



PEACE OFFICER TRAINING PROGRAM

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PHYSICAL EXAMINATION

WITH REGARDS TO: _____
(STUDENT NAME)

The Peace Officer Standards and Training Board has prescribed the following requirements for the medical examination which must be completed by all applicants who desire to obtain a North Dakota Peace Officer License.

In order for a student to participate in the Peace Officer Training Program that student must be able to successfully complete the various duties of police officers given the variety of contexts in which they may be performed. Generally, those duties or essential functions may be grouped in the following 11 areas:

1. Make custodial arrests to include overcoming resistance.
2. Drive, operate and maintain department vehicles.
3. Provide care and treatment to citizens and prisoners.
4. Communicate orally and in writing.
5. Conduct investigations and interviews.
6. Use force.
7. Perform patrol functions.
8. Perform rescue operations and render citizen assistance.
9. Conduct searches and seizures.
10. Perform public safety operations.
11. Perform significant law enforcement tasks under the affects of pepper spray.

TO EXAMINING PHYSICIAN:

In accordance with Reasonable Medical Practice the medical examination MUST include the examination of the following components. Please use this format and place a "Check" in the appropriate column.

PHYSICIAN'S EVALUATION

| | MEETS STANARDS OF REASONABLE MEDICAL PRACTICE | DOES NOT MEET STANDARDS OF REASONABLE MEDICAL PRACTICE |
|--|---|---|
| 1. Vital signs: Pulse; respiration; blood pressure and temperature. | _____ | _____ |
| 2. Dermatological system. | _____ | _____ |
| 3. Ears, eyes, nose, mouth and throat. | _____ | _____ |

| | MEETS REASONABLE STANDARDS | DOES NOT MEET REASONABLE STANDARDS |
|--|-------------------------------|--|
| 4. Cardiovascular system. | _____ | _____ |
| 5. Respiratory system. | _____ | _____ |
| 6. Gastrointestinal system. | _____ | _____ |
| 7. Genitourinary system. | _____ | _____ |
| 8. Metabolism | _____ | _____ |
| 9. Musculoskeletal system. | _____ | _____ |
| 10. Neurological system. | _____ | _____ |
| 11. Hearing | _____ | _____ |
| 12. Vision | _____ | _____ |
| 13. Pulmonary function testing (if indicated). | _____ | _____ |
| 14. Laboratory testing (if needed) | _____ | _____ |
| 15. Diagnostic imaging (if indicated) | _____ | _____ |
| 16. Electrocardiography (if indicated) | _____ | _____ |

It is my medical opinion that _____,
 can safely perform those essential functions as listed, and that this student has the dexterity range of motion,
 strength and physical attributes necessary to perform the duties of a police officer.

GENERAL COMMENTS: _____

 Physician's Signature

 Date

 Printed/Typed Name

 Business Phone #