



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. THE APPLICANT IS APPLYING FOR TRAINING OR CERTIFICATION AS A POLICE OFFICER IN PENNSYLVANIA AND WILL BE EXPECTED TO BE PHYSICALLY CAPABLE OF PERFORMING THE VARIOUS TASKS ASSOCIATED WITH THIS PROFESSION. MORE INFORMATION ABOUT THE SPECIFIC JOB TASKS IS CONTAINED ON THE BACK OF THIS FORM.

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS				
CITY/BORO		STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	BIOLOGICAL SEX	GENDER IDENTITY (IF DIFFERENT)	DATE OF EXAM

OVERALL FITNESS

A. Is the applicant's physical condition such that they can reasonably be expected to withstand significant cardiovascular stress required to perform the essential functions of a police officer or safely participate in required training? YES NO

B. Is the applicant free from debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which would limit their ability to perform the essential functions of a police officer or safely participate in required training? YES NO

C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair their ability to perform the essential functions of a police officer or safely participate in required training? YES NO

D. Is the applicant free from the use of medications which would impair their ability to perform the essential functions of a police officer or safely participate in required training? YES NO

E. Does the applicant have all extremities, including digits, required to perform the essential functions of a police officer or safely participate in required training? YES NO

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

DRUG SCREENING: The applicant must be free from the excessive, addictive, or illegal use of controlled substances as determined using a five-panel drug screen. The results of the drug screen must be attached to this form and reviewed by the examining practitioner who may provide comments related to any positive results. The detection of illegal or unprescribed controlled substances renders the applicant "UNFIT" to participate in training or be employed as a police officer.

DATE TESTED _____ TEST RESULTS ATTACHED YES NO

THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF SUPPORTED BY THE RESULTS OF THE DRUG SCREEN

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. If the applicant fails the whisper test, they must take and pass a decibel audi test using an audiometer with an average loss not to exceed 25 or more decibels at the 500HZ, 1000HZ, 2000HZ, and 3000HZ levels in either ear, with no single frequency loss in excess of 40 decibels. The applicant is prohibited from using a hearing aid during the testing.

RIGHT EAR NORMAL ABNORMAL LEFT EAR NORMAL 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, normal 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/____

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

Does the applicant have normal depth perception? (Steropsis > 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