NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

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MEDICAL HISTORY STATEMENT

Form F-1
(Rev. 10-2025)

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 Sheriffs' or Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Sheriffs' or 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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Allergies *(List All Known Allegries)*

Medications & Supplements *(List All Prescription AND Over-the-Counter Medications & Supplements Currently Taking)*

Immunizations / Surveillance *(Check All That Apply)*

☐ Tetanus (Tdap) Date: _____

☐ Hepatitis B (HBV) Date: _____

☐ Tuberculosis (PPD, Interferon Gold, Chest X-Ray) Date: _____

Medical History

Have you EVER, in your life, had any of the following types of medical conditions? *(Check all that apply)*

1. ☐ Eye Conditions: _____
2. ☐ Ear, Nose, or Throat Conditions: _____
3. ☐ Cardiovascular Conditions: _____
4. ☐ Hormone or Endocrine Conditions: _____
5. ☐ Gastrointestinal or Hernia Conditions: _____
6. ☐ Hematology Conditions: _____
7. ☐ Infectious Diseases: _____
8. ☐ Muscoskeletal Conditions: _____
9. ☐ Neurological or Neurosurgical Conditions: _____
10. ☐ Cancers or Oncology Conditions: _____
11. ☐ Pulmonary Conditions: _____
12. ☐ Renal Conditions: _____
13. ☐ Autoimmune Conditions: _____
14. ☐ Psychological Conditions: _____

Surgeries *(List ALL Surgeries since Childhood)*

Hospitalizations *(List ALL Hospitalizations since Childhood)*

Emergency Room Visits *(List ALL Emergency Room Visits since Childhood)*

Occupational History *(Answer All Questions Below)*

1. Have you ever worked in the criminal justice field? ☐ Yes ☐ No
   - 1a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem? ☐ Yes ☐ No
2. Have you ever served in the armed forces? ☐ Yes ☐ No
   - 2a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or pyschological problem? ☐ Yes ☐ No
3. Have you ever been exposed to any of the following, whether at home, work, military, or any other setting:
   - 3a. Repetitive Loud Noises (Including guns, jet engines, loud machinery) ☐ Yes ☐ No
   - 3b. Chemical Exposure to Skin or Lungs ☐ Yes ☐ No
   - 3c. Dusty Conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos) ☐ Yes ☐ No
4. Have you ever sustained an injury while at work that necessitated extended care by a health care provider? ☐ Yes ☐ No
5. Have you ever had a motor vehicle accident or other injury causing back or neck pain? ☐ Yes ☐ No
6. Are you limited or unable to perform any physical activity because of muscle or joint discomfort? ☐ Yes ☐ No
7. Do you have any missing limbs or non-functional joints? ☐ Yes ☐ No
8. Do you have numbness, weakness, or pain in your upper extremities (including your hands)? ☐ Yes ☐ No

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Occupational History *(Continued)*

9. Have you ever been advised by a physician to avoid sitting or standing over a certain period of time? ☐ Yes ☐ No
10. Do you have difficulty sitting or standing for extended periods of time? ☐ Yes ☐ No
11. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts? ☐ Yes ☐ No
12. Have you ever been advised by a physician to avoid lifting above a certain weight limit? ☐ Yes ☐ No
13. Do you have any difficulty in properly holding, aiming, or firing a handgun, rifle, or shotgun? ☐ Yes ☐ No
14. Do you have any difficulty driving at high speeds in a motor vehicle? ☐ Yes ☐ No
15. Have you ever had any motor vehicle accidents as a result of losing control of your vehicle? ☐ Yes ☐ No
16. Do you have any difficulty driving for three (3) consecutive hours without stopping? ☐ Yes ☐ No
17. Do you have any difficulty running for five (5) consecutive minutes without stopping? ☐ Yes ☐ No
18. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells? ☐ Yes ☐ No

Explanations *(Include any explanation or additional information about any "Yes" answers above and identify by number)*

Penalty

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

Certification

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink) _____ Date Signed _____

Qualified Medical Professional Review:

Signature of Qualified Medical Professional (Use Ink) _____ Date Reviewed _____

Name, Title and Address of qualified medical professional completing review – **Please Type.** _____ Medical License Number _____

Appendix

The following are examples of medical conditions that should be reported. This list is to be used as a reference, but does not include all possible medical conditions. The candidate is required to report all current and prior medical conditions.

