omitted.

The candidate you will examine has applied to attend a strenuous law enforcement training academy. During this course, the candidate will be required to participate in a vigorous physical conditioning program, which includes: jogging or repeated sprinting, calisthenics, strength exercises, running and jumping over, under, and around obstacles. The candidate will also participate in a number of simulated police activities including: firing pistols, shotguns, rifles, driving evasively, running, chasing, and wrestling with resisting prisoners, standing for long periods of time and lifting heavy objects.

Applicant Information (to be completed by Applicant)

Student Name: _____
(Last) (First) (MI)

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

PRLEA ACADEMY: _____

List any pre-existing injuries and/or medical restrictions, if any:

**Portion to be completed by Examining Physician
begins on next page and includes TWO pages.**



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Evaluation Information (to be completed by Examining Physician)

The presence of any defects as listed below is deemed to be sufficient cause for disqualification. This list is an illustration, and is not intended as a complete list of disqualifying conditions.

Yes No

- Asthma, presence of: _____
- Allergic conditions:
- Anemia, or other chronic blood condition:
- Blood pressure- Systolic _____ Diastolic _____
- Heart – Significant abnormality in rate, rhythm, or force; enlargement or significant murmur _____
- Electrocardiogram (if given)
- Varicose veins – Presence of enlarged and significant
- Hearing – defective
- Infection of middle ear or mastoid, chronic condition is disqualifying
- Color perception (if Ishihara test used, incorrect reading of six or more of the first 15 plates is disqualifying)
- Vision minimum of 20/11 in each eye, correctable to 20/20; if corrected list both
Corrected – Left 20/___ Uncorrected – Left 20/___
Right 20/___ Right 20/___
- Hemorrhoid – if significant, or other significant rectal conditions
- Liver enlargement, or disease of; e.g. cirrhosis
- Peptic, esophageal, gastric, or duodenal ulcer
- Hernia – presence of, in any part of body: inguinal, internal, large umbilical
- Ventral; or tendency toward hernia
- Acute local infections
- Parasitic or systemic skin disease
- Gynecology (woman) (bi-manual) absence of cervical, uterine, and ovarian pathology
- Weight proportionate to height
- Venereal disease (active)
- Diabetes Mellitus
- Congenital Malformation on back
- Disease or injury of back



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- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Limitation to motion or function-weakness of lameness of back or joint |
| <input type="checkbox"/> | <input type="checkbox"/> | Operation on bone, joint, or spine, e.g. cartilage injury of knee |
| <input type="checkbox"/> | <input type="checkbox"/> | Spine, significant abnormality of |
| <input type="checkbox"/> | <input type="checkbox"/> | Impairment of or absence of, one finger on either hand |
| <input type="checkbox"/> | <input type="checkbox"/> | Limitation of motion or function of joints or extremities |
| <input type="checkbox"/> | <input type="checkbox"/> | Deformity of foot, symptomatic or disabling |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy, seizures, presence of or history of: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcoholism or drug addiction- presence of or history of: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sinusitis – significant extent |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory condition, if present |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Inarticulateness, or marked speech defect; _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Urine examination, presence of albuminuria, glycosuria
Urine: Soec. GR_____ Alb_____ Sugar_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other defects which could cause disqualification |

The medical practitioner may put any questions, make any examination and disqualify for any cause which in their professional opinion tends to impair the present or future health or fitness of the applicant.

I have examined the above-named candidate and found him/her to be free from any physical condition or problems which would prevent him/her from fully participating in the Park Ranger Law Enforcement Academy.

Physician’s Signature: _____

Printed Name: _____

Clinic: _____

Address: _____

City, State, Zip: _____

Date of Exam: _____