



SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
5400 Broad River Road
Columbia, South Carolina 29212-3540
(803) 896-7802

MEDICAL HISTORY, EXAMINATION, AND FITNESS FOR TRAINING

TO THE EMPLOYER:

This form is inappropriate for use as a pre-offer inquiry under existing State and Federal law. THIS FORM SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT IS MADE. Once a conditional offer of employment is made, you may use this form and the accompanying medical examination to determine if the applicant can perform the essential functions necessary to successfully complete training at the Criminal Justice Academy. All inquiries should focus on the applicant's ability to perform the position being sought, not focus on any perceived physical or mental disability which would exclude the applicant.

REPORT OF EXAMINATION
To be on file at the Academy

TO THE APPLICANT:

All information MUST be completed. Please type or print legibly and provide to your examining physician. Attach additional sheets/documentation as necessary. By my signature, I certify that there are no willful misrepresentations, omissions or falsifications in my answers below and the answers given are true to the best of my knowledge and belief. Any falsification, withholding or failure to answer all questions completely and accurately may disqualify me from receiving training and/or certification as a law enforcement officer. I understand this information will be used to determine whether I am medically capable of performing the essential functions and physical demands of the training at the South Carolina Criminal Justice Academy. **Medical information regarding my ability to perform these functions and demands will be made available to the South Carolina Justice Academy and I do, hereby, waive any privacy rights I may have under HIPPA (110 Stat. 1936) with regard to this examination and any medical treatment I may need during my period of training at the South Carolina Criminal Justice Academy.**

Applicant's Signature

Date

Applicant's Name (please print)

Last four (4) of Applicant's Social Security Number



MEDICAL HISTORY FORM

Applicant's Employing Law Enforcement Agency: _____

Name: _____

Last

First

Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Male _____ Female

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

1. WORK HISTORY

1.1 – Have you ever been exposed to fumes, chemicals, dusts, heavy metals, or radiation in your work or hobbies?
_____ Yes _____ No If yes, list types of exposure: _____

1.2 – Were you in the military? _____ Yes _____ No If yes, for how long? _____

2. SOCIAL HISTORY

2.1 – How many times a week do you engage in a physical activity vigorous enough to work up a sweat? _____

2.2 – Smoking

Do you currently use tobacco products? _____ Yes _____ No

Have you ever used tobacco products in the past? _____ Yes _____ No

How many packs a day do you currently or did you previously smoke? _____

When did you start smoking? _____

When did you quit smoking? _____



2. SOCIAL HISTORY CONTINUED...

2.3 – Alcohol

Do you drink alcoholic beverages? Yes No
Amount per day: _____

2.4 – Caffeinated Drinks

Do you drink caffeinated beverages? Yes No
Amount per day: _____

2.5 – Drugs

Have you ever used any controlled substance not prescribed by a physician? Yes No
If yes, specify the controlled substance(s): _____

2.6 – Disability

Have you ever received workers' compensation benefits? Yes No
Are you currently disabled? Yes No
Have you ever been out of work because of injury, illness, or other medical reason for more than 3 days? Yes No
Have you ever had your job modified because of injury, illness, or other medical reason? Yes No
If you answered yes to any of these questions, explain: _____

Do you need any accommodation in order to perform the essential job functions of a law enforcement officer? Yes No If yes, explain: _____

3. HEALTH HISTORY

3.1 – Are you taking any medication (prescription, non-prescription, or supplements) on a regular basis (more than 3 times a week)? Yes No If yes, explain (name of medication, dose, date started, duration of treatment, and reason for treatment): _____



3. HEALTH HISTORY CONTINUED...

3.2 – Have you ever had, or been advised to have, surgery (including outpatient procedure)? Yes No
 If yes, explain (type of surgery, date, reason for surgery, and name of hospital) _____

3.3 – Have you been hospitalized, visited the emergency department, or received medical treatment or therapy in the past 5 years? Yes No If yes, explain (reason for visit, diagnosis, and date)

3.4 – Are you currently being treated for any medical or mental health condition? Yes No
 If yes, explain: _____

3.5 Have you had the Covid 19 vaccine? Yes No Type _____ Last Dose _____

3.6 – Organ Systems

Are you pregnant? Yes No

Have you ever had or currently have any of the following?

