

TO: Medical Professionals
FROM: Cynthia Taylor-Patch, Director of Training
RE: Fitness for training; medical evaluation

The Vermont Police Academy's Basic Training programs for law enforcement professionals involve a complex and dynamic training regimen. You are being presented with an examination form that Academy staff and contracted medical professionals will use to determine whether or not a student is able to safely participate in our programs.

The Basic Training Program for officers seeking Level I or Level II certification is made up of an initial two weeks (80 hours) to be followed by various in-service trainings that may consist of one day to five days or more in length. The program is non-residential though sleeping quarters are offered. Students who are applying to attend the Level I or Level II Basic Training Program will be required to:

- Stand for long periods on the firing range
- Shoot from standing, kneeling and prone positions
- Perform arm bar take-downs and partner with someone who will perform same on student, handcuffing and being handcuffed, handcuffing someone who is non-compliant.
- Perform a sprawl – quickly transitioning from standing to a push-up position (involves kicking one's legs out and landing with a forceful impact).
- Bending wrists (during handcuffing and other use of force training)
- Sustain exposure to oleoresin capsicum (OC spray)

The Basic Training Program for officers seeking Level III certification consists of a 16-week residential program. Students live here during the week and return home on the weekend. It differs greatly from the Level I and II in frequency and intensity of tasks required. Students who are applying to attend the Level III Basic Training Program will be required to perform all of the actions listed above in addition to:

- Driving vehicles (forward and in reverse)
- Stand for long periods to include on the firing range
- Exercise daily to include various workouts, running progressively up to 5 miles or more at least one time per week.



- Respond to scenarios that require the physical control of a non-compliant person. This includes delivering strikes (hand, knee, baton), and other control and restraint techniques.

We also ask that you check the current status of any case of asthma that may be exacerbated by strenuous physical activity. Furthermore, we ask that you explore any allergy, disease or other concern that may pose a risk to the individual or other individuals given that the student will be living with classmates Monday through Friday and sharing sleeping quarters, eating meals together, etc.

In closing, we ask that you investigate any and all joint issues with a strong focus on shoulder, neck, back, hip, knee, and ankle concerns. We are very concerned about the thorough examination of pre-existing conditions that may impact a student's ability to safely participate in Basic Training activities.

Please feel free to contact the Director of Training, Cindy Taylor-Patch, with any questions or concerns.

317 Academy Road
Pittsford, VT 05763
(802)483-2741
cindy.taylor@vermont.gov

RECRUIT NAME: _____



STATE OF VERMONT
CRIMINAL JUSTICE TRAINING COUNCIL

VERMONT POLICE ACADEMY

317 ACADEMY ROAD
PITTSFORD, VERMONT 05763

TEL: (802) 483-6228 FAX: (802) 483-2343

www.vcjtc.state.vt.us

MEDICAL HISTORY AND REPORT OF PHYSICAL EXAMINATION

Confidential Information

Please Clearly Print:

Date: _____

NAME: _____
(Last) (First) (M.I.)

DOB: _____ Phone Number: _____

Name of Sponsoring Agency: _____

Level III Recruit

Level II Recruit

Waiver Officer

Name of Physician: _____

Name of Medical Practice: _____

Phone Number of Practice: _____

Address of Practice: _____

Medical History

Have you ever had: (Answer all)	YES	NO	UNKNOWN	EXPLAIN
1. Rheumatic fever or Inflammatory Rheumatism				
2. A heart murmur				
3. "Leaky heart" or abnormal heart valves				
4. Fainting spells				
5. Chest pain upon exertion				
6. Fast heart beat				
7. High blood pressure				
8. A stroke				
9. Shortness of breath on normal exertion				
10. Shortness of breath at night or when lying down				
11. Swelling of both feet or ankles				
12. An abnormal electrocardiogram (EKG)				
13. A "coronary" or "heart attack"				
14. "Angina Pectoris" (Chest pain)				
15. Heart disease or heart trouble				
16. History of Lyme disease				
17. Persistent numbness or weakness in the hands or feet				
18. History of an eating disorder or a 25 pound weight gain or loss				
19. Head injury with a loss of consciousness or a diagnosis of a concussion				

