



# SUBURBAN LAW ENFORCEMENT ACADEMY

College of DuPage



## Medical Examination Package

This medical examination package is prepared for the Police Basic Training Academy Recruit. All enclosures and forms should be read carefully and then properly completed. Forms must be returned to the Suburban Law Enforcement Academy before the starting date of the course.

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Attention: It is the employing agency that sets the minimum employment health standards.

Form: I. **Medical History Background** – To be completed by the training applicant.

II. **Medical Examination** – To be completed and signed by the examining physician.

III. **Physician's Conclusion** – To be completed by examining physician, and when appropriate, by the training applicant and his/her agency head.

IV. **General Information for Physical Training Areas** – To be signed by the Training applicant.

**THE ENTIRE MEDICAL EXAMINATION PACKAGE, INCLUDING ALL THE ATTACHED FORMS, MUST BE COMPLETED, SIGNED (AS APPROPRIATE), AND EMAILED TO THE SUBURBAN LAW ENFORCEMENT ACADEMY ADMINISTRATIVE STAFF PRIOR TO THE P.O.W.E.R. TEST.**



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**Probationary Police Officer Medical Approval  
(Must be completed within 60 days of Academy start date.)**

(Please print or type)

Name of Officer: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

## TO EXAMINATION PHYSICIAN:

The Suburban Law Enforcement Academy at College of DuPage, under the auspices of the Illinois Law Enforcement Training and Standards Board, conducts a 560 hour training program for police recruits. In conjunction with the overall program, there is a block of 40 hours devoted to physical training that includes the following:

1. Stretching
2. Sit-ups
3. Push-ups
4. Running
5. Hands-on Defensive Tactics Training  
(includes arrest scenarios)

Should there be any questions concerning the program, feel free to contact the Academy Director at 630-942-2677.

*I certify that I have examined this Probationary Officer and that, on the basis of the examination, and find that in my professional opinion can perform all such physical activities normally associated with the Basic Law Enforcement Training Course, find no reason which would make it medically inadvisable for this Officer to participate in the above scheduled activities.*

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
(print or type)

Physician's Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Telephone: \_\_\_\_\_ Date of Exam: \_\_\_\_\_





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## FORM I – MEDICAL HISTORY FORM

(SECTION I continued)

1. Are you receiving any medical treatment that requires continuing care and/or treatment? If yes, explain.

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2. List the medications you take regularly:

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3. Have you ever been advised against any physical exercise? If yes, explain.

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4. Have you been treated for recurring back/neck problems? If yes:

Specific Problem: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

5. Do you have any difficulty hearing or understanding what others say? If yes, explain.

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6. Lifestyle:

Do you exercise regularly?  yes  no How much? \_\_\_\_\_

Do you smoke:  yes  no What? \_\_\_\_\_ How much? \_\_\_\_\_

Do you drink, including beer?  yes  no How much? \_\_\_\_\_

7. Date of last dental examination: \_\_\_\_\_

8. It is advisable that all females have a yearly gynecological exam.

Date of last exam: \_\_\_\_\_



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## FORM I – EXERCISE HABITS SECTION II

A. How would you rate the physical activity of yourself as compared to others of the same age and sex? Include both leisure and work activities.

- |   |   |
|---|---|
| <input type="checkbox"/> EXTREMELY INACTIVE | <input type="checkbox"/> SOMEWHAT ACTIVE  |
| <input type="checkbox"/> INACTIVE           | <input type="checkbox"/> ACTIVE           |
| <input type="checkbox"/> SOMEWHAT INACTIVE  | <input type="checkbox"/> EXTREMELY ACTIVE |

B. For the last three months, which of the following activities have you regularly performed?

- 1) Walking, running or jogging.  
 Yes a. How many workouts/week? \_\_\_\_\_  
b. How many miles/workout? \_\_\_\_\_  
c. What is your average time/mile? \_\_\_\_\_
- 2) Playing a strenuous racket sport (tennis, paddleball, etc.).  
 Yes a. How many hours/week? \_\_\_\_\_  
 No
- 3) Riding a bicycle.  
 Yes a. How many miles/week? \_\_\_\_\_  
 No
- 4) Swimming.  
 Yes a. How many miles/week? \_\_\_\_\_  
 No

This medical questionnaire has been completed and all answers or responses are accurate and reliable to the best of my knowledge. I am aware of the physical requirements of my professional program and certify that the above medical history is current and accurate.

