TULARE-KINGS BASIC POLICE ACADEMY

TO: Physician

(Cadet applicant MUST complete before presenting to physician)

HEALTH HISTORY STATEMENT

(Last Ten Years)

The information you provide in this statement will be used to assess your medical qualifications to participate in the POST Basic Academy Physical Conditioning Program. Please fill out the statement carefully and thoroughly. All information will be kept confidential.

Name: _____
Department/Academy: _____
Birthday: _____
Today's Date: _____

Please answer all of the following: Check Yes or No on each question.

1. Do you have or have you ever had any of the following?

Yes	No		Yes	No	
_____	_____	Allergies	_____	_____	High Blood Pressure
_____	_____	Arthritis	_____	_____	High Serum Lipids (Fats – for example, Cholesterol)
_____	_____	Asthma	_____	_____	Musculoskeletal Problems
_____	_____	Chronic Bronchitis	_____	_____	Neurological Problems
_____	_____	Diabetes Mellitus	_____	_____	Obesity
_____	_____	Emphysema	_____	_____	Stroke
_____	_____	Heart Disease	_____	_____	Heart Murmur

_____ _____ Other (Specify)_____

2. Have you even experienced any of the following? For each condition checked, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

			Diagnosed?		Associated with exercise or physical work?	
Yes	No		Yes	No	Yes	No
____	____	Chest Pain	____	____	____	____
____	____	Chest Pressure	____	____	____	____
____	____	Discomfort/Pain in Elbow	____	____	____	____
____	____	Discomfort/Pain in Jaw	____	____	____	____
____	____	Discomfort/ Pain in Teeth	____	____	____	____
____	____	Discomfort/Pain in Throat	____	____	____	____
____	____	Discomfort/Pain in Wrist	____	____	____	____
____	____	Heart Palpitations(skipped beats)	____	____	____	____

3. Have you ever taken any of the following tests? If yes, indicate whether the results indicated abnormalities.

			Any Abnormalities	
Yes	No		Yes	No
____	____	Exercise Stress Test	____	____
____	____	Exercise Stress Test with Isotopes	____	____
____	____	Echocardiogram	____	____
____	____	Coronary Angiogram	____	____
____	____	Holter Monitor	____	____

4. Has a blood relative or has ever been diagnosed as having any of the following? (Include parents, grandparents, aunts and uncles, brothers and sisters, and children but exclude relatives by marriage and half relatives.)

Yes	No		Mother	Father	Other
____	____	Diabetes Mellitus	_____	_____	_____
____	____	Heart Disease	_____	_____	_____
____	____	High Blood Pressure	_____	_____	_____
____	____	High Serum Lipids	_____	_____	_____
____	____	Obesity	_____	_____	_____
____	____	Stroke	_____	_____	_____

5. Have you ever smoked cigarettes, cigars, or a pipe?

Yes____ No____
If yes, year you started: 19____
Do you smoke presently? Yes____ No____
If you did or do smoke cigarettes, how many per day? ____
If you did or do smoke cigars, how many per day? ____
If you did or do smoke pipe, how many pipefuls per day? ____
If you quit smoking the year that you quit: _____

Do you ever drink alcoholic beverages? Yes____ No____
If yes what is your approximate intake of these beverages?

	None	Occasional	Often	How many drinks per week?
Beer	_____	_____	_____	_____
Wine	_____	_____	_____	_____
Hard Liquor	_____	_____	_____	_____

6. List any traumatic injuries you have experienced to your bones or soft tissues (include any disabling back problems you have had) and the approximate date of the injury.

_____ Date _____

_____ Date_____

_____ Date_____

7. List any illness you have had which required you to take more than one week of sick leave and the approximate date of the illness.

_____ Date _____

_____ Date _____

_____ Date _____

8. List any operations you have had, including approximate dates.

_____ Date _____

_____ Date _____

_____ Date _____

9. List any medications you are now taking (include self-prescribed medications and dietary supplements)

Name of the Medication (see labels for prescription Medications)	Date started	Dosage	Dosage per day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List any athletic or other physical activities that you regularly engage in. Specify for each the frequency, intensity, and duration of your involvement.

