

MEDICAL RELEASE FORM

Applicant, please complete part I of the form and have your physician complete part II.

NAME _____

ADDRESS _____ PHONE _____

DATE OF BIRTH _____

PART I

Please check any of the following that pertain to your health in general:

___ Asthma ___ High Blood Pressure ___ Diabetes

___ Allergies:

Hay fever ___ Drug ___ (what medications are you allergic to)

___ Dizziness ___ Chronic Headaches ___ Shortness of Breath

___ Kidney Disease ___ Heart Murmur ___ Heart Problems

___ Broken Bones: (If yes, indicate which bones) _____

Has anyone in your family had any of the following; heart disease, high blood pressure, diabetes? ___ Who _____

Were you hospitalized within the last 5 years? ___ When _____

Have you had any surgeries within the last 5 years? ___ If so, what was the procedures(s) _____

Have you had a seizure, concussion or been unconscious for any reason in the last year? _____

Are you currently taking any medications? If so, please list them _____

Do you wear glasses or contact lenses? _____

Are you willing and physically able to participate in extended strenuous physical activities (running, jumping, heavy lifting, stretching, etc.)?

Yes No

PART II

PHYSICAL EXAMINATION

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ Percent Body Fat _____

1. Eyes _____

2. Ears, Nose, Throat _____

3. Mouth & Teeth _____

4. Neck _____

5. Cardiovascular _____

6. Chest and Lungs _____

7. Abdomen _____

8. Skin _____

9. Genitalia _____

10. Musculoskeletal: ROM, strength, etc

a. neck _____

b. spine _____

c. shoulders _____

d. arms/hands _____

e. hips _____

f. thighs _____

g. knees _____

h. ankles _____

i. feet _____

11. Neuromuscular _____

Comments regarding abnormal findings _____

The above applicant may participate in all strenuous physical activities associated with training at the Western Nevada State Peace Officer Academy, to include (but not limited to) heavy lifting, bending, stretching and sustained running.

Physician's Signature _____ Date _____

Physicians Name (please print) _____