	General Condition	Yes	No	If yes, provide details with date of onset and date of recovery
1	Cancer			
2	Diabetes			
3	Tuberculosis			
4	Thyroid disease			
5	Mumps			
6	Measles			
7	Poliomyelitis			
8	Heat stroke			
9	Heat exhaustion			
10	High cholesterol			
11	High triglycerides			



3. HEALTH HISTORY/ 3.6 Organ Systems Continued

	Head, Ears, Nose, Throat	Yes	No	If yes, provide details with date of onset and date of recovery
1	Wear a hearing aid			
2	Frequent nosebleeds			
3	Chronic sinus conditions			
4	Hearing difficulties			
5	Meniere's disease (Vertigo)			

	Eyes	Yes	No	If yes, provide details with date of onset and date of recovery
1	Eye surgery (PRK, LASIK, or other)			
2	Eyeglasses			
3	Contact lenses			
4	Eye injury			

	Heart and blood vessels	Yes	No	If yes, provide details with date of onset and date of recovery
1	Heart attack			
2	Stent in coronary artery			
3	Atrial fibrillation			
4	Palpitations			
5	Cardiomyopathy			
6	Congestive heart failure			
7	Cardiac surgery			
8	Chest pain			
9	Shortness of breath			
10	Swelling of legs or feet			
11	Heart murmur			
12	Rheumatic fever			
13	Pulmonary embolus (blood clot in lungs)			
14	Deep venous thrombosis (blood clot)			
15	Syncope (passing out)			
16	Cardiac arrest			
17	High or low blood pressure			
18	Pacemaker			
19	Implantable defibrillator			
20	Abnormal heart valve			
21	Any other heart problem that you have been told about			



3. HEALTH HISTORY/ 3.6 Organ Systems Continued

	Lungs	Yes	No	If yes, provide details with date of onset and date of recovery
1	Pneumonia			
2	Chronic bronchitis			
3	Asthma or inhaler use			
4	Emphysema			
5	COPD			
6	Coughing up blood			
7	Wheezing			
8	Cystic fibrosis			
9	Lung cancer			
10	Any chest injuries or surgeries			
11	Any lung problem that you have been told about			

Do you currently have any of the following symptoms of pulmonary or lung illness?

		Yes	No	If yes, provide details with date of onset and date of recovery
1	Shortness of breath			
2	Shortness of breath when walking fast on level ground or walking up a slight hill or incline			
3	Shortness of breath that interferes with your job			
4	Coughing up blood in last month			
5	Wheezing/asthma			
6	Chest pain when you breathe deeply			
7	Any other symptoms that you think may be related to lung problems			

	Gastrointestinal (GI)	Yes	No	If yes, provide details with date of onset and date of recovery
1	Abdominal pain			
2	Inflammatory bowel disease			
3	Colitis			
4	Crohn's disease			
5	Pancreatitis			
6	Ulcer			
7	Acid reflux			
8	Vomiting blood			
9	Blood in stool			
10	Hepatitis			
11	Hernia			
12	Irritable bowel syndrome			
13	Any other GI problems you have experienced or been told you have			



3. HEALTH HISTORY/ 3.6 Organ Systems Continued

	Genitourinary (GU)	Yes	No	If yes, provide details with date of onset and date of recovery
1	Kidney stones			
2	Kidney infection			
3	Any other GU problems you have experienced or been told you have			

	Blood disorders	Yes	No	If yes, provide details with date of onset and date of recovery
1	Sickle cell disease			
2	Anemia			
3	Any other blood disorders you have been told you have			

	Nervous system	Yes	No	If yes, provide details with date of onset and date of recovery
1	Seizures			
2	Epilepsy			
3	Stroke			
4	Migraine			
5	Tremors			
6	Parkinson's disease			
7	Numbness or tingling			
8	Weakness of body part			
9	Dyslexia			
10	Concussion			
11	Traumatic brain injury			
12	Multiple sclerosis			
13	Aneurysm			

	Mental Health	Yes	No	If yes, provide details with date of onset and date of recovery
1	Depression			
2	Difficulty concentrating			
3	Anxiety/panic attacks			
4	Addiction			
5	Attention deficit disorder			
6	Post-traumatic stress disorder			
7	Learning disability			



3. HEALTH HISTORY/ 3.6 Organ Systems Continued

	Musculoskeletal	Yes	No	If yes, provide details with date of onset and date of recovery
1	Broken bone			
2	Dislocation			
3	Spinal surgery			
4	Arthritis			
5	Bursitis			
6	Tendonitis			
7	Back pain			
8	Neck pain or injury			
9	Back injury			
10	Shoulder problem			
11	Wrist/hand/elbow problem			
12	Knee problem			
13	Ankle/foot problem			
14	Hip problem			
15	Gout			
16	Scoliosis			
17	Systemic lupus erythematosus			
18	Problems gripping, lifting, or reaching			
19	Problems with kneeling or squatting			

	Skin	Yes	No	If yes, provide details with date of onset and date of recovery
1	Abscess			
2	Frequent bruising			
3	Eczema/hives/psoriasis			

	Sleep issues	Yes	No	If yes, provide details with date of onset and date of recovery
1	Sleep apnea			
2	Narcolepsy			
3	Any other sleep disorder			
4	Have you ever fallen asleep while driving?			



