

DIRECTIONS FOR THE COMPLETION OF THE MEDICAL EXAMINATION REPORT AND HEALTH QUESTIONNAIRE

APPLICANT

- 1. Pages 2 through 4 are to be completed by the applicant. These pages are to be completed prior to submitting the medical form to the physician.**
- 2. The entire medical form, (all 10 pages) is then to be given to the physician.**

EXAMINING PHYSICIAN

- 1. Please review pages 5 and 6 before completing the physical examination. All certifications made by the physician are to take into account the duties of a law enforcement officer and the physical requirements of training in determining the applicant's capability. Thoroughly review the applicant's self-reporting questionnaire in conjunction with the physical examination in making your certifications.**
- 2. In the event that someone other than the examining physician is consulted for HEARING and/or VISUAL ACUITY testing, it will be necessary to record the date of the testing and the name of the examiner. Spaces have been provided to record these information items. The medical examination must be conducted under the supervision of a licensed physician and the medical examination report must be signed by the physician.**
- 3. Upon completion, the ENTIRE Medical report, (all 10 pages) is to be returned to:**

**Registrar
Nebraska Law Enforcement Training Center
3600 North Academy Road
Grand Island, NE 68801-9403**

APPLICANT

- 1. Please be advised that the Training Center may require an applicant to receive an additional medical examination which may involve referral to a specialist. Should this necessity arise, the cost of any additional examination is also the responsibility of the applicant and/or the employing agency.**
- 2. Any applicant failing to cooperate in providing necessary medical releases or information or failing to meet minimum standards will not be admitted to the Training Center.**

Medical examinations cannot be older than one year prior to the beginning of training.

Questions: Contact the Training Center, 308-385-6030

**NEBRASKA LAW ENFORCEMENT TRAINING CENTER
MEDICAL EXAMINATION REPORT AND HEALTH QUESTIONNAIRE**

TO THE APPLICANT: Medical clearance is required by the Nebraska Law Enforcement Training Center. Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

INSTRUCTIONS TO APPLICANT: Complete pages 2 and 3 prior to your physical examination and give pages 1 to 8 to the examining physician at the time of examination. **ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.**

Applicants Name (Last, First, Middle): _____ **Address:** _____

Date of Birth: _____ **Age:** _____ **Current Occupation:** _____

Hiring Agency (If applicable) _____

SECTION A: HAVE YOU EVER OR DO YOU NOW HAVE ANY OF THE FOLLOWING? FOR "YES" ANSWERS, SUPPLY FULL DETAILS IN SECTION B ON THE REVERSE SIDE. IF THE CONDITION REQUIRED HOSPITALIZATION, CHECK THE CORRESPONDING BOX.

CONDITION	NO	YES	HOSP	CONDITION	NO	YES	HOSP
1. Head Injury / Concussion				24. Frequent Colds			
2. Back Trouble or Back Pain				25. Pernicious Anemia, Leukemia, or Other Blood Disorder/Ailment			
3. Any Bone or Joint injuries (including Amputations, Dislocations, broken bones)				26. Cancer or Malignancy			
4. Lameness				27. Tumor, Growth, or Cyst			
5. Rheumatism or Arthritis				28. Any Complications from Childhood Diseases			
6. Knee Injury or Surgery				29. Polio			
7. Foot Ailments				30. Rheumatic Fever			
8. Eye Injury, Surgery, Disease				31. Heart/Circulatory Condition/Chest Pains			
9. Have You Ever Worn Glasses/Contact Lenses				32. High or Low Blood Pressure			
10. Hard of Hearing or Hearing Condition				33. Varicose Veins			
11. Worn a Hearing Aid				34. Hepatitis, Jaundice, or Other Liver Ailment			
12. Headaches / Severe or Chronic				35. Diabetes			
13. Mental Illness or Nervous Breakdown				36. Ulcers or Other Stomach Condition			
14. Fainting or Dizzy Spells				37. Colitis			
15. Epilepsy or Seizures				38. Gall Bladder Trouble			
16. Any Disorder of the Nervous System				39. Kidney or Bladder Condition			
17. Tuberculosis or Other Lung Trouble				40. Piles or Hemorrhoids			
18. Shortness of Breath				41. Rupture or Hernia			
19. Asthma				42. Mononucleosis			
20. Bronchitis				43. Illness or Addiction to Drugs or Alcohol			
21. Skin Condition, if Contagious				44. Heat Exhaustion or Heat Stroke			
22. Smoking or Use of Tobacco				45. H.I.V. Positive			
23. Allergies (Specify)				46. Diagnosed or Suffer from Repetitive Motion Conditions			

**Nebraska Law Enforcement Training Center
Notice to Physician**

Dear Physician:

The Nebraska Law Enforcement Training Center, (NLETC) conducts basic training of Nebraska law enforcement officers. Trainees undergo strenuous classroom, practical, and physical training during their fourteen-week basic training course. The course creates physical and mental demands upon the trainee. Trainees must complete each part of the Basic course to receive certification and appointment as Nebraska law enforcement officers.

