



Imperial Valley College
Public Safety Training
MEDICAL EXAMINATION REPORT
INSTRUCTIONS TO PHYSICIAN

The person requesting this examination is an applicant to the Imperial Valley College Public Safety Training Law Enforcement or Correctional Academy Program. Listed below are examination categories and descriptions of the types of activities the applicant will be required to perform. Please examine the applicant and answer the following. Provide any written comments or notations on the attached page.

Applicants Name: (Last, First, Middle)			
Date of Birth	Gender	Height	Weight

1. VISION

The applicant's training will include firearms, precision driving, and scenario training that will be performed in daylight, dim light, and inclement weather. The applicant will be placed in realistic police situations requiring visual acuity for the identification of persons and objects by color and shape and in situations that will require the ability to detect peripheral movement. The applicant will be required to spend extensive hours of reading textbooks and manuals. In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

- NO
 YES – Please describe in comments section

2. HEARING

In addition to regular classroom instruction, the applicant will be placed in realistic police situations that required the ability to detect sounds, hear movement, and discern direction with both ears. The applicant will participate in training that will expose them to loud noises such as gunfire, sirens, and alarms. For situations where extended exposure to loud noise is anticipated, ear protection is required. In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

- NO
 YES – Please describe in comments section

3. CARDIOVASCULAR, MUSCULAR, SKELETAL, AND FLEXIBILITY

A. The applicant will be required to perform rigorous physical activity to include running distances up to 3 miles, performing short sprints, crawling, jumping, climbing, dragging a simulated body weighing approximately 160 lbs., performing calisthenics, push-ups, pull-ups, using exercise weights, performing stretching exercises, running through an obstacle course, running up and down stairs and over uneven terrain, and jumping from a six-foot wall. In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

- NO
 YES – Please describe in comments section

B. The applicant will be required to stand for extended periods as in a military formation, marching, and directing traffic. In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

NO
 YES – Please describe in comments section

C. The applicant will be required to perform arrest and control and self-defense trainings, which includes martial arts like falls, throws, rolls, kicks, punches, and stressing the shoulder, elbow, wrist, and finger joints by twisting and extending. In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

NO
 YES – Please describe in comments section

4. NERVOUS SYSTEM, REFLEXES, BALANCE

The applicant will be placed in situations that require spontaneous reaction to threats such as drawing a firearm quickly and deflecting an assault. The applicant must be able to walk across a 12-foot balance beam, balance on each leg for 30 seconds while keeping arms down to sides, walk heel-to-toe in a straight line while keeping both arms down to sides. In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?

NO
 YES – Please describe in comments section

COMMENTS: Describe any “YES” responses. Indicate the impact of the(se) limitation(s). Include: Performance functions affected, nature of severity, duration of impairment (if intermittent), and likelihood(s) associated with this impact.

PHYSICIAN INFORMATION:

Physician's Name (printed)	Address/Phone #
Physician's Signature	Date
