



RECORD OF MEDICAL EXAMINATION FOR SELECTION AS A POLICE CONSTABLE
CHATHAM-KENT POLICE SERVICE APPLICANT

First Name: _____ Last Name: _____

To: Physician or Medical Examiner (This form to be completed by physician) and signed by the applicant (see last page)

If issue arise during your examination of the above Chatham-Kent Police Service applicant, please provide an explanation and indicate below. Please ensure that all required information is recorded. This is to certify that the above named person has been examined and the following determination has been made:

PLEASE CHECK APPROPRIATE RESULT BELOW:

Able to perform he essential duties required.

Able to perform the essential duties required with the following accommodation:

Not able to determine without the following additional information:

In my opinion, unable to perform the essential duties and no accommodation is possible

Name of Physician or Medical Practitioner

Signature

Contact Phone Number

Date



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First Name: _____ Last Name: _____

To be completed by the examining physician:

Name of Applicant: _____

Gender: _____ Height: _____ Weight: _____

General Appearance (jaundice, pallor, fatigue, alert, etc.):

Comments:



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Head, Ears, Eyes, Nose, Throat	Normal		Notable Findings
	L	R	
Pupil and conjunctiva			
Extraocular Movements			
Funduscopy Evaluation			
Visual Acuity (uncorrected)			
Visual Acuity (corrected)			
Colour Vision (uncorrected)	Normal	Abnormal	
Tympanic Membrane			
Nasal Septum			
Oropharynx			
Thyroid			
Cervical Adenopathy			

Pulmonary System	Normal?	Notable Findings
Inspection		
Palpation		
Percussion		
Auscultation		

Cardiovascular System	Normal?		Notable Findings
Heart Rate: bpm	Regular	Irregular	
Blood pressure: /	Left	Right	
Inspection			
Palpation			
Auscultation			

Abdomen	Normal?	Notable Findings
Inspection		
Palpation		
Percussion		
Auscultation		



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Cutaneous	Normal		Notable Findings
Skin			
Musculoskeletal	Normal		
	Left	Right	
<i>Upper Extremities</i>			
Strength			
Movement			
Joints			
<i>Lower Extremities</i>			
Strength			
Movement			
Joints			
<i>Back</i>			
Strength			
Movement			

Nervous System	Normal?	Notable Finding
Cranial Nerves		
Tremor		
Gait		
Reflexes		

Urinalysis	Normal?	Notable Finding
Blood		
Protein		
Glucose		
Ketones		

Hematology (if clinically indicated)	Normal?	Notable Finding
Other Lab Testing (if clinically indicated)		



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Having given due consideration to the information contained in the Record of Medical History and Record of Medical Examination, and in consideration of the Guidelines for Examining Physicians Medical Evaluation of Police Constable Applicants I am of the opinion that the Applicant is _____ / is not _____ medically capable of performing the duties of a front-line Police Constable.

Therefore, I do _____ / do not _____ unhesitatingly recommend the acceptance of the Applicant for employment in that capacity.

If opinion is negative, provide reason(s):

Name of Physician or Medical Practitioner

Signature

Contact Phone Number

Date



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SUMMARY RESULTS OF MEDICAL EVALUATION

The information contained within this form will be retained, in confidence, by the hiring police service. Record of Medical History, Self-Disclosure form and The Record of Medical Examination (this form) will be retained by the medical examiner.

APPLICANT'S RELEASE OF MEDICAL INFORMATION

Having been duly informed, I, the undersigned, direct the information determined in this medical examination to be provided to the HIRING POLICE SERVICE for consideration in the evaluation of my application for employment as a police constable.

Name of Applicant (please print this line)

Signature of Applicant

Date