Occasionally, physical ailments restrict participation in training requiring physical exertion. The trainee will be removed from training cannot participate in certain training program(s) until he/she recovers from such ailment. Trainees are separated from the Basic Training course if they suffer from a preexisting ailment and cannot recover and return to training in a reasonable length of time. It is our desire that this physical examination help prevent such separations by determining the patient's ability to participate in the training program.

Please review the following description of physical and mental demands made upon our trainees during the Basic Training course and sign at the end.

Law Enforcement Driving Training

Each trainee must successfully complete the driving training course and pass two driving skills tests. The training program is a minimum of 24 hours in length, conducted in weather extremes and includes:

Repeated practice and testing of driving skills while operating a motor vehicle. Trainees are required to perform a variety of driving maneuvers that include backing a vehicle through a series of sharp turns, 180 degree reverse turns, sudden turning, braking and stopping, and rapid exit from a vehicle in performing a physical arrest/custody scenario. Trainees also spend lengths of time standing on asphalt during instruction and or when other trainees are driving.

Trainees are required to perform repeated rapid steering maneuvers with their arms and hands. Trainees are required to make repeated rapid turns of their upper bodies and hips. Trainees are required to make repeated rapid twisting and turning movements of their head and neck and shoulders. Trainees are tested under time constraints which creates stress.

Firearms Training

Each student must successfully complete the firearms training course, participate in a variety of measured shooting drills and pass the State handgun qualification course. The training program is a minimum of 40 hours in length, conducted in weather extremes and includes:

Repeated live fire training where the trainee will fire several hundred rounds of handgun ammunition and several dozen rounds of long gun ammunition. Training also requires the trainee to fire his/her handgun in dark and low light conditions. Trainees will be required to complete a variety of shooting exercises that will include: running for several hundred yards before shooting, stopping suddenly, rapid change of directions, dropping to the ground, getting up rapidly, shooting from standing, kneeling, and prone positions. Trainees participate in shooting courses when under physically induced stress. Trainees are tested under time constraints which create stress.

The use of fine motor skills of both hands. Training requires the trainee to shoot with both hands independently. Trainees must be able to safely and rapidly load and unload a firearm. Trainees must be able to physically support a firearm in a variety of shooting stances. Trainees must be able to use both a firearm and a flashlight at the same time.

Physical Training and Physical Assessments

Each trainee must participate in physical fitness training during the basic course. Trainees participate in a minimum of 3 hours of physical fitness training each week. The Physical Fitness program includes:

Physical fitness assessments are conducted during the first week of training, at midpoint and at the end of training. Assessments include: maximum bench press, maximum leg press, one minute of sit-ups, flexibility reach, and the 1.5 mile run. Examples of individual physical fitness sessions consist of pre workout stretching exercises, and such activities as calisthenics, circuit training, upper body development circuits, distance jogging and running, sprints, obstacle courses, etc. The physical fitness training is conducted in addition to the other programs demanding physical exertion.

Defensive Tactics

Each trainee must participate in defensive tactics training. Trainees must pass the defensive tactics skills test. The defensive tactics program is a minimum of 40 hours in length and includes:

Weaponless defense that involves close physical combat and grappling requiring significant physical exertion and body contortion. Training involves practice that requires **repeated** bending, kneeling, twisting, punching, falling to the ground, rolling, and joint manipulation. Training requires aggressive forward, backward and lateral movements while afoot. The training also requires the swinging, manipulating, and striking with a law enforcement baton.

Scenario Training

Each trainee must participate in a variety of realistic practical scenarios. Trainees must interact with people, make decisions and use proper law enforcement practices and procedures while under mental stress. Trainees must pass the comprehensive practical test that requires them to demonstrate a variety of proper practices and procedures in a tested environment.

The above are examples of the physical and mental demands and exertions of the law enforcement basic certification course. It is our goal that trainees successfully complete these training programs and ultimately the entire course. However, we will not permit a trainee to participate in such training if they are not physically or mentally able to perform the training and risk harm or injury.

Please consider your patient's condition in light of the information provided here to facilitate your decision in this case. We ask that you use this information in performing your examination and making a determination as to whether your patient can or cannot safely participate in this training program. If you have any questions regarding the program requirements please contact the Training Center.

I have reviewed the description of the physical requirements for the Basic Training Course.

Physician Signature _____

MEDICAL EXAMINATION REPORT TO BE COMPLETED BY A LICENSED PHYSICIAN

INSTRUCTIONS TO EXAMINING PHYSICIAN: Please review Health Questionnaire (pages 2 - 4) before examining the applicant. Do not forward this report until lab results are received. Use Section 18 on page 8 for explanation of details, if necessary.

