

## INFORMATION FOR THE PHYSICIAN

### Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

- |                                 |                              |                                  |
|---------------------------------|------------------------------|----------------------------------|
| 1. Use of Firearms              | 15. Sitting                  | 29. Hearing Voice Conversation   |
| 2. Driving Emergency Vehicles   | 16. Standing                 | 30. Color Identification         |
| 3. Handcuff Prisoners           | 17. Standing-Long Periods    | 31. Close Vision                 |
| 4. Administer First Aid         | 18. Kneeling                 | 32. Far Vision                   |
| 5. Rescue Operations            | 19. Twisting Body            | 33. Side Vision-Depth Perception |
| 6. Lifting & Carrying 0-70 lbs. | 20. Pushing                  | 34. Night Vision                 |
| 7. Direct Traffic               | 21. Pulling                  | 35. Maintaining Balance          |
| 8. Subdue Prisoners             | 22. Running                  | 36. Operating Passenger Vehicles |
| 9. Pursue Suspects              | 23. Sense of Touch           | 37. Finger Dexterity             |
| 10. Walking-Lateral Mobility    | 24. Reaching                 | 38. Speaking                     |
| 11. Walking Rough Terrain       | 25. Gripping Hands & Fingers |                                  |
| 12. Bending                     | 26. Climbing Stairs          |                                  |
| 13. Stooping                    | 27. Climbing Ladders         |                                  |
| 14. Crouching                   | 28. Hearing Alarms           |                                  |

Working conditions for law enforcement officers may include, but may not be limited to, the following:

- |                                             |                                         |                                                |
|---------------------------------------------|-----------------------------------------|------------------------------------------------|
| 1. Exposure to the Sun                      | 14. Work on High Ladders                | 27. Working with Adult Mental Patients         |
| 2. Exposure to Inside Temperature Extremes  | 15. Working in Remote Locations         | 28. Working Night Shifts                       |
| 3. Exposure to Outside Temperature Extremes | 16. Wearing Helmets                     | 29. Working Day Shifts                         |
| 4. Dampness                                 | 17. Wearing Safety Glasses              | 30. Working Weekends                           |
| 5. High Humidity                            | 18. Wearing Chemical-Resistant Clothing | 31. Exposure to Tobacco Smoke                  |
| 6. Noisy Work Areas                         | 19. Wearing Ear Plugs-Muffs             | 32. Exposure to Other Smoke                    |
| 7. Work at Heights                          | 20. Wearing Rubber Boots                | 33. Working at High Elevation                  |
| 8. Work in Confined Space                   | 21. Exposure to Bee Stings              | 34. Working With Mentally Retarded Persons     |
| 9. Work in Crowded Areas                    | 22. Exposure to Poison Oak              | 35. Providing Remote Emergency Medical Assist. |
| 10. Working Alone                           | 23. Exposure to Dust or Pollen          | 36. Scuba Diving                               |
| 11. Work with Inmates                       | 24. Exposure to Fumes                   |                                                |
| 12. Exposure to Intense Light               | 25. Air Travel                          |                                                |
| 13. Exposure to Noxious Odors               | 26. Working Long Hours                  |                                                |

## INFORMATION FOR THE PHYSICIAN - CONTINUED

### Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1 ½ mile run and is administered to all Full-time, Part-time and Refresher trainees. It is the same test at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full-time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ➤		20-29		30-39		40-50 +	
	Score	Male	Female	Male	Female	Male	Female
<b>AGILITY RUN</b> (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55
	70%	18:60	21:10	19:10	22:20	20:05	23:85
	50%	20:40	23:30	20:90	24:40	21:85	26:05
<b>1.5 MILE RUN</b> (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12
	70%	14:30	17:18	15:30	18:30	16:30	19:42
	50%	18:10	21:38	19:10	22:50	20:10	24:02

AGE GROUPS ➤		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<b>PUSH-UPS</b> (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

# MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

To be completed by the applicant & the applicant's agency.

Applicant's Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Applicant's Department/Agency \_\_\_\_\_

Name of Office or Clinic \_\_\_\_\_

Department's Address \_\_\_\_\_

Clinic's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

**TO THE APPLICANT:** Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B, and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered Yes in this questionnaire. Write your own account in Sections B and C. Include diagnosis and dates.

**SECTION A - check each condition or ailment that applies Yes or No.**  
Explain each Yes answer in Section B and list physicians consulted in Section C.

