New Mexico Department of Public Safety Training Center
4491 Cerrillos Road, Santa Fe, New Mexico 87507
(505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— www.dps.nm.org/training

MEDICAL EXAMINATION PROCEDURE

Prior to admission to a Basic Police Officer Training (BPOT) or Certification by Waiver of Previous Training (CBW) program at the Academy or an accredited regional/satellite academy, all applicants must undergo a medical examination conducted by a licensed physician. This examination must be conducted in accordance with the Medical Selection Guidelines. The examination is considered valid for 1 year. The Academy will provide standard medical examination forms to be completed by the examining physician.

The following are the minimum requirements for the medical examination:

Medical History
The applicant must complete, sign and date the Medical History Statement.

Physician's Examination
The examining physician will review the applicant's Medical History Statement and the Medical Selection Guidelines (Subsection G of 10.29.9.17 NMAC - Tab 2 of Reference Guide) prior to completing, signing, and dating the Medical Examination Report.

Laboratory Tests
The following laboratory tests are required:
(**Test results outside of established norms must be recorded and explained on page 17 of this section.)**

1. Blood Chemistry (Chem 20 or equivalent)
2. Complete Blood Count (CBC)
3. Complete Urinalysis (not Dipstick)
4. Serology (RPR or equivalent)
5. Tuberculosis (Mantoux)
6. Electrocardiogram (ECG) (Resting)
7. Chest X-ray (CXR) **Only required if #5 is positive.**
8. Drug Screen (THC, Cocaine, Amphetamines, Opiates, Barbiturates, Methadone, Methaqualone, Phencyclidine, Propoxyphene, Benzodiazepines, Alcohol, Anabolic Steroids)

Potentially Excludable Conditions
The term "Potentially Excludable Condition," as used in the Medical Selection Guidelines, means conditions and/or laboratory results outside of the established standard or generally accepted medical norms. Any potentially excludable condition must be identified and explained by the examining physician on a separate form.

Fitness Screening Standards
All BPOT applicants must demonstrate a minimum fitness level as measured by five tests that identify specific areas of physical fitness. These tests are measured at the 40th percentile and based upon standards established by the Institute for Aerobics Research. BPOT applicants must meet or exceed the passing score for each test to be enrolled in the Academy or an accredited regional/satellite academy. Fitness screening standards are listed in the Physical Performance Information Section. BPOT applicants are required to complete the 1.5 mile run and 300 meter run at the 60th percentile and the two agility courses prior to certification. CBW applicants are required to complete the 1.5 mile run and 300 meter run at the 50th percentile and the two agility courses prior to certification.

Review Physical Conditioning Program
The physical conditioning program involves exercise that focuses on cardio-respiratory endurance (aerobics), strength, power, speed, and neuromuscular coordination (agility, balance, etc.). Exercise sessions are both high intensity and high impact. Specific information on the Physical Conditioning Program is detailed in the Physical Performance Information Section.

Review Job Description, Essential Job Tasks, and Academy Related Physical Stresses

The examining physician will review the police officer description as well as the essential job tasks found behind Tab 3 of the Reference Guide.

Physician's Certification

The examining physician must consider the following for each applicant:

- Medical History Statement
- Physical Examination
- Laboratory Results
- Potentially Excludable Conditions
- Fitness Screening Standards
- Essential Job Tasks
- Job Description
- Academy Related Physical Stresses

Subsequent to the review of the above, the physician will indicate one of the following:

1. The applicant **has passed** the minimum medical standards as established by the New Mexico Law Enforcement Academy Board without exclusions, or;
2. The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but **can perform the functions** of a law enforcement officer with accommodations (explanation attached), or;
3. The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and **cannot perform the functions** of a law enforcement officer (explanation attached).

Non-Conformance

If an applicant is found to possess:

1. A laboratory result or results outside of normal reference ranges, and/or;
2. Any "potentially excludable condition(s)" which has been identified on the appropriate form, examining physician will note the condition(s) and/or result(s) on the Medical Examination Report and indicate what accommodations, if any, can be provided to the applicant.

Applicants who are found to be in non-conformance will have their application reviewed by the physician and the employer. The employer will make a decision as to whether any particular proposed accommodation is acceptable and reasonable.

Academy Review

The Academy reserves the right to determine if the applicant has any condition(s) which may pose a direct threat to the applicant's safety and/or the safety of others in attending and participating in all aspects of the training program. Applicants who come to the Academy, either with or without accommodation(s), can be determined by the Director to possess a physical/medical condition that presents a threat to the applicant's safety and/or that of others. Admission to the Academy may be denied, provided no reasonable accommodations can be found.

Appeal

If an applicant considers him/herself protected by the Americans with Disabilities Act, and is rejected by the Employer, he/she may pursue recourse through the courts.

If an applicant is rejected due to a medical condition of particular severity, he/she can appeal to the Medical Review Board - which is a subcommittee of the New Mexico Law Enforcement Academy Board.

