

# **DIRECTIONS FOR THE COMPLETION OF THE MEDICAL EXAMINATION REPORT AND HEALTH QUESTIONNAIRE FOR CORRECTIONAL/JAIL OFFICER TRAINING**

## **APPLICANT**

- 1. Pages 2 through 4 are to be completed by the applicant. These pages are to be completed prior to submitting the medical form to the physician.**
- 2. The entire medical form is then to be given to the physician.**

## **EXAMINING PHYSICIAN**

- 1. Please review page 5 before completing the physical examination. All certifications made by the physician are to take into account the duties of a correctional/jail officer and the physical requirements of training in determining the applicant's capability. Thoroughly review the applicant's self-reporting questionnaire in conjunction with the physical examination in making your certifications.**
- 2. The medical examination must be conducted under the supervision of a licensed physician and the medical examination report must be signed by the physician.**
- 3. Upon completion, the ENTIRE Medical report is to be returned to:**

**Nebraska Law Enforcement Training Center  
3600 North Academy Road  
Grand Island, NE 68801-9403**

## **APPLICANT**

- 1. Please be advised that the Training Center may require an applicant to receive an additional medical examination which may involve referral to a specialist. Should this necessity arise, the cost of any additional examination is also the responsibility of the applicant and/or the employing agency.**
- 2. Any applicant failing to cooperate in providing necessary medical releases or information or failing to meet minimum standards will not be admitted to the Training Center.**

**Medical examinations cannot be older than 12 months prior to the beginning of training.**

**Questions: Contact the Training Center, 308-385-6030**

**NEBRASKA LAW ENFORCEMENT TRAINING CENTER  
CORRECTIONS OFFICER MEDICAL EXAMINATION REPORT AND HEALTH QUESTIONNAIRE**

**TO THE APPLICANT:** Medical clearance is required by the Nebraska Law Enforcement Training Center. Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

**INSTRUCTIONS TO APPLICANT:** Complete pages 2 and 3 prior to your physical examination and give pages 1 to 5 to the examining physician at the time of examination. **ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.**

Applicants Name (Last, First, Middle): \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Hiring Agency (If applicable) \_\_\_\_\_

**SECTION A: HAVE YOU EVER OR DO YOU NOW HAVE ANY OF THE FOLLOWING? FOR "YES" ANSWERS, SUPPLY FULL DETAILS IN SECTION B ON PAGE 3. IF THE CONDITION REQUIRED HOSPITALIZATION, CHECK THE CORRESPONDING BOX.**

CONDITION	NO	YES	HOSP	CONDITION	NO	YES	HOSP
1. Head Injury / Concussion				16. Allergies (Specify)			
2. Back Trouble or Back Pain				17. Pernicious Anemia, Leukemia, or Other Blood Disorder/Ailment			
3. Any Bone or Joint injuries (including Amputations, Dislocations, broken bones)				18. Polio			
4. Lameness				19. Rheumatic Fever			
5. Rheumatism or Arthritis				20. Heart/Circulatory Condition/Chest Pain			
6. Knee Injury or Surgery				21. High or Low Blood Pressure			
7. Foot Ailments				22. Hepatitis, Jaundice, or Other Liver Ailment			
8. Headaches/Severe or Chronic				23. Diabetes			
9. Fainting or Dizzy Spells				24. Ulcers or Other Stomach Condition			
10. Epilepsy or Seizures				25. Rupture or Hernia			
11. Any disorder of the Nervous System				26. Illness or Addiction to Drugs or Alcohol			
12. Tuberculosis or Other Lung Trouble				27. Heat Exhaustion or Heat Stroke			
13. Shortness of Breath/Asthma/Bronchitis				28. H.I.V. Positive			
14. Skin Condition, if Contagious				29. Diagnosed or Suffer from Repetitive Motion Conditions			
15. Smoking or Use of Tobacco							





**Nebraska Law Enforcement Training Center  
Notice to Physician**

**Dear Physician:**

**The Nebraska Law Enforcement Training Center, (NLETC) conducts basic correctional officer training for correctional facilities. Trainees undergo strenuous physical training during the training course that creates physical and mental demands upon the trainee. Trainees must complete the physical activities course to receive certification as a correctional officer.**

**Please review the following description of physical and mental demands made upon the trainees during the course and sign at the end.**

**Defensive Tactics**

Each trainee must participate in defensive tactics training. Trainees must pass the defensive tactics skills test. The defensive tactics program is 20 hours in length and includes:

Weaponless defense that involves close physical combat and grappling requiring significant physical exertion and body contortion in the role of both a corrections officer and an arrestee. **Repeatedly** consisting of, but not limited to the following: Handcuffing/being handcuffed, bending, kneeling, twisting, punching, pushing/pulling, falling to the ground, thrown to the ground (landing on chest), rolling, reaching, gripping hands and fingers, finger dexterity, and joint manipulation. Training requires aggressive forward, backward and lateral movements while afoot.

**PHYSICIAN'S REPORT AND CERTIFICATION**

I hereby certify that on \_\_\_\_\_, I completed a physical examination of \_\_\_\_\_  
(date) (name of patient)

and I have reviewed the description of the physical requirements for the Corrections Officer Course (above), and it is my professional opinion based on the examination that the above patient:

CAN                      CANNOT                      physically perform the activities described on page 5 of this report.  
Circle One

DOES                      DOES NOT                      have any conditions (physical, mental, or emotional) which would suggest  
Circle One                      further examination. (If the patient "DOES," explain below)

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: _____	Date: _____
Physicians Printed Name: _____	
Office Address: _____	
City _____	State _____ Zip _____
Office Telephone: ( _____ ) _____	