



## MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive  
Harrisburg, Pennsylvania 17112-9748  
<http://www.psp.pa.gov/MPOETC>

### PHYSICAL EXAMINATION

This form is to be used by both municipal police officer applicants and police academy cadet applicants.

#### NOTICE AND INSTRUCTIONS TO EXAMINING PHYSICIAN

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER WHO IS LICENSED IN PENNSYLVANIA. THE APPLICANT IS APPLYING FOR TRAINING OR CERTIFICATION AS A POLICE OFFICER IN PENNSYLVANIA AND WILL BE EXPECTED TO BE PHYSICALLY CAPABLE OF PERFORMING THE VARIOUS TASKS ASSOCIATED WITH THIS PROFESSION. MORE INFORMATION ABOUT THE SPECIFIC JOB TASKS IS CONTAINED ON THE BACK OF THIS FORM.

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			CITY/BORO	STATE ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM	

#### OVERALL FITNESS

- A. Is the applicant's physical condition such that they can reasonably be expected to withstand significant cardiovascular stress required to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- B. Is the applicant free from debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which would limit their ability to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair their ability to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- D. Is the applicant free from the use of medications which would impair their ability to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- E. Does the applicant have all extremities, including digits, required to perform the essential functions of a police officer or safely participate in required training?  YES  NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF ALL QUESTIONS ABOVE ARE MARKED "YES"*

**DRUG SCREENING:** The applicant must be free from the excessive, addictive, or illegal use of controlled substances as determined using a five-panel drug screen. The results of the drug screen must be attached to this form and reviewed by the examining practitioner who may provide comments related to any positive results. The detection of illegal or unprescribed controlled substances renders the applicant "UNFIT" to participate in training or be employed as a police officer.

DATE TESTED \_\_\_\_\_ TEST RESULTS ATTACHED  YES  NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF SUPPORTED BY THE RESULTS OF THE DRUG SCREEN*

**HEARING:** The applicant must be able to distinguish a normal whisper at 15 feet. The test shall be independently conducted for each ear, with the tested ear facing away from the speaker and the other ear firmly covered with the palm of the hand. If the applicant fails the whisper test, they must take and pass a decibel audio test using an audiometer with an average loss not to exceed 25 or more decibels at the 500Hz, 1000Hz, 2000Hz, and 3000Hz levels in either ear, with no single frequency loss in excess of 40 decibels. The applicant is prohibited from using a hearing aid during the testing.

RIGHT EAR  NORMAL  ABNORMAL

LEFT EAR  NORMAL  ABNORMAL

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF HEARING IS NORMAL IN BOTH EARS*

**VISION:** The applicant must have vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; have normal depth perception, normal color vision, and must be free of any significant visual abnormality. If this section is not completed during the physical, a separate vision exam must be completed using a Form MPO-211 (Vision Examination).

RIGHT EYE    UNCORRECTED 20/\_\_\_\_    LEFT EYE    UNCORRECTED 20/\_\_\_\_  
CORRECTED 20/\_\_\_\_    CORRECTED 20/\_\_\_\_

- Does the applicant have normal depth perception? (Stereopsis >48% or Arc Seconds <100)  YES  NO
- Does the applicant have normal color perception? (Farnsworth or Ishihara)  YES  NO
- Is the applicant free from any other significant visual abnormalities?  YES  NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF VISION MEETS ALL STATED REQUIREMENTS*

REMARKS


**PROFESSIONAL OPINION**

- PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **PHYSICALLY CAPABLE** of performing the duties a certified police officer in Pennsylvania, including but not limited to:
- Standing, walking, and sitting for extended periods of time and while carrying assigned and/or required equipment.
  - Participating in **firearms** training, responding to active shooter situations, and firing a weapon in defense of self and others.
  - Operating an emergency law enforcement **vehicle** during daylight and at night, including at high speeds in congested areas.
  - Physically struggling with and subduing individuals who are resisting or actively attacking, including after being hit or kicked.
  - Maintaining concentration and making decisions regarding the appropriate use of force in noisy and high-stress situations.
- PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is currently **PHYSICALLY UNFIT** to perform the duties of a certified police officer in Pennsylvania. If this option is selected, a copy of the completed form must be forwarded to the Municipal Police Officers' Education and Training Commission by email ([mpocertification@pa.gov](mailto:mpocertification@pa.gov)) or fax (717-346-7782).

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

_____	_____
SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PHYSICIAN/PA/CNP	DATE

PHYSICIAN PRINTED NAME	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

**RELEASE OF PHYSICAL INFORMATION**

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a physical examination by a licensed physician, as required by the Act, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the physician named above to release all information related to my physical examination to the Municipal Police Officer's Education and Training Commission (MPOETC) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

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NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY (Print)

ADDRESS	CITY	STATE	ZIP CODE	FAX	EMAIL
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SIGNATURE – APPLICANT	DATE