	Condition	No	Yes	Hosp		Condition	No	Yes	Hosp
1	Head injury				24	Sensitivity to dust			
2	Back trouble, pain				25	Other allergies			
3	Any defect of bones/joints including amputations, dislocations or breaks				26	Frequent colds			
4	Lameness				27	Cancer, malignancy			
5	Rheumatism, arthritis				28	Tumor, growth, cyst			
6	Trick/locked knee, knee injury				29	Complications from childhood diseases			
7	Foot trouble				30	Polio			
8	Eye injury, surgery, disease				31	Rheumatic fever			
9	Wear or have worn glasses/contacts				32	Heart trouble, circulatory trouble			
10	Hard of hearing, hearing problems				33	High, low blood pressure			
11	Wear or have worn a hearing aid				34	Varicose veins			
12	Headaches				35	Pernicious anemia, leukemia, other blood disorders or ailments			
13	Mental illness, nervous breakdown				36	Hepatitis, jaundice, other liver ailments			
14	Addiction to drugs, alcohol				37	Diabetes, sugar in urine			
15	Fainting, dizzy spells				38	Ulcers, other stomach trouble			
16	Epilepsy, fits				39	Colitis			
17	Any disorder of the nervous system				40	Gall bladder trouble			
18	Tuberculosis, other lung trouble				41	Kidney/bladder trouble			
19	Shortness of breath				42	Piles/hemorrhoids			
20	Asthma				43	Rupture/hernia			
21	Bronchitis				44	Mononucleosis			
22	Allergic reaction to poison oak, ivy				45	HIV/ARC/AIDS			
23	Skin trouble								



**PHYSICAL FITNESS EXAMINATION**

Name \_\_\_\_\_ Age \_\_\_ Male \_\_\_ Female \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**THRESHOLD WEIGHT TABLE**

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

**BODY FAT LIMITS**

MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of \_\_\_\_\_ pounds to be: \_\_\_ satisfactory; \_\_\_ excessive; \_\_\_ deficient. Under proper medical supervision, the applicant should: \_\_\_ lose/\_\_\_ gain - \_\_\_ lbs.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. VISUAL ACUITY (If applicant wears glasses, test and record with and without glasses.)  
 With Glasses right 20/\_\_\_ left 20/\_\_\_ both 20/\_\_\_ Fields of vision right \_\_\_ left \_\_\_  
 W/out Glasses right 20/\_\_\_ left 20/\_\_\_ both 20/\_\_\_ Depth \_\_\_ Color \_\_\_  
 Perception Perception

Note any abnormalities or comments: \_\_\_\_\_  
 \_\_\_\_\_

2. HEARING right 15/\_\_\_ left 15/\_\_\_

Drum perforation or damage: \_\_\_\_\_

Hearing aid \_\_\_ (Normal hearing is generally considered to be able to distinguish the words in a whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: \_\_\_\_\_  
 \_\_\_\_\_

3. HEAD Note any injury, deformity or disease involving:

nose and sinus \_\_\_\_\_ throat and neck \_\_\_\_\_

mouth \_\_\_\_\_ teeth and jaw \_\_\_\_\_

Note any abnormalities or comments: \_\_\_\_\_  
 \_\_\_\_\_

4. LUNGS Note any abnormalities or comments: \_\_\_\_\_  
 \_\_\_\_\_

5. CARDIOVASCULAR SYSTEM

<u>action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
at rest	___ / ___	___	___	___
after moderate exercise	___ / ___	___	___	___
two minutes after moderate exercise	___ / ___	___	___	___

Circulation to extremities: \_\_\_\_\_

EKG results: \_\_\_\_\_  
 (The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. MUSCULO-SKELETAL SYSTEM (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

Spine: Mobility \_\_\_\_ Symmetry \_\_\_\_ Posture \_\_\_\_ Extremities <sup>Upper</sup> \_\_\_\_ Extremities <sup>Lower</sup> \_\_\_\_

Note any abnormalities or comments: \_\_\_\_\_  
\_\_\_\_\_

7. NERVOUS SYSTEM Note any abnormalities or comments: \_\_\_\_\_  
\_\_\_\_\_

8. ABDOMEN, RECTAL Note any abnormalities or comments: \_\_\_\_\_  
\_\_\_\_\_

9. GENITO-URINARY Urinalysis: Specific gravity \_\_\_\_ Sugar \_\_\_\_ ALB \_\_\_\_

Note any abnormalities or comments: \_\_\_\_\_  
\_\_\_\_\_

10. SKIN Note any abnormalities or comments: \_\_\_\_\_  
\_\_\_\_\_

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? \_\_\_\_ If yes, explain on a separate 8 1/2 by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? \_\_\_\_  
If so, explain on a separate 8 1/2 by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? \_\_\_\_ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? \_\_\_\_ If so, please explain.

15. ***Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated?*** \_\_\_\_ ***If not, please explain on a separate 8 1/2 by 11 sheet of paper.***

**PHYSICIAN'S AFFIDAVIT**

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

\_\_\_\_\_  
Print or Type the Name of the Attending Physician

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of the Attending Physician

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

## LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the \_\_\_\_\_ Academy and will be considered on active duty status, with my organization, during his or her training period.

\_\_\_\_\_  
Print or Type the Signee's Name

\_\_\_\_\_  
Signature of the Agency Head or Authorized Signee

\_\_\_\_\_  
Date

## APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into \_\_\_\_\_ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

\_\_\_\_\_  
Signature of Applicant (sign in ink)

\_\_\_\_\_  
Date Signed