

Form G-1	Kentucky Law Enforcement Council <i>MEDICAL EXAMINATION REPORT</i>	
Mail: Kentucky Law Enforcement Council 2624 Research Park Drive Lexington, KY 40511 Phone: 859-622-6218 Email: KLECS@ky.gov Web: https://KLECS.ky.gov		INSTRUCTIONS: To be completed by either a physician, nurse practitioner or physician assistant licensed to practice medicine in KY or authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical exam. The original or a copy of this report must be retained in the personnel file by the employing agency.

This information is for official use only and will not be released to unauthorized persons.

Date: _____

Name: _____
 Last First Middle

Date of Birth: _____

Height: _____ Weight: _____

Well nourished
Obese
Muscular

VISION

Visual activity: If applicant wears glasses or contacts, test and record acuity with and without glasses

Without glasses: R- 20/ _____ L - 20/ _____ Both - 20/ _____
 With glasses: R- 20/ _____ L - 20/ _____ Both - 20/ _____

Depth Perception: Normal Abnormal: _____

Color Perception: Normal Abnormal: _____

Peripheral Vision: Normal Abnormal: _____

HEARING

Hearing Acuity: Audiogram –or– 15’ whispered conversation (check one)

Right Ear: Normal Abnormal: _____

Left Ear: Normal Abnormal: _____

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

EKG: Indicated by hx or exam: _____

Abnormal Details

Normal

HEENT: _____

LUNGS: _____

ABDOMEN: _____

MUSCULOSKELETAL _____

GENITOURINARY: _____

NEUROLOGICAL: _____

SKIN: _____

URINALYSIS: Normal Abnormal: _____

TB SKIN: Negative Positive

Are there any conditions, physical, emotional or mental which, in your opinion, suggest further examination prior to employment?

No Yes

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Peace Officers in the Commonwealth of Kentucky.

Physician, Nurse Practitioner or
Physician's Assistant Signature

Date

Please Print Name and Address of Physician, Nurse Practitioner or Physician's Assistant