If the Academy Director has rejected the applicant, he/she may appeal to the Medical Review Board. In this instance, the Director, who is a member of the Medical Review Board, shall excuse him/herself from the appeal.

Refer to 10.29.9.17 NMAC for additional information concerning Medical Review Procedures.

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PHYSICAL PERFORMANCE INFORMATION

The applicant being examined must obtain a medical clearance to participate in the Basic Police Officer Training (BPOT) or Certification by Waiver of Previous Training (CBW) program at the Academy or at an accredited regional/satellite academy. Both programs require a certain level of physical activity as follows:

(1) Fitness Standards, screening for BPOT and certification for BPOT and CBW
(2) Agility Courses
(3) Academy Related Stressors:
  (a) Physical Conditioning Program
  (b) Defensive Tactics Training
  (c) Firearms Training
  (d) Academic Requirements

1. Fitness Standards

Prior to entering a BPOT the applicant is screened for a minimum fitness level as measured by a battery of five tests with two potential alternates. These tests are based upon the 40th percentile as established by the Institute for Aerobics Research. Applicants must meet the minimum standard or they will be dismissed from the BPOT program. BPOT applicants are required to complete the 1.5 mile run and 300 meter run at the 60th percentile and the two agility courses prior to certification. CBW applicants are required to complete the 1.5 mile run and 300 meter run at the 50th percentile and the two agility courses prior to certification. See pages 4 and 6.

2. Agility Courses

The applicant must perform simulated job tasks while wearing a ten (10) lb. weight, which represents standard duty equipment. **Agility Course 1 - Pursuit:** must be completed in 3 minutes and 5 seconds**. Agility Course 2 - Rescue:** must be completed in 42 seconds. See page 5.

3. Academy-Related Physical Stressors:

3a. Physical Conditioning Program

The BPOT fitness program involves a minimum of 1 hour per day, 3 days a week. The program focuses on cardio-respiratory endurance (aerobics), strength, muscular endurance, speed, agility and balance. Exercise routines may consist of sprinting, long-distance runs of 3 to 5 miles, circuit training calisthenics, a circuit containing agility exercises, a circuit containing power exercises, lifting free weights, floor aerobics and step aerobics. Exercise sessions are both high intensity and high impact.

3b. Defensive Tactics Training

This training will include mat impacts from takedown techniques, aerobic body activity, joint stretching and full range of motion movement. Leg stress may result from kneeling, twisting, turning, standing up and standing for long periods of time. Body stress may result from trunk twisting, bending, hand and grip strength, finger/hand dexterity and eye/hand coordination exercises.

3c. Firearms Training

Applicant needs the ability to maintain continuous good balance, stand for long periods of time, hold a three pound object in an extended arm position long periods, moderate to strong gripping ability, good finger and hand dexterity. Applicant will also need average or above average eye and hand coordination, kneeling ability, and possess uncorrected or corrected visual acuity of 20/30 in both eyes combined.

3d. Academic Requirements

Applicant will sit for long periods of time and maintain a forward leaning position at a table or desk and must possess normal hearing ability, normal writing dexterity and writing ability.

ENTRY FITNESS STANDARDS - 40th PERCENTILE

#1 Upper Body Strength
1 minute maximum number of push-ups

Age	Male	Female *Modified*	Female *Full Body*
20-29	29	23	15
30-39	24	19	11
40-49	18	13	9
50-59	13	12	9
60+	10	5	9

#2 Muscular Endurance
1 minute maximum number of sit-ups

Age	Male	Female
< 20	41	32
20-29	38	32
30-39	35	25
40-49	29	20
50-59	24	14
60+	19	6

#5 Flexibility
sit and reach -inches

Age	Male	Female
< 20	16.5	20.5
20-29	16.5	19.3
30-39	15.5	18.3
40-49	14.3	17.3
50-59	13.3	16.8
60+	12.5	15.5

#3 Aerobic Power
1 ½ mile run

Age	Male	Female
< 20	12:29	15:05
20-29	12:29	15:05
30-39	12:53	15:56
40-49	13:50	17:11
50-59	15:14	19:10
60+	17:19	20:55

Altitude Adjustments for 1 ½ Mile Run

Under 5000 ft. No adjustment
5000-5999 ft. add 30 seconds
6000-6999 ft. add 40 seconds
7000-8000 ft. add 50 seconds
Above 8000 ft. add 60 seconds

#4 Anaerobic Power
300 meter run

Age	Male	Female
< 20	59.0	71.0
20-29	59.0	71.0
30-39	58.9	79.0
40-49	72.0	94.0
50-59	83.2	94.0
60+	83.2	94.0

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EXIT PHYSICAL AGILITY STANDARDS

Course #1 - Pursuit and Control

Officer is seated in his/her vehicle with seatbelt in use and wearing a 10-pound weight belt around waist to simulate gunbelt.