1. **Eye Conditions**: color blindness, poor night vision (night blindness), glaucoma, retinal detachment, blindness in one or both eyes, very poor vision when not corrected

2. **Ear, Nose and Throat Conditions**: chronic ringing (tinnitus), moderate to severe hearing loss, assistive devices (i.e. hearing aids and cochlear implants), Meniere's disease, loss of sense of smell or taste, speech defect, abnormality of the face, nose, mouth or throat that would limit the ability to wear a respirator

3. **Cardiovascular Conditions**: high blood pressure (hypertension), high cholesterol, familial hypertriglyceridemia, heart disease, heart attack, abnormal heart rhythm (i.e. atrial fibrillation and supraventricular tachycardia), passing out (syncope), Wolf-Parkinson-White syndrome, automatic internal cardioverter defibrillator (AICD) or pacemaker, stents, coronary artery bypass graft (CABG), heart murmur, hypertrophic cardiomyopathy, situs inversus, peripheral vascular disease, Raynaud's disease, blood clot (DVT or pulmonary embolism/PE), Marfan syndrome

4. **Hormone, Endocrine, or Metabolic Conditions**: diabetes, hypoglycemia, hypothyroidism, hyperthyroidism, Cushing's syndrome, polycystic ovarian syndrome, adrenal insufficiency, Addison's disease, inborn errors of metabolism

5. **Gastrointestinal Conditions or Hernias**: irritable bowel syndrome, Crohn's disease, ulcerative colitis, ostomy, diverticulitis, pancreatitis, gallstones, weight loss surgery, cirrhosis, non-alcoholic steatohepatitis, Gilbert's syndrome, hernias (hiatal, ventral, inguinal, femoral), bowel obstruction

6. **Hematology Conditions**: sickle cell disease, sickle cell trait, hemophilia or other bleeding disorder, anemia, polycythemia vera, white blood cell disorders

7. I**nfectious Diseases**: Hepatitis B, Hepatitis C, HIV/AIDS, tuberculosis, malaria

8. **Musculoskeletal Conditions**: amputation, congenital limb loss or deformity, ACL injury, meniscus injury, rotator cuff injury, labrum injury, chronic back or joint pain, broken bones (fractures), muscular dystrophy, carpal tunnel syndrome, fibromyalgia, osteomyelitis

9. **Neurological or Neurosurgical Conditions**: seizures, stroke, concussion, traumatic brain injury (TBI), recurrent headaches (i.e. migraines or cluster headaches), recurrent vertigo, brain tumors (benign or cancerous), MS (multiple sclerosis), cerebral palsy, Huntington's disease, ALS (amyotrophic lateral sclerosis), meningitis, encephalitis, degenerative disc disease, osteoporosis, arterio-venous malformation (AVM), Parkinson's disease, dementia, neuropathy

10. **Cancers or Oncology Conditions**: leukemia, lymphoma, skin cancer, lung cancer, sarcoma, colon cancer, pancreatic cancer, breast cancer, ovarian cancer, cervical cancer, kidney cancer

11. **Pulmonary Conditions**: cystic fibrosis, asthma, emphysema, chronic bronchitis, COPD, lung abscess, pneumonia, long COVID-19, obstructive sleep apnea, lung abscess, lung resection

12. **Renal Conditions**: solitary kidney, chronic kidney disease, kidney stones, acute tubular necrosis (ATN), kidney transplant, polycystic kidney disease

13. **Autoimmune Conditions**: lupus, psoriasis, rheumatoid arthritis, dermatomyositis, myasthenia gravis

14. **Psychological Conditions**: depression, anxiety, post-traumatic stress disorder, bipolar disorder, other mood disorder, substance use disorder