

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? _____

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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.

Physicians Signature _____ **Date** _____

Physicians Name (please print) _____