



## MEDICAL ASSESSMENT

*(LAW ENFORCEMENT, JAIL, OR JUVENILE DETENTION OFFICER AND/OR PREPARATORY TRAINING STUDENT)*

1. Applicant's Name: \_\_\_\_\_ 2. Sex:  Male  Female  
Last First MI
3. Position or Training Applied for:  Law Enforcement  Jail  Juvenile Detention
4. Hiring Agency or Training School: \_\_\_\_\_
5. Examining Physician/Physician's Assistant/Nurse Practitioner-PLEASE READ CAREFULLY BEFORE EXAM:

Wisconsin law requires all applicants for Law Enforcement, Jail and/or Juvenile Detention Officer Employment be free from any physical, emotional, or mental condition which might adversely affect performance of duties as an officer. The law further requires all applicants attend and successfully complete a preparatory training program approved by the Law Enforcement Standards Board (LESB). The hiring standards and training programs approved by the LESB are based upon a validated analysis of the tasks officers perform or must be prepared to perform each day. These tasks include the following: walking for extended periods (4 hrs or more), short sprints (350'), running up and down stairs (4 flights or more), pushing heavy objects (170 lbs), jumping over and around obstacles, lifting 100 lbs or more and carrying heavy objects (50 lbs or more), using hands and feet in use of force situations, as well as bending and reaching. Additionally, applicants should have normal depth and color perception and be free of any other significant vision abnormalities.

To prepare recruits to meet these challenges, while at the training academy they will practice handcuffing, baton, and weapon retention techniques; run, jump, and be thrown to the ground; and participate in role-play of job-related scenarios which requires strength, agility, and endurance. Additionally, **law enforcement recruits** will drive emergency vehicles; qualify with a handgun and a rifle; and are expected to pass a physical fitness exam which includes a 1.5 mile run, 300 meter run, push-ups, sit ups, vertical jump and agility run, prior to the start of the academy and at the end of academy.

Disabilities, impairment, or limitations identified by the examination, which could prevent an applicant from performing the essential functions of the job or training mentioned above should be documented and reported to the employing agency or training school.

- I hereby attest that I have examined the above named applicant and find him or her **capable** of performing the essential functions of the position and/or safely participating in preparatory training.
- I hereby attest that I have examined the above named applicant and find him or her **not capable** of performing the essential functions of the position and/or safely participating in preparatory training.

6. \_\_\_\_\_ 7. \_\_\_\_\_  
 Medical Assessor's Printed Name & Title Medical Assessor's Signature
8. \_\_\_\_\_ 9. \_\_\_\_\_  
 Date of Medical Exam Medical Assessment Clinic/Hospital Name and Location

**By signing below the applicant acknowledges that this form is valid for 21 months from the date of the exam noted in item 8 for entrance into preparatory training; this form is valid for 9 months from the date of exam noted in item 8 for employment with a law enforcement agency; and it is the applicant's responsibility to notify the training school or their hiring agency of any changes in their health during that time.**

10. \_\_\_\_\_ 11. \_\_\_\_\_  
 Applicant's Signature Date

By signing below the applicant acknowledges that failure to disclose a pre-existing condition that may impact the applicant's ability to safely complete the academy is grounds for dismissal from the academy.

12. \_\_\_\_\_ 13. \_\_\_\_\_  
 Applicant's Signature Date

## INSTRUCTIONS FOR COMPLETING THE MEDICAL ASSESSMENT FORM (DJ-LE-332)

### EMPLOYERS:

Employers shall attach the **JOB DESCRIPTION** of the position applied for to the Medical Assessment form for the licensed Physician, Physician Assistant, or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position. The completed Medical Assessment form shall be maintained by the hiring agency. The medical assessment must be conducted no more than nine (9) months prior to the first date of employment.

### TRAINING SCHOOLS:

Training schools shall ensure the medical assessment is completed prior to the initial physical fitness assessment at the start of the academy. The completed Medical Assessment form shall be maintained by the training school in the student's records.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE EMPLOYING AGENCY OR TRAINING SCHOOL (SECTIONS 1 – 4)

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Sex:** Mark the appropriate box for the sex of the applicant.
3. **Position or Training Applied for:** Check the box for one of the following disciplines: Law Enforcement, Jail, or Juvenile Detention Officer.
4. **Hiring Agency or Training School:** Enter the hiring agency's name or the name of the training school.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER (SECTIONS 5 – 9)

5. **Physician, Physician Assistant or Nurse Practitioner's Assessment:** In your opinion is there any medical or physiological reason that may impair the applicant's ability to perform the essential functions of the position for which he or she has applied, or the preparatory training involved? Please check the box indicating whether the applicant is capable or not capable of performing the essential functions of the position and participating in preparatory training.
6. **Medical Assessor's Printed Name and Title:** Printed name and title of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.
7. **Medical Assessor's Signature:** Signed name of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.
8. **Date of Medical Exam:** Include the date the exam was conducted (month, day, year)
9. **Medical Assessment Clinic/Hospital Location:** Include the name of the clinic or hospital where the assessment was conducted and the address of the clinic or hospital.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE APPLICANT (SECTIONS 10-11)

10. **Applicant's Signature:** The applicant signs the completed form after the medical exam acknowledging the results of the assessment and the forms validity for 21 months from the date of the exam noted in item 8 for entrance into preparatory training; the forms validity for 9 months from the date of the exam noted in item 8 for employment with a law enforcement agency; and the applicant's responsibility to notify the training school and/or their hiring agency of any changes in their health during that time.
11. **Signature Date:** Enter the date on which the medical assessment form is signed by the applicant; should be the same as, but no earlier than the date in section 8 of the medical assessment form.