RECRUIT NAME: _____

Have you ever had: (Answer all)	YES	NO	UNKNOWN	EXPLAIN
20. Leg pain on walking				
21. Varicose veins				
22. Asthma or wheezing				
23. Pneumonia				
24. Tuberculosis				
25. Emphysema				
26. Chronic lung disease				
27. Abnormal chest X-ray				
28. Cough-up blood				
29. Chronic cough or coughing up sputum frequently				
30. Allergies				
31. Bleeding or bruising tendencies				
30. Peptic ulcer of stomach or duodenal ulcer				
32. Polyps (growths) in stomach or intestine				
33. Ulcerative colitis				
34. Gall bladder trouble				
35. Liver trouble				
36. Stomach or intestinal trouble				
37. Kidney or bladder trouble				
38. History of significant broken bones, muscle, ligament or joint injury				

RECRUIT NAME: _____

Have you ever had: (Answer all)	YES	NO	UNKNOWN	EXPLAIN
36. Prostate trouble or difficulty urinating				
37. Gout				
38. Arthritis or rheumatism				
39. Abnormal urine				
40. Glandular problems or disease				
41. Diabetes				
42. Treatment for anxiety or depression				
43. Disabling disease				
44. Serious injury				
45. Backaches				
46. Back injury				
47. Received Workman's Compensation and reason				
48. Worn back brace				
49. Phlebitis				
50. Hernia				
51. Sickle cell anemia				
52. Anemia				
53. Cancer of any type, including skin				
54. Other major illnesses or abnormalities				

RECRUIT NAME: _____

FOR MEN ONLY:	YES	NO	UNKNOWN	EXPLAIN
55. Have you had an undescended testicle at any time in your life? If yes, was this corrected?				
56. Has your doctor ever told you that your prostate was enlarged?				
FOR WOMEN ONLY:	YES	NO	UNKNOWN	EXPLAIN
57. Missed period for more than 3 months (not including pregnancy)				
FOR ALL APPLICANTS:	YES	NO	UNKNOWN	EXPLAIN
Have you ever worked at a <u>job</u> or <u>Hobby</u> where you were exposed to:				
58. Asbestos				
59. Chemicals				
60. Dust (such as wood, leather, heavy metals)				
61. Dyes				
62. X-rays (i.e. x-ray tech.)				
63. Solvents or petroleum products				
If you answered "YES" to <u>any</u> of the above:				
64. Was your exposure indoors?				
65. Are you currently exposed to any of the materials listed above?				



66. Do you smoke? _____

Amount? _____

How long? _____

Are you an ex-smoker? _____

If so, when did you quit? _____

RECRUIT NAME: _____



67. Are you currently taking medication YES _____ NO _____
If YES, list below



68. Have you ever taken steroids? YES _____ NO _____
If "YES," explain:



69. Have you ever been treated for a seizure disorder? YES _____ NO _____
If "YES," explain:



Family History

Has any blood relative had cancer, heart disease, or diabetes?

By blood relatives, we mean: mother, father, daughters, sons, sisters, brothers, sister's children, brother's children, mother's sisters and brothers, mother's mother and father, father's sisters and brothers, father's mother and father.

Condition	What is their relationship to you?	What was their age at diagnosis?
70. Diabetes		
71. Cancer		
72. High blood pressure		
73. Heart Disease		
74. Glaucoma		
75. Stroke		
76. Polyps (Growths in stomach or intestine)		
77. Aneurysm (cerebral, thoracic, abdominal, femoral)		

78. Have any of these family members died from any of these conditions before their 60th birthday? YES _____ NO _____

If "YES," explain:



79. Have you prepared yourself for Physical Assessment by participating in any form of exercise program? YES _____ NO _____ PARTIALLY _____

Explain.