As the timed exercise begins the officer will:

A - Undo seatbelt and open the vehicle door.
B - Run 30 feet and open building door.
C - Cross threshold (4 feet) and run up two flights of stairs and pause for 60 seconds.
Rise & Run of 7"x11" is standard, 8"x10" or 6"x12" are acceptable variations. Standard floor landings are 10' high. It is appropriate, if only one floor is available, to run up, run down, run up and pause for 60 seconds. There is no restriction on how the officer negotiates the stairs. Run down the stairs and out the door.
D - Run 100 feet from door to a 5-foot high platform, run up steps to the top of the 5-foot platform and jump down. A ladder or ramps are acceptable variations to getting on top of the platform.
E - Run 37.5 feet, turn & reverse, run 37.5 feet, turn & reverse, run 25 feet to a 6 foot high wall and scale it. The wall is constructed of cinder block, unpainted with a smooth top. If the applicant chooses, he or she may drag a rigid aid or object 10 feet from the side of the wall and use it as a platform to scale the wall. The rigid aid or object will have handles, a flat top, weigh 50 lbs. and be 25" tall.
F - After scaling the wall, run 50 feet to a handcuff/arrest simulator, pull arms down, touch ends and hold for 60 seconds. Arrest simulator is 5' high with 60-lbs. resistance in right arm and 40 lbs. in left arm. End of exercise.

Time - 3 min. 5 sec.

Course #2 - Rescue

Officer is standing at starting point wearing a 10-pound weight belt around waist to simulate gunbelt.

On signal the officer will:

A - Run 30 feet straight ahead and jump across a 4-foot wide barrier. The barrier is low to the ground,
e.g. ditch, highway divider, etc.
B - Run 12.5 feet and climb, jump or hurdle over a 3-foot high barrier. The barrier is to resemble a fence or low wall, no more than 4" wide and at least 8' long made of metal or wood.
C - Run 12.5 feet to the back of vehicle equivalent to a full-sized police vehicle and push it 30 feet on a flat surface in the direction of a clear area where a victim extraction will take place. The car is occupied by a dummy (victim) wearing a seatbelt and weighing 190 lbs.
+ or – 10 lbs. The dummy **must** meet standards established by the NMLEA.
D - Approach victim's door, open the door, undo seatbelt, pull victim out of the vehicle and drag them 20 feet perpendicular to the direction of the vehicle. End of exercise.

Time - 42 sec.

EXIT FITNESS STANDARDS - 60TH PERCENTILE

Aerobic Power

1.5 mile run (in minutes/seconds)

Age	Male	Female
<20	11:27	13:25
20-29	11:27	13:25
30-39	11:49	14:33
40-49	12:25	15:17
50-59	13:53	17:19
60+	15:20	18:52

Anaerobic Power

300 Meter Run (in seconds)

Age	Male	Female
<20	54.0	61.0
20-29	54.0	61.0
30-39	55.0	71.0
40-49	64.0	79.0
50-59	74.0	79.0
60+	74.0	79.0

EXIT FITNESS STANDARDS - 50TH PERCENTILE

Aerobic Power

1.5 mile run (in minutes/seconds)

Age	Male	Female
<20	11:58	14:15
20-29	11:58	14:15
30-39	12:25	15:14
40-49	13:05	16:13
50-59	14:33	18:05
60+	16:19	20:08

Anaerobic Power

300 Meter Run (in seconds)

Age	Male	Female
<20	56.0	64.0
20-29	56.0	64.0
30-39	57.0	74.0
40-49	67.6	86.0
50-59	80.0	86.0
60+	80.0	86.0

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MEDICAL HISTORY STATEMENT

The New Mexico Statute 29-7-6 requires that law enforcement officer applicants be examined by a licensed physician to ensure that the applicant is free of any physical defect or medical conditions which might adversely affect job performance or the applicant's ability to successfully complete a prescribed basic law enforcement course.

The information you provide in this statement is extremely important. This statement will be reviewed by the examining physician prior to evaluating your qualifications for the position of law enforcement officer. Therefore, please fill out the questionnaire completely and accurately. **Do not leave any space blank, if it is not applicable, Please Enter "N/A"**. Please note that: (a) all statements are subject to verification, and (b) deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This Statement was designed to explore those areas that bear directly upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

This Statement is confidential. If hired, the information you provide will be a part of your medical records. When answering "Yes/No" questions, place an "X" in the appropriate box. If you are unable to answer a question for any reason, place a **"?"** in the "Yes" box and discuss with the examining physician.

Name ___________________________________ Last First Middle	**Date of Birth** _____/_____/____ Month Day Year	**Social Security No.** In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are maintained. __________-_____-__________
Address ___________________________________ Street or P.O. Box ___________________________________ City State Zip		**Work** ( ) ______-________ **Home** ( ) ______-________

I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, X-rays, skin tests, immunizations, drug/anabolic steroid screening and other examinations which the examiners may consider necessary to complete the medical evaluation.

