



**NORTH CAROLINA DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149,  
Raleigh, NC 27602  
Telephone: (919) 661-5980

Form F-2A(LE)  
(Rev. 11-2022)

**INSTRUCTIONS TO AGENCY AND EXAMINER  
FOR COMPLETION OF MEDICAL EXAMINATION REPORT (FORM F-2)**

**TO AGENCY OR TRAINING DELIVERY SITE:**

The attached form must be completed following a physical examination by a surgeon, physician, physician assistant, or nurse practitioner who is licensed to practice in North Carolina or authorized to practice medicine in the United States Armed Forces, as outlined in 10 U.S. Code 1094. The physical examination must be conducted prior to beginning Basic Law Enforcement Training and the agency submission of application for certification to the Commission. The form is valid for one (1) year from the date it is signed. The original shall be submitted to the Criminal Justice Standards Division as a part of the certification application. The employing agency and training delivery sites shall maintain a copy for their files.

**THE APPLICANT SHOULD PROVIDE THE EXAMINER WITH THE MEDICAL HISTORY STATEMENT FORM (F-1), WHICH MUST BE READ, COMPLETED, AND SIGNED; AND THE INSTRUCTIONS TO AGENCY AND EXAMINER FOR COMPLETION OF MEDICAL EXAMINATION REPORT (F-2A) FORM ATTACHED TO THE MEDICAL EXAMINATION REPORT FORM (F-2)**

**TO EXAMINER:**

The person for whom this examination is being performed is a candidate for employment and training as a law enforcement officer. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity.

The examining physician, surgeon, physician's assistant, nurse practitioner, shall record the results of the examination on the Medical Examination Report Form (F-2) and shall sign and date the form.

**\*\*\*PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION, YOU MUST HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE CRIMINAL JUSTICE STANDARDS COMMISSION.\*\*\***

**TO EMPLOYING AGENCY, TRAINING DELIVERY SITE, AND EXAMINER:**

**IF YOU DO NOT HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL, OR IF YOU NEED ADDITIONAL COPIES, PLEASE CONTACT THE CRIMINAL JUSTICE STANDARDS DIVISION.**

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**  
**CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602  
Telephone: (919) 661-5980  
Fax (919) 779-8210

**MEDICAL EXAMINATION REPORT**

**Form F-2**  
*(Rev. 11-2022)*

**This information is for official use only and will not be released to unauthorized persons.**  
**Payment for services rendered is the responsibility of the hiring agency or the individual.**  
**The Criminal Justice Standards Division is NOT responsible for payment.**  
**Mail form to hiring agency or individual**  
**DO NOT mail form to Criminal Justice Standard Division**

**Instructions:**

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Employing Agency: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vision**

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With contacts: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

How long have contacts been worn? \_\_\_\_\_

Color Perception: ☐ Normal ☐ Abnormal: \_\_\_\_\_

Peripheral Vision: ☐ Normal ☐ Abnormal: \_\_\_\_\_

**Hearing**

Hearing Acuity: ☐ Audiogram or ☐ 15' whispered conversation (check one)

Right ear: ☐ Normal ☐ Abnormal: \_\_\_\_\_

Left Ear: ☐ Normal ☐ Abnormal: \_\_\_\_\_

## **Cardiovascular**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Cardiac Examination: ☐ Normal ☐ Abnormal: \_\_\_\_\_

Peripheral Circulation: ☐ Normal ☐ Abnormal: \_\_\_\_\_

ECG: ☐ Indicated by hx or exam: \_\_\_\_\_ (If resting pulse is less than 50 or greater than 100)

### **Abnormal Findings**

HEENT: ☐ Normal ☐ Abnormal \_\_\_\_\_

Lungs: ☐ Normal ☐ Abnormal \_\_\_\_\_

Abdomen: ☐ Normal ☐ Abnormal \_\_\_\_\_

Musculoskeletal: ☐ Normal ☐ Abnormal \_\_\_\_\_

Genitourinary: ☐ Normal ☐ Abnormal \_\_\_\_\_

Neurological: ☐ Normal ☐ Abnormal \_\_\_\_\_

Skin: ☐ Normal ☐ Abnormal \_\_\_\_\_

Urinalysis ☐ Normal ☐ Abnormal \_\_\_\_\_

TB Risk Questionnaires Administered: ☐ Yes ☐ No Additional Screening Required: ☐ Yes ☐ No

Specify Additional Screening: \_\_\_\_\_

**Are there any conditions, physical, emotional or mental, 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:

**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/>

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of Qualified Medical Professional (Please Type)

## **Tuberculosis Risk Questionnaire**

- |  |     |    |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe?   | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe?  | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?  | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis?  | Yes | No |

## **Tuberculosis Symptom Questionnaire**

Do you currently have any of the following symptoms?

- |  |     |    |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks                   | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks                   | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath   | Yes | No |
| 5) Chest Pain  | Yes | No |
| 6) Unintentional weight loss                                     | Yes | No |
| 7) Unexplained fatigue (very tired for no reason)                | Yes | No |