CERTIFICATION

Read the following carefully before signing this certification. A false answer to any question in this statement may be grounds for disqualification and may be punishable by fine or imprisonment. Failure to disclose a disease, condition, medication, or any other information that affects or could affect your ability to perform the essential job functions or that could endanger others is grounds for immediate termination and is possibly a crime.

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, and other authorized employees of _____ [name of Agency] for that purpose.

My signature below attests that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.

I authorize the physician to perform a medical examination and necessary medical tests to determine if I am medically able to perform the essential job functions and physical demands of the training at the South Carolina Criminal Justice Academy. I understand that this information will be treated as a confidential medical record in accordance with state and federal law.

Signature of Applicant

Date

Applicant's Name (please print)



PHYSICAL EXAMINATION

Date of Examination: _____

Name of Applicant: _____

Vital signs

Weight: _____ Height: _____ BMI: _____

Blood pressure: _____ / _____ Heart rate: _____

Vision

Visual acuity, distant, without correction: LT _____ RT _____ Both _____

Visual acuity, distant, with correction: LT _____ RT _____ Both _____

Visual acuity, near, without correction: LT _____ RT _____ Both _____

Visual acuity, near, with correction: LT _____ RT _____ Both _____

Peripheral vision: LT _____ RT _____ Both _____

Color vision (type of test and score): _____

Eyes	Unremarkable	Abnormal Findings
Pupils		
Conjunctivae		
Eyelids		
Extraocular motions		

Ears, nose, mouth, and throat	Unremarkable	Abnormal Findings
Oropharynx		
Teeth		
Ear canals		
Tympanic membranes		
Nose		
Deformity of face		
Deformity of skull		

Neck	Unremarkable	Abnormal Findings
Trachea (midline)		
Jugular vein distention		
Cervical lymphadenopathy		
Carotid bruit		
Mass		
thyroid		



Cardiorespiratory	Unremarkable	Abnormal Findings
Heart auscultation		
Lung auscultation		
Pedal pulses		
Leg / foot edema		

Abdomen	Unremarkable	Abnormal Findings
Hernia		
Mass		
Scars		
Tenderness		
Rigidity		
Bowel sounds		
Enlarged liver		
Enlarged spleen		

Spine	Unremarkable	Abnormal Findings
Scars		
Deformity		
Curvature		
Tenderness		
Straight leg raise		
Walk on toes and on heels		
Range of motion of cervical spine		
Range of motion of lumbar spine		

Upper extremities	Unremarkable	Abnormal Findings
Deformity		
Range of motion		
Tenderness		
Atrophy		
Amputation		

Lower extremities	Unremarkable	Abnormal Findings
Deformity		
Range of motion		
Tenderness		
Atrophy		
Amputation		



Neurological	Unremarkable	Abnormal Findings
Posture		
Gait		
Mental status (alertness, orientation, memory)		
Speech		
Finger to nose		
Cranial nerves		
Deep tendon reflexes		
Light touch sensation		
Strength (biceps, triceps, knees, ankles)		
Tandem walk		
Romberg		
Tremors		

Skin	Unremarkable	Abnormal Findings
Rash		
Lesions		

Psychiatric	Unremarkable	Abnormal Findings
Mood and affect		
Judgment		
Impulse control		



TO THE PHYSICIAN:

All information MUST be completed. Please type or print legibly and return to the Law Enforcement Applicant and/or the Employing Law Enforcement Agency. Attach Additional sheets/documentation as necessary.

