



**Basic Law Enforcement Training School Director**  
**1105 Kelly Drive**  
**Sanford, North Carolina 27330**  
**Office: 919-777-7774**

**TO THE EXAMINING PHYSICIAN:**

SUBJECT: Medical Examination Report (Forms F1 & F2) for BLET Students

The person for whom this examination is being performed is a candidate for employment and training as a criminal justice officer. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity. Some of these tasks include:

- driving a vehicle
- pursuing on foot fleeing suspects
- balancing on narrow or uneven surfaces
- climbing through opening and over obstacles
- subduing resisting and attacking persons using self-defense techniques
- using body force to gain entrance through barriers (e.g. locked doors)
- firing a handgun and shotgun
- crawling in confined areas
- jumping down from elevated surfaces
- jumping over obstacles and across ditches
- lifting, carrying, and dragging heavy objects (e.g. disabled person)

The performance of these tasks can involve maximal physical exertion, sometimes for extended periods. This physical examination should therefore, be similar to that performed for a potential athlete or for someone entering a fairly vigorous exercise program.

The performance of these tasks might be relatively or absolutely contraindicated because of the presence of several physical conditions. A partial list of such conditions would include the following:

- coronary heart disease
- severe aortic stenosis
- Marfan's Syndrome(dilated aortic root)
- severe pulmonary hypertension
- dilated cardiomyopathy or myocarditis (within the past year)
- hypertrophic cardiomyopathy
- uncontrolled arrhythmias
- uncontrolled systemic hypertension
- substance abuse
- neuromuscular, musculoskeletal, orthopedic or arthritic disorders that would prevent activity

The presence of such conditions should be commented on in your report. In addition, this individual will be exposed to tear gas and pepper mace. Please certify that this individual is physically able to engage in this type of training.

Please sign below indicating that you were presented a copy of this memorandum and had an opportunity to review its contents prior to completing the attached Medical Examination report (Form F-2)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

P.S. Medical Screening Guidelines Implementation Manual available upon request.