IOWA LAW ENFORCEMENT ACADEMY
REPORT FOR MEDICAL EXAMINATION

The purpose of the examination is to screen applicants prior to training at the Iowa Law Enforcement Academy. The following Medical Guidelines provide the medical and health information for the Academy fitness program.

Participation in the program will involve strenuous physical activity that includes fitness testing and exercise. The student should have no musculoskeletal, respiratory, or cardiovascular system deficiencies that would prevent full participation in the training program. Activities will include weight lifting, aerobic calisthenics, distance running up to several miles, two (2) minute sit-up test, dynamic strength of upper and lower body, flexibility and stretching exercises. Any abnormalities should be described in detail and explained to the applicant.

EXAMINEE NAME_____SEX_____DOB:_____

EXAMINING PHYSICIAN & ADDRESS:_____

_____

DATE OF EXAMINATION:_____

CLINICAL EXAMINATION RESULTS

HEIGHT:_____WEIGHT:_____TEMPERATURE:_____

BLOOD PRESSURE:

SITTING SBP_____ RECUMBENT SBP_____ STANDING SBP_____

DBP_____ DBP_____ DBP_____

PULSE:

SITTING BPM_____ AFTER EXERCISE BPM_____ STANDING BPM_____

LABORATORY FINDINGS

BLOOD CHEMISTRIES (Please include a copy of blood chemistries):

TOTAL CHOLESTEROL_____

HDL_____LDL_____

TRIGLYCERIDES_____

GLUCOSE_____

I have, on this day, examined _____ and conclude that he/she (CHECK THE ONE APPROPRIATE BLOCK):

( ) Is physically able to participate in the physical activities described. I find no physical limitations that might make participation in the physical activities especially difficult for the Officer.

OR

( ) Is NOT physically able to participate in the physical activities as described.

SIGNATURE OF PHYSICIAN_____DATE_____

MAIL COMPLETED FORM TO:

Iowa Law Enforcement Academy
Camp Dodge
P.O. Box 130
Johnston, Iowa 50131