RECRUIT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## FORM II – MEDICAL HISTORY FORM

(Please print or type)

Illinois Law Enforcement Training and Standards Board requires “Each applicant must submit a properly endorsed medical examination form at the time of application. The applicant must have received a medical examination prior to the date on which the respective Basic Training course begins.”

**Training Applicants Name:** \_\_\_\_\_ **SS #:** \_\_\_\_\_

**Address of Examining Physician:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_

**CLINICAL EVALUATION:** \_\_\_\_\_

**Instructions:** Check each item in the appropriate column. Please describe every abnormality in detail **and** provide explanatory information and/or comments.

**Normal**

**Abnormal**

- |                          |                                    |                          |       |
|--------------------------|------------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1. head, face, neck and scalp      | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 2. ear, nose, throat               | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3. eyes                            | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4. respiratory                     | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5. cardiovascular                  | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6. gastrointestinal                | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7. musculoskeletal                 | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8. skin                            | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9. neurological system             | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10. endocrine and metabolic system | <input type="checkbox"/> | _____ |

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_



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## FORM II – MEDICAL HISTORY FORM

(continued)

Summary of defects and diagnosis (list diagnosis with item numbers).

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Specify any restrictions regarding student's ability to perform in direct relation to educational expectations. This includes practical exercises in firearms training, personal defense tactics and physical training.

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Is student presently under any medical therapy?  yes  no

If yes, explain: \_\_\_\_\_

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Other remarks and/or recommendations for health maintenance:

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## FORM III – PHYSICIAN’S CONCLUSION FORM

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 of police basic training as Described in the “General Information for Physical Training Areas: Police Basic Training” form attached. I find no physical limitations that might make participation in the physical activities especially difficult for the applicant.

**OR**

IS physically able to participate, but I find there is/are physical limitation(s) that might make participation especially difficult for the applicant. The limitation(s) is/are described above in the “CLINICAL EVALUATION” section of this report, (FORM II) and the possible problem(s) has/have been explained to the applicant. If this second block is checked, the applicant and his agency head must sign the following statements.

Dr. \_\_\_\_\_ has explained to me the possible problems I might have with physical training activities due to physical limitation(s) described in the “CLINICAL EVALUATION” section of this report (FORM II).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICER \_\_\_\_\_ has discussed with me the possible problems he/she might have with physical training activities due to physical limitation(s) described in the “CLINICAL EVALUATION” section of this report (FORM II).

Signature of Applicant’s Agency Head: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Is **NOT** physically able to participate in the physical activities of police basic training as described in the “General Information for Physical Training Areas: Police Basic Training” form attached.

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ Date: \_\_\_\_\_





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## FORM IV – GENERAL INFORMATION FOR PHYSICAL TRAINING AREA: POLICE BASIC TRAINING

The physical fitness program during police basic training is comprised of two segments:

1. Physical Fitness Assessment
  2. Physical Fitness Exercise Training Curriculum
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1. Fitness Assessment Activities:
  - A. A sit-and-reach test to measure flexibility
  - B. A one-minute sit-up test to measure dynamic strength
  - C. 1.5 mile run/walk to measure cardio-respiratory endurance
  - D. Threshold weight/body composition
  - E. One repetition maximum bench press
2. The physical fitness curriculum is designed to develop and maintain fitness to include the following activities:
  - A. Walking
  - B. Running
  - C. Stretching
  - D. Agility Drills
  - E. Strength Exercises
  - F. Personal Defense Tactics

### TRAINEE ENDORSEMENT:

I have thoroughly read the General Information sheet and the required medical questionnaire to the best of my ability, and understand the physical activity that is involved in police basic training. I know of no reason for not actively participating in the physical training areas, as required.

Signature of Police Academy Applicant: \_\_\_\_\_

Date: \_\_\_\_\_