

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
PHYSICAL EXAMINATION

APPLICANT'S NAME: _____ SEX: [] MALE [] FEMALE

APPLICANT'S ADDRESS: _____
STREET CITY COUNTY ZIP

PHYSICIAN'S NAME: _____
PLEASE PRINT OR TYPE

PHYSICIAN'S ADDRESS: _____
STREET CITY COUNTY ZIP

PHYSICIAN'S TELEPHONE NUMBER: (_____) _____

TO EXAMINING PHYSICIAN: This physical examination is to determine the above-named applicant's ability to FULLY PARTICIPATE in all of the rigorous physical activities of law enforcement training. These activities include but are not limited to: push-ups, sit-ups, distance running, close order self-defense training, and tactical firearms training (which may be anywhere from 2 to 8 hours per day). The amount of physical training may vary from day to day in difficulty. The applicant MUST be able to participate EVERY DAY at all prescribed levels.

Height _____ (Without shoes) Weight _____ lbs. (Stripped) Frame: Light _____ Medium _____ Heavy _____

NORMAL	ABNORMAL	
		EYES: VISION RIGHT 20 / _____ LEFT 20 / _____ WITHOUT GLASSES – COLOR PERCEPTION RIGHT 20 / _____ LEFT 20 / _____ WITH GLASSES
		EARS: HEARING RIGHT _____ / 15 LEFT _____ / 15 EXTERNAL EAR DRUM _____
		NOSE & SINUSES DEFORMITY; OBSTRUCTION; CHRONIC INFECTION
		THROAT ENLARGED TONSILS; CHRONIC INFECTION
		THORAX INADEQUATE EXPANSION; DEFORMITY
		HEART ENLARGEMENT; ARRHYTHMIA; DEFORMITY BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____
		LUNGS RALES; DULLNESS; CHRONIC INFECTION
		ABDOMEN ORGAN ENLARGEMENT; HERNIA: VENTRAL _____ INGUINAL _____
		GENITALIA PHIMOSIA; HYDROCELE; VARICOCELE
		RECTUM & ANUS HEMORRHOIDS; FISSURE; FISTULA; PILONIDAL DISEASE
		EXTREMITIES DEFORMITY; LOSS OF PARTS; LIMITATION OF MOTION; CHRONIC INFECTION; VARICOSE VEINS
		SKIN DISFIGURING DEFECTS OR SCARS; INFECTION
		NERVOUS & MENTAL VASOMOTOR INSTABILITY; MENTAL OR NEUROLOGIC DEFECT
		URINALYSIS SUGAR _____ ALBUMIN _____

Comments on Abnormalities: _____

EKG Results: _____

The above-named applicant is physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

EXAMINING PHYSICIAN M.D. / D.O. / C.R.N.P. ____/____/____
MM DD YR