Signature in Full:____________________________________**Date Completed:**__________________

MEDICAL HISTORY STATEMENT

1. Have you been medically examined for employment in this agency before? ☐ Yes ☐ No
   If " Yes," your name at the time? ________________________________

2. Please list all medications you regularly use, including vitamins, birth control pills, laxatives, aspirins, antihistamines, tranquilizers, and weight reducing aids.

3. Please list any medicines you have taken in the last two months *(prescription and non- prescription).*

4. Name any drugs to which you may have ever had an allergic reaction.

5. Please list any other substance to which you are allergic, including food, insect stings, etc.

6. Please list your last three hospitalizations, beginning with most recent *(excluding routine childbirth).*

Reason	Hospital/City	Month	Year
Reason	Hospital/City	Month	Year
Reason	Hospital/City	Month	Year

7. Please list any operations you may have had which are not listed above.

8. If a parent, grandparent, brother or sister has had any of the following diseases, please check the correct spaces.

DISEASE	Mother	Father	Other
Diabetes	☐	☐	☐
Cancer/Tumor	☐	☐	☐
High Blood Pressure	☐	☐	☐

DISEASE	Mother	Father	Other
Tuberculosis	☐	☐	☐
Heart Disease	☐	☐	☐
Hereditary or Familial Disease	☐	☐	☐

Have you ever been exposed to any of the following, whether at home, work, or in any other setting?

	Yes	**No**	
9.	☐	☐	Prolonged loud noises?
10.	☐	☐	Substances which irritated your skin or eyes?
11.	☐	☐	Sprays or powders for insects or plants?
12.	☐	☐	Prolonged X-rays or other radiations?
13.	☐	☐	Dusty conditions such as sandblasting, grinding or drilling of rock, coal, silica, asbestos, or asbestos products?

Have a bad reaction to:

14.	☐	☐	High environmental temperatures?
15.	☐	☐	Low environmental temperature?

MEDICAL HISTORY STATEMENT

	Yes	No	
16.	☐	☐	Have you been rejected by the military for health reasons?
17.	☐	☐	Were you ever in the Armed Services? If "Yes", please enter the following:
18.	☐	☐	Did you receive a medical discharge?

Have you ever had a claim for the following:

	Yes	No	
19.	☐	☐	An occupational disease?
20.	☐	☐	An industrial accident?
21.	☐	☐	Have you any claim now pending for the above?

If you have ever had or now have any of the following, please check the appropriate spaces.

	Yes	No			Yes	No	
22.	☐	☐	Tuberculosis	40.	☐	☐	Kidney Disease
23.	☐	☐	Pneumonia	41.	☐	☐	Rheumatism
24.	☐	☐	Bronchitis	42.	☐	☐	Varicose Veins
25.	☐	☐	Emphysema	43.	☐	☐	Phlebitis
26.	☐	☐	Asthma	44.	☐	☐	Hay Fever
27.	☐	☐	High Blood Pressure	45.	☐	☐	Typhoid Fever
28.	☐	☐	Heart Murmur, Heart Disease	46.	☐	☐	Scarlet Fever
29.	☐	☐	Rheumatic Fever	47.	☐	☐	Valley Fever (Coccidioidomycosis)
30.	☐	☐	Encephalitis, Meningitis	48.	☐	☐	Histoplasmosis
31.	☐	☐	Epilepsy, Convulsions	49.	☐	☐	Venereal Disease (VD, Syphilis, Gonorrhea)
32.	☐	☐	Glaucoma	50.	☐	☐	Cancer
33.	☐	☐	Duodenal or Stomach Ulcer	51.	☐	☐	Hyperthyroidism
34.	☐	☐	Gall Bladder Trouble	52.	☐	☐	Hypothyroidism
35.	☐	☐	Liver Trouble or Hepatitis	53.	☐	☐	Allergic Rhinitis
36.	☐	☐	Hiatal or Diaphragmatic Hernia	54.	☐	☐	Other (Explain Below)
37.	☐	☐	Sickle Cell Disease				______________________
38.	☐	☐	Anemia				______________________
39.	☐	☐	Diabetes (Sugar Disease)				______________________

	Yes	No	
55.	☐	☐	Have you gained or lost more than 10 pounds in past two years without trying to do so?
56.	☐	☐	Have you had any changes in your appetite in the past six months?
57.	☐	☐	Have you noticed unusual fatigue or weakness recently?
58.	☐	☐	Have you been told by a doctor that you had trouble with your thyroid gland?
59.	☐	☐	Have you noticed changes in your hair or skin color or texture?
60.	☐	☐	Have you had changes in the size or color of a mole (dark growth) or wart in past year?
61.	☐	☐	Do you have a skin rash, burning, itching or other skin sensitivity?
62.	☐	☐	Have you had any skin cancers removed?
63.	☐	☐	Have you had bleeding gums in the past year?
64.	☐	☐	Do you have frequent nosebleeds for no apparent reason?
65.	☐	☐	Do you frequently have sinus trouble?
66.	☐	☐	Do you have colds more than twice a month?
67.	☐	☐	Have you ever coughed up blood?

