

DEPARTMENT OF INTERIOR  
U.S. PARK POLICE

**LAW ENFORCEMENT MEDICAL CLEARANCE**

To be completed by a licensed physician or other licensed health practitioner.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named individual is tentatively selected for a Law Enforcement position with U.S. Park Police. The duties of a law enforcement officer include the following:

- quick decision-making ability in high-risk environments.
- defense against physical attack without warning.
- physically subduing and lifting uncooperative individuals.
- running, climbing, and negotiating obstacles during foot pursuits.
- required to work unpredictable and irregular hours/shifts with limited periods of rest.

For mental health conditions, the licensed healthcare provider, as defined by 5 C.F.R. part 339, should assess for any impairment, or increased risk of impairment:

- that could be aggravated by working in a stressful environment or could contribute to an unwarranted escalation to the use of deadly force.
- that could limit decision-making or judgment in high-risk situations.

Are the individual's vital signs within normal limits, does their vision and hearing meet the criteria specified on the examination page, and there are no activity restrictions based on the EKG findings?

**If Yes for all, proceed to complete the form.**

Is the above-named individual able to perform law enforcement duties, as described above, with or without reasonable accommodation, without increased risk of subtle or sudden, partial or total, incapacitation due to their medical condition. Additionally these requirements and environmental risk factors are not expected to aggravate or worsen any current medical or mental health condition?

☐ YES (cleared)    ☐ NO (not cleared)

**Please complete section below.**

\_\_\_\_\_  
Name of Licensed Health Practitioner

☐ MD/DO    ☐ NP/APRN    ☐ PA    ☐ Other Practitioner (specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physician or Licensed Health Practitioner

\_\_\_\_\_  
Office Phone

Name of Applicant: \_\_\_\_\_

### MEDICAL EXAMINATION

#### Vital Signs

Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

#### Visual Acuity

Best Corrected visual acuity:

Distant: OU 20/ \_\_\_\_\_

*Must correct to 20/20 using both eyes.*

#### Peripheral Vision:

Test by confrontation: at least 140° field of vision in horizontal meridian measured using both eyes.

Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Color Vision: follow pass/fail criteria specified by the test used:

Normal \_\_\_\_\_ Abnormal (provide test results) \_\_\_\_\_

Whisper Test (must be performed over 5 feet away): ☐ Pass ☐ Fail

ECG: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal Findings \_\_\_\_\_

*Please provide a copy of the ECG*

Cleared for very heavy physical activities: ☐ Yes ☐ No

With my signature, I certify that the information provided to the licensed physician or health care practitioner is true and that I am able to perform the law enforcement duties as described above without increased risk of subtle or sudden, partial or total, incapacitation due to my medical condition, and these requirements and environmental risk factors are not expected to aggravate or worsen any current medical or mental health conditions.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_