# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

**CRIMINAL JUSTICE STANDARDS DIVISION**
Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax (919) 779-8210

## MEDICAL EXAMINATION REPORT

**THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.**

Form F-2 (DJJDP)
(Rev.6/11)

**INSTRUCTIONS:**
**To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in N.C. or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency.**

Date: ____________________

Name: ______________________________________________ Date of Birth: __________________________
Last First Middle

Height: ____________ Weight: ____________

☐ Well nourished
☐ Obese
☐ Muscular

**VISION**

Visual Acuity: **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: ____________________________________

(Continued on reverse side)

**CARDIOVASCULAR**

Blood Pressure: ______________________ Resting Pulse: ______________

Cardiac Examination: ☐ Normal ☐ Abnormal: ______________

Peripheral Circulation: ☐ Normal ☐ Abnormal: ______________

ECG: ☐ Indicated by hx or exam:

**ABNORMAL DETAILS**

**NORMAL**

☐ HEENT: ______________________________

☐ LUNGS ______________________________

☐ ABDOMEN: ______________________________

☐ MUSCULOSKELETAL: ______________________________

☐ GENITOURINARY:______________________________

☐ NEUROLOGICAL: ______________________________

☐ SKIN: ______________________________

URINALYSIS ☐ Normal ☐ Abnormal: ______________________________

TB SKIN TEST ☐ Negative ☐ Positive ______________________________

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

☐ 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 Juvenile Justice Officers and Chief/Juvenile Court Counselors in the State of North Carolina.**

______________________________

Signature of Physician/Physician's Assistant/Nurse Practitioner Date

Name and Address of Physician/Physician's Assistant/Nurse Practitioner - Typed

______________________________

______________________________

______________________________

**NORTH CAROLINA DEPARTMENT OF JUSTICE**

**CRIMINAL JUSTICE STANDARDS DIVISION**


**ROY COOPER**
**ATTORNEY GENERAL**

**PO DRAWER 149**
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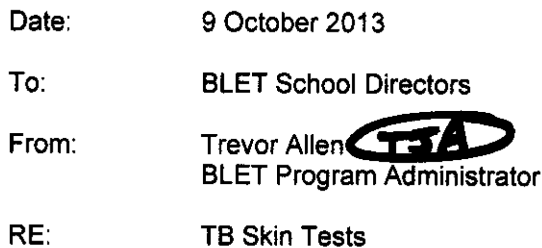
**WINFIELD J. HUNTER**
**INTERIM DIRECTOR**


Date: 9 October 2013

To: BLET School Directors

From: Trevor Allen
BLET Program Administrator



RE: TB Skin Tests

It has come to the attention of both the CJ and Sheriffs' Standards Divisions that many prospective BLET students are having difficulty getting TB skin tests completed as part of their medical examinations for enrollment in the BLET program. This is consistent with the tuberculin shortage as recently reported by the Department of Health and Human Services.

Dr. Thomas Griggs, retired Medical Director for the NC Highway Patrol, believes that law enforcement applicants are at 'low risk' for TB, and recommended that we remove the requirement for TB skin tests. To comply with the current guidelines of the Centers for Disease Control and Prevention, DHHS has the recommended following procedure for low-risk persons requiring screening for tuberculosis:

1. The health care professional performing the certifying examination should administer the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire;
2. Persons who have negative responses to all questions on both the Tuberculosis Risk Questionnaire and the Tuberculosis Symptom Questionnaire may be certified as not having tuberculosis in the communicable form. No further testing is required for such persons;
3. Persons with any positive response on the Tuberculosis Symptom Questionnaire should receive further medical evaluation, which should include a chest radiograph;
4. Persons with no positive responses on the Tuberculosis Symptom Questionnaire, but with any positive response on the Tuberculosis Risk Questionnaire should receive further medical evaluation, which should include either a tuberculin skin test or an interferon gamma release assay (written documentation of a prior positive test and subsequent chest radiograph is acceptable).

Effective immediately, the use of the DHHS-recommended procedure (detailed above) will replace the former TB skin test protocol until further notice.

The questionnaires are attached and should be presented, along with a copy of this memorandum and the revised form F-2, to the examining physician. The questionnaires have also been attached to the revised F-2 (revised 10.9.13) on our website. This revised form is to be used effective immediately.

## Tuberculosis Risk Questionnaire

1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Eurpoe? Yes No

2) Have you traveled outside the USA and lived for more than one month in one the following parts of the world: Africa, Asia, Central America, South America or Eastern Eurpose? Yes No

3) Do you have a compromised immune system such as from any of the following conditions: HIV/Aids, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma. Cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? Yes No

4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, Worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? Yes No

5) Have you ever been exposed to anyone with infectious tuberculosis? Yes No

## Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

1) Unexplained cough lasting more than 3 weeks Yes No

2) Unexplained fever lasting more than 3 weeks Yes No

3) Night sweats (sweating that leaves the bedclothes and sheets wet) Yes No

4) Shortness of breath Yes No

5) Chest Pain Yes No

6) Unintentional weight loss Yes No

7) Unexplained fatigue (very tired for no reason) Yes No