MEDICAL HISTORY STATEMENT

	Yes	No	
68.	☐	☐	Have you had a chest X-ray in the past two years?
69.	☐	☐	Do you often cough up a large amount of mucus?
70.	☐	☐	Have you ever had a positive TB (Tuberculosis) skin test?
71.	☐	☐	Do you have unusual shortness of breath?
72.	☐	☐	Do your ankles or feet often swell?
73.	☐	☐	Have you had a feeling of pressure or tightness in your chest in the past year?
74.	☐	☐	Have you had a pain in your chest in the past year?
75.	☐	☐	Do you sometimes wake up at night short of breath?
76.	☐	☐	Do you get pains or cramps in the back of your legs while walking?
77.	☐	☐	Do you get pains or cramps in your legs at night?
78.	☐	☐	Do you smoke cigarettes? How many per day_________?
79.	☐	☐	Do you use any forms of tobacco?
80.	☐	☐	Do you sometimes have severe soaking sweats at night?
81.	☐	☐	Have you had an electrocardiogram (ECG,EKG) in the past two years?
82.	☐	☐	Do you suffer from indigestion or heartburn?
83.	☐	☐	Is swallowing painful or difficult for you?
84.	☐	☐	Do you frequently have pain in your stomach or abdomen?
85.	☐	☐	Do you frequently take antacid medications, such as Tums or Alka Seltzers?
86.	☐	☐	Have you vomited blood or coffee ground-like materials?
87.	☐	☐	Have you ever had jaundice?
88.	☐	☐	Are your bowel movements ever black or bloody?
89.	☐	☐	Are your bowel movements ever painful?
90.	☐	☐	Have you ever had hemorrhoids?
91.	☐	☐	Do you frequently get up at night to urinate (pass water)?
92.	☐	☐	Do you ever have difficulty stopping or starting urination?
93.	☐	☐	Have you had pain or burning with urination?
94.	☐	☐	Has your urine ever been red, black, brown, or bloody?
95.	☐	☐	Have you ever been told by a doctor that you had sugar or pus in your urine?
96.	☐	☐	Have you ever had a bladder or kidney infection?
97.	☐	☐	Have you ever passed kidney stones or gravel?
98.	☐	☐	Have you ever had a hernia (rupture)? If "Yes", was it surgically repaired?__________
99.	☐	☐	Have you ever had a minor back sprain? If "Yes," please answer the following: How many times have you had an attack of this condition?___ How many days were you unable to work because of this condition?___
100.	☐	☐	Have you ever had a severe back injury or episode of severe back pain? If "Yes," please answer the following: How many times have you had an attack of this condition?___ How many days were you unable to work because of this condition?___
101.	☐	☐	Have you ever had problems with low back pain?
102.	☐	☐	Have you ever had a problem with any bones or joints, including fractures, dislocations, limitation of movement, stiffness, or pain? If "Yes," please describe the problems: ____
103.	☐	☐	Have you had any fainting spells or seizures?
104.	☐	☐	Have you had a skull fracture or a head injury which made you unconscious?
105.	☐	☐	Do you suffer from migraine headaches or other bad headaches?
106.	☐	☐	When you have a headache is it relieved by aspirin?

MEDICAL HISTORY STATEMENT

107. ☐ ☐ Do you have earaches or ear infections often?
108. ☐ ☐ Do you have ringing or buzzing noises in your ear?
109. ☐ ☐ Do you sometimes have difficulty hearing what is said to you?
110. ☐ ☐ Have you had any serious eye infection or injury?
111. ☐ ☐ Does your eye sight ever blur?
112. ☐ ☐ Have you had any sudden loss in your vision?

MEN ONLY

113. ☐ ☐ Have you ever been told by a doctor that you had prostate trouble?
114. ☐ ☐ Have you ever had an infection in your prostate gland?
115. ☐ ☐ Have you ever had swelling or pain in your scrotum or testicles?

WOMEN ONLY

116. ☐ ☐ Do you have monthly menstrual periods?
117. ☐ ☐ What was the date of your last period?____________________
118. ☐ ☐ Are your menstrual periods painful?
119. ☐ ☐ When was your last pap smear?__________________
120. ☐ ☐ Have you ever noticed any unusual lumps in your breasts?
121. ☐ ☐ Have you ever noticed a discharge from your nipples when you were neither pregnant nor nursing?
122. ☐ ☐ How many times have you been pregnant?_________
123. ☐ ☐ Have you ever had complications during pregnancy or following the delivery of a child?

