



MEDICAL EXAMINATION FORM FOR POLICE APPLICANTS

Physician:

Police Service: Manitoba First Nations Police Service	Date Examined:
Examined by:	Phone:
Address (Number, Street, City, Province, Postal Code)	

Applicant:

Surname:	Given Names:
Address (Number, Street, City, Province, Postal Code)	DOB:
	Sex:
Name of Family Physician:	Phone:

Health History – Have you ever had or are you suffering from:

	Yes	No		Yes	No
1. Illness or injuries since previous exam	<input type="checkbox"/>	<input type="checkbox"/>	9. Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>	10. Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
3. Ear Trouble or deafness	<input type="checkbox"/>	<input type="checkbox"/>	11. Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
4. Nose or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	12. Lung Disease or Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>
5. Hay Fever-Asthma-Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	13. Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
6. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	14. Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
7. Head Injuries	<input type="checkbox"/>	<input type="checkbox"/>	15. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
8. Fainting spells – convulsions	<input type="checkbox"/>	<input type="checkbox"/>	16. Rupture	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No		Yes	No
17. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	25. Foot troubles	<input type="checkbox"/>	<input type="checkbox"/>
18. Kidney and/or Bladder Trouble	<input type="checkbox"/>	<input type="checkbox"/>	26. Rheumatism or joint trouble	<input type="checkbox"/>	<input type="checkbox"/>
19. Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>	27. Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>
20. Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	28. Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>
21. Tropical Diseases	<input type="checkbox"/>	<input type="checkbox"/>	29. Used alcohol beverages to excess	<input type="checkbox"/>	<input type="checkbox"/>
22. Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	31. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
23. Back injuries and/or back problems	<input type="checkbox"/>	<input type="checkbox"/>	32. Drug allergies	<input type="checkbox"/>	<input type="checkbox"/>
24. Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	33. On any Medication	<input type="checkbox"/>	<input type="checkbox"/>
34. Other:					
Details of Positive Health History:					

Height	Weight	Physique	
Complexion	Skin Disease (degree)	Hair Color	Eye Color
Chest Measurements (Male Only)			
a. Full inspiration In.		b. Forced Expiration In.	
Vision without Aids		Vision with aids	
Right	Left	Right	Left
Glasses Required?	If "yes" are present ones satisfactory?	Color Vision	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Physical Examination:

Blood Pressure		Pulse	
Systolic	Diastolic	<input type="checkbox"/> Irregular	<input type="checkbox"/> Regular
	Normal	Abnormal	Notes:
1. Lymphatic System	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hearing (cv)	<input type="checkbox"/>	<input type="checkbox"/>	
R	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ears (drums)	<input type="checkbox"/>	<input type="checkbox"/>	
R	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	
4. Head	<input type="checkbox"/>	<input type="checkbox"/>	
5. Nose (passages)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mouth (teeth)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Throat (tonsils)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Chest	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
10. Heart	<input type="checkbox"/>	<input type="checkbox"/>	
11. Spine	<input type="checkbox"/>	<input type="checkbox"/>	
12. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
13. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
14. Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	
15. Varicocele	<input type="checkbox"/>	<input type="checkbox"/>	
16. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	
17. Extremities			
a) Hands	<input type="checkbox"/>	<input type="checkbox"/>	
b) Feet	<input type="checkbox"/>	<input type="checkbox"/>	
c) Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	
18. Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	

Females Only:

Breast Examination – to determine presence of nodules or tumors:
Gynecological History – with pelvic examination, including pap smear:

Laboratory Examination:				
Blood Wasserman	Hemoglobin	E.S.R.	Blood Group	Rh.
Urinalysis				
Albumen	Sugar	Microscopic		
Chest X-ray (if necessary, in the Physician's Opinion)				
Film No.	Where Taken:			
Report:				
ECG (after age 39 yrs)				
Other studies/tests as deemed necessary:				

Is applicant physically fit for employment as a Police Officer?

Yes No Temporary Rejection

(Signature of Physician)

Guide for Medical Examiners

- **Blood Pressure:** Must be reasonably normal. Extremely high blood pressure should be considered cause for rejection unless controllable by medication but, if the deviation from normal is considered of a temporary nature only, the Medical Examiner may, at their discretion, suggest to the applicant to return for a re-check. In such cases a notation should be made on the form.
- **Body Development:** the muscular system must be well developed; contraction or deformity of joints or abnormal curvature of the spine are causes for rejection.
- **Body Marks:** distinctive marks and any peculiar physical features are to be noted for identification purposes.
- **Chest:** Contraction or deformity of the chest is cause for rejection.
- **Diabetes:** Dependency on insulin would be cause for rejection.
- **Feet:** Must be free from defect, amputation or deformity.
- **Hands:** Must be free from defect, amputation or deformity. The amputation of all of a finger or thumb may be cause for rejection. In all cases particulars as to the joint or joints amputated are to be noted. If the condition will not prove to be a handicap; in the use of a keyboard or firearms or the performance of any other duty which a member might be called on to perform, the applicant may be accept.
- **Hay Fever:** A candidate who shows evidence of or discloses as a past history of hay fever during initial or final examination shall be referred to a specialist or consultant for examination and assessment as to suitability.
- **Hearing:** Perforated ear drums is cause for rejection. If hearing is impaired, referral should be made to an Ear, Nose and Throat specialist.
- **Heart:** Must be devoid of disease, or as far as can be judged, tendency to disease. In doubtful cases it is cause for rejection:
 - **Note:** Applicants rejected for this cause may, if they wish, consult a cardiologist at their own expense and submit his recommendations for consideration.
- **Hemorrhoids:** Cause for rejection.
- **Hernia:** Cause for rejection.
- **Lungs:** Must be devoid of disease or, as far as can be ascertained, tendency to disease.

- **Nasal Passages:** Must be unobstructed and no growth of nasal polypi present.
- **Observations:** Any tendency to nervous instability is to be noted on the form.
- **Skin Disease:** Acute acne or other skin disease of a serious nature is cause for rejection. Show the degree if applicant has evidence of this condition.
- **Throat:** Must be healthy.
- **Tonsils:** Must be healthy, simple enlargement of tonsils will not be a cause of rejection unless there is a history of frequent sore throat and evidence of acute or chronic disease present in the tonsils.
- **Urinalysis:** Must be free of abnormal conditions; i.e., the presence of albumen or blood or sugar on repeated tests is a cause for rejection.
- **Varicose Veins:** A marked condition is cause for rejection.
- **Vision:** Visual acuity – applicants must have not poorer than 20/60 in both eyes or 20/40 in one eye and 20/100 in the other eye, correctable to 20/30 in both eyes.
 - **Colour Vision:** All candidates must pass the Farnsworth D15 Test.
 - **Visual Fields:** All candidates must undergo a full to confrontation test in each eye.
- **Weight:** Well proportioned according to height.
- **Additional Causes for Rejection:** Any form of tuberculosis, syphilis or gonorrhoea; addition to the use of opium or other drugs, or the inordinate use of alcohol or constitutional impairment due to previous indulgence; pronounced speech impediment; history of rheumatism, epilepsy, nervous instability, mental disease, gastric or duodenal ulcers, haemoptysis, asthma or sinusitis unless controllable by medication.