It is the primary consideration of the South Carolina Criminal Justice Academy to safeguard the health and well-being of all candidates participating in our training. **Therefore, all candidates for training at the South Carolina Criminal Justice Academy should be free of any medical, mental, psychological, or other conditions which may interfere with his/her ability to safely participate in and successfully perform law enforcement activities.** Below is a listing of program curriculum and proficiency performance areas for Physician review and consideration in conjunction with the Physician's knowledge regarding the candidate's past and current medical condition. The program curriculum and proficiency performance areas include, but are not limited to:

- Complete formation runs of various distances up to 3.0 miles in length in a 45-minute time period, without stopping (**Class 1 Law Enforcement Officer**)
- Participate in 90-minute-long physical training sessions designed to increase strength and endurance (**Class 1 Law Enforcement Officer/Class II Detention Officer**)
- Tolerate exposure to extreme heat/cold/humidity/inclement weather as well as exposure to lead during firearms training (**Class 1 Law Enforcement Officer**)
- Climb, crawl, wrestle, jump, lift and drag heavy weights (**Class 1 Law Enforcement Officer/Class II Detention Officer**)
- Visually distinguish targets on a firing range at distances of up to 75 yards (**Class 1 Law Enforcement Officer**)
- Safely operate a motor vehicle at various speeds, including very high speeds, and under varying conditions, including police lights and sirens activated (**Class 1 Law Enforcement Officer**)
- Tolerate loud noises (sudden and sustained) to include sirens, weapons firing, and other percussions weights (**Class 1 Law Enforcement Officer/Class II Detention Officer**)
- Safely handle various types of weapons, including, but not limited to firearms, Tasers, OC spray (Pepper Spray), Impact Weapons (Asp, Baton, etc...) weights (**Class 1 Law Enforcement Officer/Class II Detention Officer**) This includes being able to independently hold and fire a firearm with either hand (fire one handed) and lying in prone position for part of firearms training (**Class 1 Law Enforcement Officer**)
- Tolerate the psychological stresses of law enforcement work, including working swing shifts, observing and assisting with traumatic incidents (deciding to discharge weapon in protection of self or others; responding to serious crimes in progress; responding to child abuse cases; death and dismemberment scenes; and other acts of extreme malice, etc.), work long hours without the possibility of relief (emergency situations, etc), and high stress incidents (active shooter incidents, etc.) (**Class 1 Law Enforcement Officer/Class II Detention Officer**)



- Participate in physically rigorous defensive tactics training including, but not limited to: **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
 - 1) joint manipulation
 - 2) handcuffing (hands extended behind back)
 - 3) take down techniques (prone position flat on stomach)
 - 4) kicks and strikes utilizing padded bags for protection
 - 5) bending at the waist
 - 6) kneel on knees (together and individually) unsupported
 - 7) ground defense technique requiring 1 student to sit on the abdomen of another (suspect) student
- Complete a physical agility assessment course, including, but not limited to: running up and down stairs, jumping through an open window, and dragging a 170lbs dead weight dummy **(Class 1 Law Enforcement Officer)**
- Physical activity and engagements in scenario-based training sessions **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
- Tolerate exposure to various gas/chemical elements (Pepper Spray, OC Spray, Tear Gas, etc...) **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
- Sit in a desk chair for up to ten (10) hours at a time **(Class 1 Law Enforcement Officer/Class II Detention Officer)**
- Sustain this level of functioning for 12-14 hours per day for at least 5 days per week **(Class 1 Law Enforcement Officer/Class II Detention Officer)**



PHYSICIAN REPORT

Name of Applicant: _____ DOB: _____

Employing Law Enforcement Agency: _____

I certify that I reviewed the medical history, physical examination and diagnostic testing and all other documents included in the medical file for the individual named above.

It is my opinion that this individual, from a medical perspective:

- _____ can perform the essential job training functions with no limitations.
- _____ cannot perform all essential job training functions due to limitation (see notes below).
- _____ cannot make determination at this time, pending receipt of further information (see below).

Notes: _____

Signature of Medical Provider _____ Date _____

Name of Medical Provider (please print) _____ Phone Number _____

Address _____

City _____ State _____ Zip _____



TO THE CANDIDATE:

This section is to remain blank until you report to the South Carolina Criminal Justice Academy for training.

ATTESTATION (Physical Abilities Test):

I have reviewed this Medical History, Examination, and Fitness for Training form and hereby attest that answers I provided are **STILL** true to the best of my knowledge. I further attest that I have fully disclosed my medical history and current physical condition through this form. **Additionally, I agree to inform the staff of the South Carolina Criminal Justice Academy, as soon as is reasonably possible, if I become aware that any of the information I have provided through this form has changed or is untrue.**

Candidate Signature

Date

ATTESTATION (Start of CJA Training):

I have reviewed this Medical History, Examination, and Fitness for Training form and hereby attest that answers I provided are **STILL** true to the best of my knowledge. I further attest that I have fully disclosed my medical history and current physical condition through this form. **Additionally, I agree to inform the staff of the South Carolina Criminal Justice Academy, as soon as is reasonably possible, if I become aware that any of the information I have provided through this form has changed or is untrue.**

Candidate Signature

Date