---

124. Describe anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

____

____

____

____

____

____

____

I certify that all statements in this Medical History Statement are true and complete, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

____

Signature in Full Date Statement Completed

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PHYSICIAN'S MEDICAL EXAMINATION REPORT

EXAMINING PHYSICIAN: Please review the **Medical Selection Guidelines** and **Medical Examination Procedures** before examining the candidate. For each condition listed, check box if it represents a **Potentially Excludable Condition.**

1. Applicant Name (Last, First, Middle)			2. Birth Date (Mo./ Day/Year)
3. Height (without shoes)	4. Weight (without shoes & coat)	5. Chest Girth (Expiration)	6. Abdomen Girth
7. Department			

SECTION ONE Eye and Vision

Minimum Vision Standards for Police Officers Applicant must meet or exceed minimum standards for normal color discrimination, normal binocular coordination, and normal peripheral vision. See **Medical Selection Guidelines** for specific measurements. If applicant wears corrective lenses, test and record acuity with and without correction. **Agency must submit LEA-EV if uncorrected exceeds 20/100**.

Potentially Excludable Condition ☐

1.1 **Distant Vision** Minimum Standard: ***Snellen binocular uncorrected </= 20/100, corrected </= 20/30***

Without correction R20/____ L20/____ B20/____ ☐

With correction R20/____ L20/____ B20/____ ☐

Method of Correction:
- ☐ None
- ☐ Glasses
- ☐ Soft Contact Lenses
- ☐ Hard Contact Lenses
- ☐ Other ____________

1.2 Near Vision Minimum Standard: ***Snellen binocular corrected </= 20/40***

Without correction R20/____ L20/____ B20/____ ☐

With correction R20/ ____ L20/____ B20/____ ☐

Pupils: Equal ___________________ Reaction _______________________________ ☐

Eye Grounds: ____ ☐

1.3 Color Vision ___ of ___ Plates **Minimum Standard:** ***Correct reading of at least 9 or more of the first 13 plates of the 24-plate Ishihara Test*** ☐

1.4 Depth Perception _____ ARC Seconds **Minimum Standard:** ***</= 100 ARC Seconds*** ☐

1.5 Peripheral Vision
Form Fields of Vision (Temporal):
Right eye ____ Left eye ____ Each eye on Zero Line ____ ☐
(Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram to right.)
Evidence of Suppression _______________________
(Note any abnormality)

90 80 70 60 50 40 30 20 10 0 10 20 30 40 50 60 70 80 90
Zero Line

Enter n/a if not applicable for the following:

1.6 Glaucoma ____ ☐

1.7 Strabismus ____ ☐

1.8 Cataracts, Current ____ ☐

1.9 Proliferative Retinopathy ____ ☐

1.10 Nystagmus or Other Extra-Ocular Movement ____ ☐

1.11 Monocular Vision ____ ☐

1.12 Blindness, Including Night Blindness ____ ☐

1.13 Retinal Detachment ____ ☐

1.14 Chronic Keratitis ____ ☐

1.15 Optic Neuritis ____ ☐

If the eye examination has been completed by a person other than the physician signing on Page 17, please indicate below:

___________________________ _________
Name of Examiner (Please Print) NM Lic. #

____
Signature ☐ Optometrist ☐ Opthamologist ☐ Optician ☐ Other _____________

Do not leave any space blank, if not applicable enter "N/A".

Do not leave any space blank, if not applicable enter "N/A".

Applicant Name (Last, First, Middle)

SECTION TWO Ears and Hearing

Minimum Hearing Standards for Police Officers

The **average** hearing level (HL) at the test frequencies, 500, 1000, and 2000 Hz **will not exceed 25dB** in either ear, and **no single hearing level will exceed 30 dB** at any of these test frequencies in either ear.

Hearing loss at 3000 Hz will **not exceed 40 dB HL** in either ear.

1 or more Potentially Excludable Condition(s) ☐

2.1 Hearing Acuity (Audiogram Required) **Record the values at each Hz level**

(Hertz)	Right (Decibels)	(Hertz)	Left (Decibels)
500	______	500	______
1000	______	1000	______
2000	______	2000	______
3000	______	3000	______

If the hearing examination has been completed by a person other than the physician signing on Page 17, please indicate below:

____________________________ ________
Name of Examiner (Please Print) NM Lic. #

____
Signature ☐ Audiologist
☐ Other ______________

2.2 Acute Otitis Media, Otitis Externa, and Mastoiditis _____ ☐
2.3 Inner/Middle/Outer Ear Disorder Affecting Equilibrium _____ ☐

(Note any abnormality) ← *Enter **n/a** on lines to the to the left if not applicable*

The conditions listed in Section Three through Section Thirteen are not meant to be exclusive. If the examining physician feels (an) other unstated condition(s) may adversely impact the ability of the candidate to perform the essential tasks of the job, it (they) should be noted for further evaluation.
PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed.

