MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION
8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
http://www.psp.pa.gov/MPOETC

PHYSICAL EXAMINATION
This form is to be used by both municipal police officer applicants and police academy cadet applicants.

NOTICE AND INSTRUCTIONS TO EXAMINING PHYSICIAN
THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER WHO IS LICENSED IN PENNSYLVANIA. THIS EXAMINATION IS TO DETERMINE THE PHYSICAL FITNESS OF THE APPLICANT TO BE CERTIFIED AS A POLICE OFFICER IN PENNSYLVANIA. THE APPLICANT WHO YOU ARE ABOUT TO EXAMINE IS APPLYING FOR CERTIFICATION AND WILL BE VESTED WITH A POSITION OF PUBLIC TRUST. HE/SHE MAY, AT SOME FUTURE TIME, BE REQUIRED TO EXERCISE SIGNIFICANT PHYSICAL STRENGTH AND UNDERGO HIGH EMOTIONAL STRESS.

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM

OVERALL FITNESS

A. Is the applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? This includes normal function of the heart, lungs, blood pressure, etc. ☐ YES ☐ NO

B. Is the applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer? ☐ YES ☐ NO

C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements? ☐ YES ☐ NO

D. Does the applicant have all extremities, including digits, required to meet minimum training requirements and perform police officer duties? ☐ YES ☐ NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM **ONLY** IF ALL QUESTIONS ABOVE ARE MARKED "YES"*

DRUG SCREEENING: The applicant must be tested for and free from the presence of illegal controlled substances using a minimum of a five-panel drug screen. The results of the drug screen must be attached to this form for review. Include a list of all medications currently taken by the applicant.

DATE TESTED _____   TEST RESULTS ATTACHED ☐ YES   ☐ NO

APPLICANT IS CURRENTLY TAKING MEDICATION ☐ YES   ☐ NO   MEDICATION LIST ATTACHED ☐ YES   ☐ N/A

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM **ONLY** IF THE RESULTS OF THE DRUG SCREEN ARE ATTACHED*

HEARING: The applicant must be able to distinguish a normal whisper at 15 feet. The test shall be independently conducted for each ear, with the tested ear facing away from the speaker and the other ear firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required with the following results: 25db or better for pure tone stimulation between 500Hz, 1000Hz, 2000Hz, and 3000Hz.

RIGHT EAR ☐ NORMAL   LEFT EAR ☐ NORMAL
☐ ABNORMAL   ☐ ABNORMAL

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM **ONLY** IF HEARING IS NORMAL IN BOTH EARS*

VISION: The applicant must have vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; have normal depth perception and color vision, and must be free of any significant visual abnormality. If this section is not completed during the physical, a separate vision exam must be completed using a Form MPO-211 (Vision Examination).

RIGHT EYE   UNCORRECTED 20/_____   LEFT EYE   UNCORRECTED 20/_____
CORRECTED 20/_____   CORRECTED 20/_____

Does the applicant have normal depth perception? (Stereopsis >48% or Arc Seconds <100) ☐ YES ☐ NO

Does the applicant have normal color perception? (Farnsworth or Ishihara) ☐ YES ☐ NO

Is the applicant free from any other significant visual abnormalities? ☐ YES ☐ NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM **ONLY** IF VISION MEETS ALL STATED REQUIREMENTS*

REMARKS			

PROFESSIONAL OPINION

☐ **PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **physically capable** of performing the duties a certified police officer in Pennsylvania.

☐ **PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is **physically unfit** of performing the duties a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the employing police department, certified Act 120 police academy, or MPOETC by the examining physician within 15 days of the date of examination, **even if the applicant is found physically unfit,** pursuant to 37 Pa. Code § 21.11(4)(iv).

SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PHYSICIAN/PA/CNP

DATE

PHYSICIAN PRINTED NAME	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

RELEASE OF PHYSICAL INFORMATION

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a physical examination by a licensed physician, as required by the Act, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the physician named above to release all information related to my physical examination to the Municipal Police Officer's Education and Training Commission (MPOETC) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY (Print)

ADDRESS	CITY	STATE	ZIP CODE	FAX	EMAIL

SIGNATURE – APPLICANT

DATE