1. <u>NAME</u> (Last, First, Middle)	2. <u>BIRTH DATE</u> (month, day, year)			
3. <u>HEIGHT</u> (without shoes)	4. <u>WEIGHT</u>			
5. <u>CHEST</u> (Expiration)	6. <u>ABDOMEN</u>			
7. <u>HEAD and NECK:</u> (Note any defect, disease, or injury involving eyes, ears, nose, mouth, throat) Have these conditions been evaluated by a physician? _____				
8. <u>LUNGS:</u>				
9. <u>CHEST X-RAY:</u> (PA and Lateral) <div style="text-align: center;">POSITIVE _____ NEGATIVE _____</div> If "positive" explain: _____				
10. <u>CARDIO VASCULAR SYSTEM:</u> EACH SECTION MUST BE COMPLETED NOTE: Training Center standards require that the applicant's resting blood pressure <u>MUST BE BELOW 160/90.</u>				
TYPE OF ACTION	BLOOD PRESSURE	PULSE RATE	SOUNDS	RHYTHM
A. At Rest	/			
B. After Moderate Exercise	/			
C. Two Minutes After Exercise	/			
D. Circulation to Extremities	E. Note any Abnormality			
F. Electrocardiogram: (if history requires it) If " <u>Abnormal</u> ", include copy of test results.		NORMAL _____ ABNORMAL _____		
11. <u>NERVOUS SYSTEM:</u> (Describe any pathology or abnormal reflexes)				
12. <u>ABDOMEN:</u>		13. <u>RECTAL:</u>		
Masses			Fissure	
Tenderness			Fistula	
Hernia			Hemorrhoids	
14. <u>GENITO URINARY SYSTEM:</u> (Note any abnormalities)				

15. MUSCULO - SKELETAL: (Test by bending, stooping, squatting; also by hand, arm, leg, and finger motions. Explain any abnormalities in Section 18 below.

A. Spine:	Mobility	Symmetry	Posture
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B. Upper Extremities:	Limited function Normal _____ Abnormal _____	Missing Limbs/Appendages
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C. Lower Extremities:	Limited function Normal _____ Abnormal _____	Missing Limbs/Appendages
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16. SKIN: (Scars, Varicosities, Disease, Abnormalities - Nature and Severity)

17. URINALYSIS: (Laboratory report may be attached)	SP. GRAVITY	ALB.	SUGAR
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18. EXPLANATION/COMMENTS: _____

19. CONSIDERING THE APPLICANT'S HEIGHT, AGE, AND GENDER, I CONSIDER HIS/HER PRESENT WEIGHT OF _____ POUNDS TO BE:

SATISFACTORY _____

***EXCESSIVE** _____

*** EXCESSIVE IS DEFINED AS 30% OVER THE AVERAGE WEIGHT FOR THE APPLICANT'S HEIGHT, AGE, AND GENDER.**

*** UNDER PROPER MEDICAL SUPERVISION, THE APPLICANT SHOULD LOSE _____ POUNDS.**

THIS PORTION WILL NOT BE ACCEPTED UNLESS ALL ITEMS ARE TESTED AND COMPLETED.

VISUAL ACUITY/HEARING

The applicant must have vision correctable to 20/30 and have no evidence of an irreversible disease, which will affect the person's sight.

***VISUAL ACUITY:** (If applicant wears glasses, test and record acuity with and without glasses/corrective lenses.)

A. Uncorrected R20/ L20/ B20/ .

B. Corrected R20/ L20/ B20/ .

C. Depth Perception _____

D. Color Perception _____

E. Pupils: Equal _____ Reaction _____

F. Eye Grounds (retina) _____

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)

H. Evidence of Suppression _____

 Note any Abnormality _____

I. Applicant has evidence of an irreversible disease that will affect the applicant's sight. NO YES

EXAMINERS SIGNATURE _____

DATE _____

EXAMINERS PRINTED NAME

ADDRESS

***HEARING**

The applicant has been tested and this applicant's hearing is normal and includes the ability to understand male and female voices/language at normal conversational levels. NO YES

Applicant has evidence of an irreversible disease that will affect the applicant's hearing. NO YES

EXAMINERS SIGNATURE _____

DATE _____

EXAMINERS PRINTED NAME

ADDRESS

PHYSICIAN'S REPORT AND CERTIFICATION

I hereby certify that on _____, I completed a physical examination of
(date)

_____ and it is my professional opinion based on the
(name of patient)

examination that the above patient:

CAN **CANNOT** physically perform the activities described on pages 5 and 6 of this report.
Circle One

DOES **DOES NOT** have any conditions (physical, mental, or emotional) which would suggest
Circle One further examination. (If the patient "DOES," explain below)

Explanation: _____

Physician's Signature: _____	Date: _____
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Physicians Printed Name: _____	First	M.I.	Last
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Office Address: _____

City _____ **State** _____ **Zip** _____

Office Telephone: (_____) _____