RECRUIT NAME: _____

I understand that information on this form will be provided to the physician designated by the Criminal Justice Training Council (CJTC) for review prior to my acceptance to basic training. This review is completed to ensure I am physically able and suited to complete the rigorous physical requirements of basic training. This form and any subsequent medical information gathered by the CJTC during my screening and subsequent basic training will be retained for three (3) years from the date on which I complete basic training, and will then be destroyed. These records and this information will only be used for the stated purpose and will be kept confidential unless disclosure is compelled by legal process. My signature indicates that I acknowledge and agree to the terms of this application.

I hereby certify that this personal medical history questionnaire contains no false information and is complete to the best of my knowledge.

SIGNED: _____

DATE: _____

Physical Examination

The following is to be completed by a physician. If the physician has questions regarding the physical requirements of attending Basic Training, they can contact the Academy's Training Staff at (802)483-6228.

General

Speech: _____
 Mood: _____
 Comments: _____

Vital Signs

- 1) Blood pressure: Systolic: _____ Diastolic: _____
- 2) Pulse rate: _____ Regular or Irregular: _____
- 3) Temperature: _____

General Appearance:

Place an "x" to the right next to the words that apply:

SLENDER	
MEDIUM	
STOUT	
OBESE	
ERECT	
DROOPED	

Bone Frame: Heavy _____ Medium _____ Light _____

Weight: _____ **Height:** _____ **BMI:** _____

Waist Circumference of at umbilicus: _____ inches.

HEENT

Vision: Right Eye: _____ / _____ Corrected to _____ / _____
 Left Eye: _____ / _____ Corrected to _____ / _____
 Color Perception (Ishihara): _____

Diseases: Eyes, Ear, Nose, and Throat: _____

Hearing (whisper test): Right ear: _____ Left Ear: _____

Mouth and Gums: _____

Dentition: Excellent Repair: Good Repair: Poor Repair:

RECRUIT NAME: _____

Immunizations: Write in the month, day, and year received OR attach a copy of the most current immunization record.

Hepatitis B	1	2	3		
Tdap	1				
Td	1	2			
Polio	1	2	3	4	
Pneumococcal	1	2	3	4	5
Hepatitis A	1	2	3		
MMR	1	2			
Varicella	1	2	Date of Disease		
Meningococcal	1	2			
HPV	1	2	3		
Influenza	1	2	3	4	5
Other					

Respiratory system:

Breath Sounds: _____

Cardiovascular system:

Heart Sounds: _____

Peripheral edema: _____

Varicose Veins: _____

Evidence of bruits or inefficiencies:

Carotid: _____ Radial: _____ Abdominal: _____

Femoral: _____

Abdominal/Digestive System:

Bowel Sounds: _____ Tenderness : _____ Masses: _____

Abdominal walls weakness or hernia: _____

RECRUIT NAME: _____

Musculoskeletal

Abnormalities of bones, joints, and muscles (strength, ligament instability):

Neck and Back: _____

Upper Extremities: _____

Lower Extremities: _____

Nervous system:

Reflexes _____

Sensory: _____

Balance/ Proprioception: _____

Integumentary System:

Rashes: _____ Infections: _____

Lymphatic system

Lymphadenopathy: _____

Genito-urinary system:

Vericocele _____

Hernia _____

Urinalysis:

Sp. Gr.: _____ Protein: _____ Blood: _____ Glucose: _____

Remarks:

RECRUIT NAME: _____

I certify that I have carefully examined the applicant named herein and have correctly recorded the results of the examination, and that, to the best of my knowledge and belief, he/she IS _____, IS NOT _____, mentally and physically qualified for attendance in the basic training program at the Vermont Police Academy.

Date: _____

Examining Medical Personnel**: _____, _____

****PER THE ACADEMY PHYSICIAN:**

If this examination was done by anyone other than a medical doctor or advanced practice registered nurse (i.e. it was done by a physician's assistant or nurse practitioner), a supervising physician must also sign this form.

Supervising Physician (if applicable): _____, M. D.

Name of Medical Practice: _____

Phone: _____

Address: _____

Comments:
