

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION

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

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 08-2025)

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 Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Vitals

Height: _____ Weight: _____

Blood Pressure: _____ Heart Rate: _____ SP02: _____ RR: _____

ECG: _____

Vision

Visual Acuity (If applicant wears glasses or contacts, test and record acuity with and without glasses/contacts)

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

With contacts: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

Color Perception

Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Visual Fields

Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Hearing

Hearing Acuity (Audiogram)

Check if Assisted Device Used by Patient

Yes

No

Right Ear Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Left Ear Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Examination

HEENT:	Normal	Abnormal	_____
Cardiac Examination:	Normal	Abnormal	_____
Peripheral Circulation:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

Screening

Urinalysis Normal Abnormal _____

Tuberculosis Questionnaire (F-2A) Administered: Yes No Additional Screening Required: Yes No

Specify Additional Screening: _____

Certification

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: _____

Meets Standards - Cleared

Does Not Meet Standards - Further Evaluation Required

Does Not Meet Standards - 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/>

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____