



POST ACADEMY – Medical Exam Report Adult Misdemeanor Probation Officer

Applicant's Name: _____

Last
First
M. I.

POST ID # _____

Last 4 of SSN
1st 4 Letters of First Name
Day of Birth

To the Applicant: Acceptance to POST Academy requires a complete medical examination be performed by a Licensed Physician or his designee within one year prior to the starting date of the Academy. It is **your** responsibility to make sure all medical forms are completed thoroughly and signed in the appropriate places. **Complete and present the Health Questionnaire (Form BP-8) to your physician for their review.**

Leave the Health Questionnaire (Form BP-8) with your physician.

To the examining Physician: The above named applicant has chosen a career as an Adult Misdemeanor Probation Officer. Please check one of the following:

(check box) **I have reviewed the submitted Health Questionnaire (Form BP-8) to determine if the applicant is free from any physical, emotional or mental condition, free of any signs/symptoms of communicable disease likely to infect others in an academy environment or any other condition which might adversely affect the applicant's ability to train or perform the duties of an Adult Misdemeanor Probation Officer.**

(check box) **The applicant did not provide a completed Health Questionnaire (Form BP-8).**

A thorough medical examination is required prior to acceptance into the Adult Misdemeanor Probation Academy. Officers are required to participate in vigorous self-defense and physical development exercises during the academy training. **In your medical opinion, does this applicant have the level of physical ability to complete the following?**

Acting alone, this applicant must be able to:

Apply use of force continuum	Identify substance abuse symptoms
Arrest clients for violations of conditions, in presence of officer	Identify symptoms of mental illness/disorders
Assess/refer medical needs	Impose graduated sanctions
Assist law enforcement officers	Interview collateral contacts
Conduct home visits	Investigate allegations or suspicions of probation violation
Conduct personal contacts with clients	Monitor/enforce terms/conditions of probation
Defend others or self	Operate motor vehicle
Empower/encourage/motivate clients	Perform client intake
Enforce court order	Search persons, vehicle/residences
Escort offenders, walking	Serve on-call and respond
Handle hazardous materials	Test for drugs/alcohol
Identify drugs and drug paraphernalia	Transport offenders, drive
Identify staff health risks	

PHYSICAL ABILITIES: Static, dynamic trunk strength, extension and dynamic flexibility, manual and finger dexterity, arm-hand steadiness, gross body coordination, speed of limb movement and mobility, observation skills

OPERATE: computer, chemical agents, handcuffs

WORK LONG HOURS IN: darkness, remote areas, hot and cold weather, while seated, standing, bending, reaching, pushing, kneeling, pulling, lifting, turning and standing, turning and sitting, crawling, handling and feeling: emotionally disturbed and hostile people.

PHYSICIAN STATEMENT AFTER EXAMINATION:

Please initial the appropriate area:

_____ I (or my designee) have examined the above named applicant to the Idaho POST Academy and ***in my opinion*** find the applicant **IS physically able to perform the full duties required of an officer, in training or in the field, as outlined above.**

_____ I have examined the above applicant and it is my opinion that the applicant **IS NOT physically able** to perform the full duties required of an officer.

_____ It is my opinion that the applicant **IS NOT NOW physically able** to perform the full duties required of an officer. To become physically able to perform the duties required of an officer this person must:

(check box) **Physician acknowledges POST requires the Health Questionnaire (Form BP-8) to be included with the client's examination record(s).**

Signature of Examiner _____ **Date of Exam** _____

Printed Name of Examiner _____

IMPORTANT! Type or stamp Physician's name, address, telephone number below: