

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

PHYSICAL EXAMINATION

APPLICANT'S NAME: _____ SEX: [] Male [] Female

APPLICANT'S ADDRESS _____
 Street City County

PHYSICIAN'S NAME: _____
 PLEASE PRINT OR TYPE

PHYSICIAN'S ADDRESS: _____
 Street City County

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 _____ Weight _____ lbs Frame: Light _____ Medium _____ Heavy _____
 (without shoes) (stripped)

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: Phimosis; 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./O.D. _____
 Examining Physician Date