SECTION THREE Nose, Throat and Mouth

☐ 3.1 Loss of Sense of Smell _______
☐ 3.2 Aphonia, Speech Loss or Speech Defects _______
☐ 3.3 Deformities Interfering with the Proper Fitting of a Gas Mask _____

(Note any abnormality) ← *Enter **n/a** on lines to the to the left if not applicable*

Initials: _______________

☐ 3.4 **Head** (Note any defect, disease or injury involving eyes, ears, nose, throat or mouth) ______________________		**Dentistry Recommended** ☐ **Yes** ☐ **No**
☐ 3.5 **Lungs** _______ *(Note any abnormality) Enter **n/a** on line if not applicable*	**Date Chest X-rays Taken** _______ *(Note any abnormality) Enter **n/a** on line if not applicable*	**Chest X-rays Normal** ☐ **Yes** ☐ **No** (report may be attached)

PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces blank.

Applicant Name (Last, First, Middle)

SECTION FOUR Peripheral Vascular System

- ☐ 4.1 Hypertension
- ☐ 4.2 Varicose Veins
- ☐ 4.3 Venous Insufficiency
- ☐ 4.4 Peripheral Vascular Diseases
- ☐ 4.5 Thrombophlebitis

Initials:_________

SECTION FIVE Heart and Cardiovascular System

Type of Action (Active) ☐ Running in Place ☐ Other	Blood Pressure	Pulse Rate	Sounds	Rhythm
	/			
Type of Action (At Rest)	/			

Pulses (record strength) R	L	Note any Abnormality R	L
femoral			
popliteal			
dorsal pedes			

- ☐ 5.1 Congenital Heart Disease
- ☐ 5.2 Valvular Heart Disease
- ☐ 5.3 Coronary Artery Disease
- ☐ 5.4 ECG Abnormalities (if associated with organic heart disease) - See Medical Selection Guidelines for specific abnormalities.
- ☐ 5.5 Angina
- ☐ 5.6 Congestive Heart Failure
- ☐ 5.7 Cardiomyopathy
- ☐ 5.8 Active Pericarditis, Endocarditis, and Myocarditis

Initials: _______

SECTION SIX Respiratory System

- ☐ 6.1 Active Pulmonary Tuberculosis
- ☐ 6.2 Chronic Bronchitis
- ☐ 6.3 Active Asthma
- ☐ 6.4 Chronic Obstructive Pulmonary Disease
- ☐ 6.5 Bronchiectasis and Pneumothorax
- ☐ 6.6 Pneumonectomy
- ☐ 6.7 Acute/Chronic Mycotic Diseases

Initials:_______

SECTION SEVEN Gastrointestinal System

- ☐ 7.1 Colitis
- ☐ 7.2 Esophogeal Disorders
- ☐ 7.3 Hemorrhoids
- ☐ 7.4 Pancreatitis
- ☐ 7.5 Gall Bladder Disorders
- ☐ 7.6 Active Peptic Ulcer Disease
- ☐ 7.7 Symptomatic Inguinal, Umbilical, Ventral, Femoral or Incisional Hernias
- ☐ 7.8 Malignant Disease of the Liver, Gall Bladder, Pancreas, Esophagus, Stomach, Small / Large Bowel, Rectum or Anus
- ☐ 7.9 Gastrointestinal Bleeding
- ☐ 7.10 Active or Chronic Hepatitis
- ☐ 7.11 Cirrhosis of the Liver

Initials:_______

PHYSICIAN - please mark box if condition exists. **Also, initial sections indicating examinations performed. Do not leave any spaces blank.**

Applicant Name (Last, First, Middle)

People with communicable diseases must be evaluated relevant to their ability to train for and perform essential tasks without posing a direct threat to the health and safety to themselves and others.

SECTION EIGHT Genitourinary System

- ☐ 8.1 Pregnancy
- ☐ 8.2 Nephrectomy
- ☐ 8.3 Acute Nephritis
- ☐ 8.4 Nephrotic Syndrome
- ☐ 8.5 Acute Renal/ Urinary Calculi
- ☐ 8.6 Renal Transplant
- ☐ 8.7 Renal Failure
- ☐ 8.8 Hydrocele and Varicocele (symptomatic)
- ☐ 8.9 Malignant Diseases of Bladder, Kidney, Ureter, Cervix, Ovaries, Breast, Prostate, etc.
  - List specific disease(s)____
- ☐ 8.10 Active Venereal Diseases
- ☐ 8.11 Urinary Tract Infection
- ☐ 8.12 Polycystic Kidney Disease
- ☐ 8.13 Pelvic Inflammatory Disease
- ☐ 8.14 Cervicitis
- ☐ 8.15 Endometriosis
- ☐ 8.16 Bartholin Gland Abcess
- ☐ 8.17 Vaginitis
- ☐ 8.18 Inflammatory Disorders
- ☐ 8.19 Presence of Illicit Drugs

Initials: __________

SECTION NINE Endocrine and Metabolic Systems

- ☐ 9.1 Untreated Thyroid Disease
- ☐ 9.2 Diabetes Mellitus
- ☐ 9.3 Adrenal Dysfunctions
- ☐ 9.4 Hypoglycemia
- ☐ 9.5 Pituitary Dysfunction
- ☐ 9.6 Thyroid Tumor

