



## 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. THIS EXAMINATION IS TO DETERMINE THE PHYSICAL FITNESS OF THE APPLICANT TO BE CERTIFIED AS A POLICE OFFICER IN PENNSYLVANIA. THE APPLICANT WHO YOU ARE ABOUT TO EXAMINE IS APPLYING FOR CERTIFICATION AND WILL BE VESTED WITH A POSITION OF PUBLIC TRUST. HE/SHE MAY, AT SOME FUTURE TIME, BE REQUIRED TO EXERCISE SIGNIFICANT PHYSICAL STRENGTH AND UNDERGO HIGH EMOTIONAL STRESS.

|                        |               |            |           |                |          |
|------------------------|---------------|------------|-----------|----------------|----------|
| LAST NAME              |               | FIRST NAME |           | MIDDLE INITIAL |          |
| STREET ADDRESS         |               |            | CITY/BORO | STATE          | ZIP CODE |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER     |           | DATE OF EXAM   |          |

#### OVERALL FITNESS

- A. Is the applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? This includes normal function of the heart, lungs, blood pressure, etc.  YES  NO
- B. Is the applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer?  YES  NO
- C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements?  YES  NO
- D. Does the applicant have all extremities, including digits, required to meet minimum training requirements and perform police officer duties?  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 tested for and free from the presence of illegal controlled substances using a minimum of a five-panel drug screen. The results of the drug screen must be attached to this form for review. Include a list of all medications currently taken by the applicant.

DATE TESTED \_\_\_\_\_ TEST RESULTS ATTACHED  YES  NO

APPLICANT IS CURRENTLY TAKING MEDICATION  YES  NO MEDICATION LIST ATTACHED  YES  N/A

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF THE RESULTS OF THE DRUG SCREEN ARE ATTACHED*

**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. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required with the following results: 25db or better for pure tone stimulation between 500Hz, 1000Hz, 2000Hz, and 3000Hz.

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 and 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/\_\_\_\_

Does the applicant have normal depth perception? (Stereopsis >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

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

