



## Examination

HEENT:	Normal	Abnormal	_____
Cardiovascular Exam:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen/Hernia:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

## Screening

Urine Dip Test or Urinalysis	Normal	Abnormal	_____
Urine Drug Screen	Positive	Negative	_____
Tuberculosis Questionnaire (F-2A) Administered:	Yes	No	Additional Screening Required: Yes No (Specify)
Additional Screening:	_____		
Sickle Cell Disease Screening	Sickle Cell Disease	Sickle Cell Trait	Negative
Hepatitis B Titers	Immune	Not Immune	

## Certification

Are there any conditions which, in your opinion, suggest further examination?

No Yes: \_\_\_\_\_  
\_\_\_\_\_

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes: \_\_\_\_\_  
\_\_\_\_\_

**Meets Guidelines - Cleared**

**Does Not Meet Guidelines - Further Evaluation Required**

**Does Not Meet Guidelines - Disqualified**

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

\_\_\_\_\_  
Name of Qualified Medical Professional (*Please Print*)

\_\_\_\_\_  
Signature of Qualified Medical Professional

\_\_\_\_\_  
Medical License #

\_\_\_\_\_  
Date

## Practice Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_