Initials:__________

SECTION TEN Skin and Collagen Diseases

- ☐ 10.1 Serious Dermatological Disorders
- ☐ 10.2 Lupus Erythematosus
- ☐ 10.3 Contact Allergies (of a serious or relevant nature)

Initials: _________

SECTION ELEVEN Musculoskeletal System

- ☐ 11.1 Disorders that Limit Motor Performance
- ☐ 11.2 Cervical Spine or Lumbosacral Fusion
- ☐ 11.3 Degenerative Cervical or Lumbar Disc Disease (if symptomatic)
- ☐ 11.4 Extremity Amputation
- ☐ 11.5 Osteomyelitis
- ☐ 11.6 Muscular Dystrophy
- ☐ 11.7 Loss in Motor Ability from Tendon or Nerve Injury/Surgery
- ☐ 11.8 Arthritis

Initials:_________

New Mexico Department of Public Safety Training Center
4491 Cerrillos Road, Santa Fe, New Mexico 87507
(505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— www.dps.nm.org/training

Do not leave any space blank, if not applicable enter "N/A".

Applicant Name (Last, First, Middle)

SECTION ELEVEN Musculoskeletal System (Continued)

- ☐ 11.9 Joint Conditions
- ☐ 11.10 Coordinated Balance
- ☐ 11.11 Herniated Disc (symptomatic)
- ☐ 11.12 Spinal Deviations
- ☐ 11.13 Fracture Deformities (symptomatic)

Initials: __________

Musculo-Skeletal (Test flexibility by bending, stooping, squatting, and by head, arm, leg and finger motions.)

Spine	Toe Touch (distance from floor)	Symmetry	Posture X-rays Recommended ☐ Yes No ☐
Upper Extremities	Limited Function		Missing Parts
Lower Extremities	Limited Function		Missing Parts

Skin (scars, varicosities, disease, abnormalities - nature and severity)

SECTION TWELVE Hematopoietic and Lymphatic Systems

- ☐ 12.1 Anemia (all)
- ☐ 12.2 Polycythemia
- ☐ 12.3 Sickle Cell Trait
- ☐ 12.4 Sickle Cell Disease
- ☐ 12.5 Hematopoietic Disorders (including malignancies)
- ☐ 12.6 Hemophilia

Initials: __________

SECTION THIRTEEN Nervous System

- ☐ 13.1 Epilepsy
- ☐ 13.2 Cerebral Palsy
- ☐ 13.3 Movement Disorders
- ☐ 13.4 Cerebral Aneurysms
- ☐ 13.5 Syncope
- ☐ 13.6 Progressive Neurological Diseases
- ☐ 13.7 Peripheral Nerve Disorder
- ☐ 13.8 Narcolepsy
- ☐ 13.9 Cerebral Vascular Accident
- ☐ 13.10 Central Nervous System Infections

Initials: _________

Nervous System (Describe any pathology or abnormal reflexes.)

Applicant Name (Last, First, Middle)

Please indicate the following lab tests were administered to the applicant and were within normal limits. (Please explain any test results outside of normal limits below). **It is not necessary to submit the actual lab paperwork to DPS.**

Yes	No	
☐	☐	1. Blood Chemistry (Chem 20 or equivalent)
☐	☐	2. Complete Blood Count
☐	☐	3. Complete Urinalysis (not Dipstick)
☐	☐	4. Serology (RPR or equivalent)
☐	☐	5. Tuberculosis (Mantoux)
☐	☐	6. Electrocardiogram (ECG) (Resting)
☐	☐	7. Chest X-ray (CXR) **ONLY REQUIRED IF #5 IS POSITIVE**
☐	☐	8. Drug Screen (THC, Cocaine, Amphetamines, Opiates, Barbiturates, Methadone, Methaqualone, Phencyclidine, Propoxyphene, Benzodiazepines, Alcohol, Anabolic Steriods)

STATEMENT OF CONDITION

I have personally examined the applicant:

☐ The applicant **has passed** the minimum medical standards as established by the New Mexico Law Enforcement Academy Board without exclusions.

☐ The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but **can perform the functions** of a law enforcement officer with accommodations. (Please explain below.)

☐ The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and **cannot perform the functions** of a law enforcement officer. (Please explain below.)

Section Item #	Explanation (attach additional sheets if necessary)

New Mexico Law (NMSA 1978, §29-7-6 A (5)), requires that a candidate for law enforcement officer only be examined by a licensed physician.

Licensed Physician's Signature______________________ Date____________

Print Name ______________________ ❑ M.D. ❑ D.O.

Address ______________________

City ______________ State __________ Zip__________

Phone ______________________ NM Medical License # __________

Other State______________________ Medical License # __________

Print or type contact information, or attach a business card. Missing or illegible entries will be returned.