

**MEDICAL EXAMINATION REPORT – Public Safety Dispatcher**

POST 2-265 (Rev 04/2018)

**SECTION 1. EXAMINATION FINDINGS**

1. CANDIDATE'S NAME (LAST, FIRST, MI)	2. BIRTH DATE (MM/DD/YYYY)
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3. SOCIAL SECURITY NUMBER Last 4 digits:	4. SEX <input type="checkbox"/> M <input type="checkbox"/> F	5. HEIGHT Without shoes: FT INCHES	6. WEIGHT Without shoes and coat: LBS
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7. VISION					8. BLOOD PRESSURE		9. HEARING TEST		10. RETEST				
	UNCORRECTED		CORRECTED		<input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS	PERIPHERAL VISION:							
	Far	Near	Far	Near							Right	Left	Right
Right					COLOR VISION:  OTHER VISION TESTS:	Right	<i>Initial test</i> BP after 3–5 min in chair: ___ / ___ Pulse: ___  <i>Repeat if BP&gt;120/80:</i> ___ / ___ Pulse: ___  <i>Third test if 1<sup>st</sup> &amp; 2<sup>nd</sup> reads differ by &gt;5 mm Hg:</i> ___ / ___ Pulse: ___	500			500		
Left						Left		1000			1000		
Both								2000			2000		
							3000			3000			
							4000			4000			
							6000			6000			
							8000			8000			

11. For each of the following conditions, indicate **Normal**, **Abnormal**, or **Not Examined** and include additional findings as needed.

CHECKLIST	NORM	AB	NE	DESCRIBE ANY ABNORMAL FINDINGS AND/OR SUPPLEMENTAL TESTS
<b>A) SKIN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B) HEAD / EYES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C) EARS / NOSE / THROAT / MOUTH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D) CHEST / LUNGS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E) ABDOMEN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F) MUSCULOSKELETAL</b>				
Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back / Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lower Extremity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>G) NERVOUS SYSTEM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>H) OTHER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>I) LABORATORY FINDINGS</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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## SECTION 2. SUITABILITY DECLARATION – to be maintained in the background investigation file

### Instructions to the Physician:

- This section is to be completed and submitted to the hiring department.
- The hiring department will maintain this Medical Suitability Declaration page in the individual's background investigation file. **Do not include medical information on this page.**

## Medical Suitability Declaration

Candidate's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

On \_\_\_\_\_, I completed a pre-employment medical screening evaluation on  
[DATE OF EVALUATION]  
the above-named public safety dispatcher candidate, in accordance with POST Commission [Regulation 1960](#).

Based on the results and findings of that evaluation:

**I certify** that the candidate is medically suitable to perform the public safety dispatcher duties and responsibilities as defined and provided by the hiring department either without any accommodations, or provided that the specified work restrictions, limitations, or reasonable accommodations can be implemented. *(Describe any work restrictions, limitations, or reasonable accommodation requirements on the supplemental medical information page.)*

**I cannot certify** that the candidate is medically suitable to perform the public safety dispatcher duties and responsibilities as defined and provided by the hiring department.

Physician's Signature ► \_\_\_\_\_

Physician's Printed Name,  
Medical License Number,  
and Contact Information:

