

**STATE OF ALABAMA**  
**PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION**  
**PHYSICAL EXAMINATION**

APPLICANT'S NAME \_\_\_\_\_ SEX: [ ] MALE [ ] FEMALE

APPLICANT'S ADDRESS \_\_\_\_\_  
STREET CITY COUNTY ZIP

PHYSICIAN'S NAME \_\_\_\_\_  
PLEASE PRINT OR TYPE

PHYSICIAN'S ADDRESS \_\_\_\_\_  
STREET CITY COUNTY ZIP

PHYSICIAN'S TELEPHONE NUMBER: ( ) \_\_\_\_\_

**TO EXAMINING PHYSICIAN:** This physical examination is to determine the above-named applicant's ability to FULLY PARTICIPATE in all of the rigorous physical activities of law enforcement training. These activities include but are not limited to: push-ups, sit-ups, distance running, close order self-defense training and tactical firearms training (which may be anywhere from 2 to 8 hours per day). The amount of physical training may vary from day to day in difficulty. The applicant MUST be able to participate EVERY DAY at all prescribed levels.

Height \_\_\_\_\_ (Without shoes)      Weight \_\_\_\_\_ lbs. (Stripped)      Frame: Light \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_

NORMAL	ABNORMAL	
		EYES: VISION      RIGHT 20 / _____ LEFT 20 / _____ WITHOUT GLASSES – COLOR PERCEPTION RIGHT 20 / _____ LEFT 20 / _____ WITH GLASSES
		EARS: HEARING      RIGHT _____ / 15 LEFT _____ / 15 EXTERNAL EAR DRUM _____
		NOSE & SINUSES      DEFORMITY: OBSTRUCTION: CHRONIC INFECTION
		THROAT      ENLARGED TONSILS; CHRONIC INFECTION
		THORAX      INADEQUATE EXPANSION: DEFORMITY
		HEART      ENLARGEMENT; ARRHYTHMIA; DEFORMITY BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____
		LUNGS      RALES; DULLNESS; CHRONIC INFECTION
		ABDOMEN      ORGAN ENLARGEMENT; HERNIA; VENTRAL _____ INGUINAL _____
		GENITALIA      PHIMOSIA; HYDROCELE; VARICOCELE
		RECTUM & ANUS      HEMORRHOIDS; FISSURE; FISTULA; PILONIDAL DISEASE
		EXTREMITIES      DEFORMITY; LOSS OF PARTS; LIMITATION OF MOTION; CHRONIC INFECTION; VARICOSE VEINS
		SKIN      DISFIGURING DEFECTS OR SCARS; INFECTION
		NERVOUS & MENTAL      VASOMOTOR INSTABILITY; MENTAL OR NEUROLOGIC DEFECT
		URINALYSIS      SUGAR _____ ALBUMIN _____

Comments on Abnormalities \_\_\_\_\_

EKG Results \_\_\_\_\_

The above-named applicant is physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_ M.D. / D.O.      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
EXAMINING PHYSICIAN      MM      DD      YR