	Activity	Frequency	Intensity	Duration
Example:	Bicycling_____	3 times per week	10 miles_____	Past 18 months_
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

_____

_____

_____

_____

_____

_____

I here by certify that all statements made in this Health History Statement are accurate and complete.

Signature in Full:_____Date_____

TULARE-KINGS COUNTIES BASIC POLICE ACADEMY
MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO PHYSICIAN

The person requesting this examination is an applicant to the Tulare-Kings Counties Basic Training Academy. Listed below are examination categories and descriptions of the types of activities the applicant will be required to perform. Please examine the applicant and answer the following. Provide any written comments or notations on the attached page.

*****APPLICANT WILL REQUIRE HIS BLOOD TYPE*****

Applicant's Name (Last, First, Middle)

Date of Birth (Month, Day, Year)	Sex	Height	Weight

1) VISION

The applicant's training will include firearms, precision driving, and scenario training that will be performed in daylight, dim light, and inclement weather. The applicant will be placed in realistic police situations requiring visual acuity for the identification of persons and objects by color and shape and in situations that will require the ability to detect peripheral movement. The applicant will be required to spend extensive hours of reading textbooks and manuals. **In your opinion, does the applicant have, or is the applicant likely to develop, any visual limitations that could impair performance as described?**

____ No
____ Yes - Describe in the comments section.

2) HEARING

In addition to regular classroom instruction, the applicant will be placed in realistic police situations that require the ability to detect sounds, hear movement, and discern direction with both ears. The applicant will participate in training that will expose them to loud noises such as gunfire, sirens, and alarms. For situations where extended exposure to loud noise is anticipated, ear protection is required.

In your opinion, does the applicant have, or is the applicant likely to develop, any hearing limitations that could impair performance as described?

____ No
____ Yes - Describe in the comments section.

3) CARDIOVASCULAR, MUSCULAR, SKELETAL, AND FLEXIBILITY

3a.

The applicant will be required to perform rigorous physical activity to include running distances up to 3 miles, performing short sprints, crawling, jumping, climbing, dragging a simulated body weighing approximately 160 lbs., performing calisthenics, push-ups, pull-ups, using exercise weights, performing stretching exercises, running through an obstacle course, running up and down stairs and over uneven terrain, and jumping from a six foot wall. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

____ No
____ Yes - Describe in the comments section.

3b.
The applicant will be required to stand for extended periods as in a military formation, marching, and directing traffic. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

____ No
____ Yes - Describe in the comments section.

3c.
The applicant will be required to perform arrest control and self defense training which includes martial arts-like falls, throws, rolls, kicks, punches, and stressing the shoulder, elbow, wrist and finger joints by twisting and extending. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

____ No
____ Yes - Describe in the comments section.

4) NERVOUS SYSTEM, REFLEXES, BALANCE
The applicant will be placed in situations that require spontaneous reaction to threats such as drawing a firearm quickly and deflecting an assault. The applicant must be able to walk across a 12 foot balance beam, balance on each leg for 30 seconds while keeping arms down to sides, walk heel-to-toe in a straight line while keeping both arms down to sides. **In your opinion, does the applicant have, or is the applicant likely to develop, any physical limitations that could impair performance as described?**

____ No
____ Yes - Describe in the comments section.

BLOOD TYPE: _____

COMMENTS: Describe any "yes" responses. Indicate the impact of the(se) limitation(s).
Include: Performance functions affected. Nature of degree of severity. Duration of impairment (if intermittent). Likelihood(s) associated with this impact.

_____
_____
_____
_____
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_____
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_____

PHYSICIAN INFORMATION

Physician's Name (printed)	Phone: Address:

Physician's Signature	Date:

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO		
☐	☐	1.	**Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?**
☐	☐	2.	**Do you feel pain in your chest when you do physical activity?**
☐	☐	3.	**In the past month, have you had chest pain when you were not doing physical activity?**
☐	☐	4.	**Do you lose your balance because of dizziness or do you ever lose consciousness?**
☐	☐	5.	**Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**
☐	☐	6.	**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
☐	☐	7.	**Do you know of <u>any other reason</u> why you should not do physical activity?**

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

<u>Informed Use of the PAR-Q</u>: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN (for participants under the age of majority) _____ WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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