INSTRUCTIONS

USE THIS CHECK-OFF SHEET TO ENSURE ALL FORMS ARE ENCLOSED BEFORE MAILING.

- One (1) Completed Application For Admission Basic Police Training School
- One (1) Preprinted ORI/WVWSP0000 Federal Applicant Card.
- One (1) WVSP39F Release of Information Sticker
- Medical History Statement – This consists of five (5) pages. Please answer all questions and sign.
- Medical Examination – This consists of six (6) pages. Please have the physician complete and sign. *Please take the Medical Standards (§149-2-8.4) to your physician for review.*
- All of the Following Lab Test Results
  - Complete Blood Count (CBC)
  - Blood Chemistry (Chem 20 or equivalent)
  - Urinalysis (with dipstick)
  - Tuberculosis (Mantoux)
  - Electrocardiogram (ECG) (Resting)
  - Drug Screen (DOH-5 or 8-10 panel)

ALL OF THE ABOVE PAPERWORK MUST BE IN THE RETURNED PACKET TO BE CONSIDERED COMPLETE.

If you have any questions, please use the following contact information:

Michelle Watson

West Virginia State Police Academy
135 Academy Drive
Dunbar, WV 25064

Phone: (304) 766-5815
Fax: (304) 766-5860

Email: linda.m.watson@wvsp.gov

APPLICATION FOR ADMISSION
BASIC POLICE TRAINING SCHOOL

SPONSORED BY THE WEST VIRGINIA STATE POLICE

FULL NAME: ______________________________ LEPS # ______________
Last First Middle

Male ☐ Female ☐ Date of Birth: ______________ Email: ______________________

Social Security Number: ______________________ Cell#: ______________________

Name of Agency: ______________________________ Date of Employment: ____________

Agency Address: ____
(Mailing Address) (City) (State) (Zip Code)

Agency Phone: ______________________ Agency Fax: ______________________

Agency Contact: ______________________ ______________________
(Name) (Email)

I, ______________________________of ______________________________
(Chief/Sheriff) (Department)
give my permission for ______________________________ to attend the Basic Police
(Applicant)
Training Course. This officer has been employed for a period of less than 90 calendar days and this Department agrees to pay his/her salary for a forty-hour work week while s/he attends this school. I have read the State Police Academy "Admission Policy for Applicants with Prior Criminal Record" and this applicant DOES ___ / DOES NOT ___ need prior review by the Law Enforcement Training Subcommittee of the Governor's Committee of Crime, Delinquency and Correction. I fully understand the Subcommittee has the right to allow the applicant to either continue in the academy admission process or deny admission to a basic entry level training program based on prior arrest(s). Such denial requires the applicant to be terminated as a law enforcement officer.

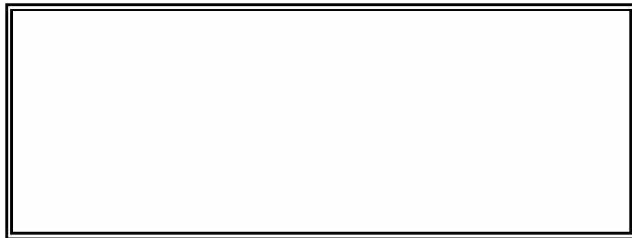
______________________________ ______________________________
(SIGNATURE OF CHIEF OR SHERIFF) **(SIGNATURE of BASIC OFFICER)**

Please return application & medical to:

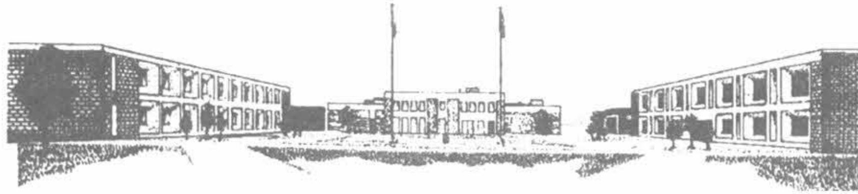
West Virginia State Police Academy
Attn: Michelle Watson
135 Academy Drive
Dunbar, WV 25064

Phone: (304) 766-5815 Fax: (304) 766-5860

linda.m.watson@wvsp.gov



Fingerprint Card Received: *Results Received:*



West Virginia State Police Training Academy
135 Academy Drive
Dunbar, West Virginia 25064

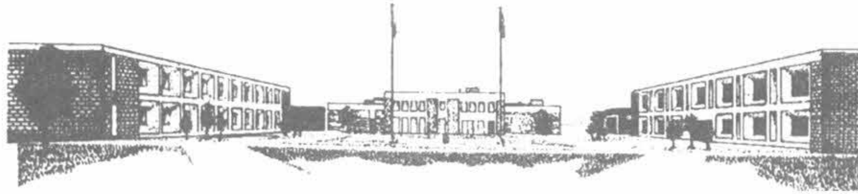
Colonel Jan Cahill
Superintendent

Admission Policy for Applicants With Prior Criminal Record

In compliance with Legislative Rule 149-2-16 (attached) it shall be the policy of the West Virginia State Police Academy to refuse admission into a Basic Police Officer Training Program of any person who has been convicted or arrested by any state or by the federal government of any crime the punishment for which could have been imprisonment in a federal or state prison or institution or who has been convicted of or pleaded guilty to or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or city ordinances, or to a sufficient number of misdemeanors to establish a pattern of disregard for the law, unless such person shall first petition for and receive from the Law Enforcement Training Subcommittee of the Governors Committee on Crime, Delinquency and Correction a declaration that such conviction or plea will not result in a Subcommittee recommendation to deny certification should the person be admitted to and successfully complete the Basic Police Officer Training program.

In furtherance of this policy all applications for admission to a Basic Police Officer Training Program must include one Federal Bureau of Investigations APPLICANT fingerprint card, properly completed and bearing the applicants fingerprints along with the WVSP39F Release of Information Sticker. Such card will be submitted, by the West Virginia State Police Academy, to the Criminal Identification Bureau and the Federal Bureau of Investigation and any prior criminal record revealed as a result of such submission will become a part of the application file for use in enforcement of this policy.

The failure on the part of any student to disclose, prior to admission, any conviction or plea entered as hereto before specified or to report any such conviction of plea after being admitted, will be considered misconduct and upon discovery of such concealment, the student will be immediately dismissed from the West Virginia State Police Academy.



West Virginia State Police Training Academy
135 Academy Drive
Dunbar, West Virginia 25064

Colonel Jan Cahill
Superintendent

Legislative Rule

§149-2-16. Certification Denial, Suspension or Revocation

16.1. The Governor's Committee on Crime, Delinquency and Correction, upon the recommendation of the Law Enforcement Training Subcommittee, may suspend, revoke, or deny the certification of a law enforcement officer or, if applicable, deny admission to a basic entry-level training program for conduct or a pattern of conduct unbecoming to an officer or activities that would tend to disrupt, diminish, or otherwise jeopardize public trust and fidelity in law enforcement. Such conduct, pattern of conduct, or activities may include, but not be limited to the following:

16.1.a. Willful falsification of any information submitted or relied upon to obtain certified status;

16.1.b. Having a physical or mental condition affecting the officer's ability to perform his or her duties as described in subsection 8.3 of this rule;

16.1.c. Addiction to or unlawful sale, possession, or use of narcotics, drugs, or drug paraphernalia;

16.1.d. Having admitted the commission of or been convicted of a felony or any crime involving dishonesty, unlawful sexual conduct, physical violence, or driving under the influence of alcohol or drugs, or having been placed in or participated in any pretrial diversion or equivalent program for the same;

16.1.e. Failure to complete the required in-service training;

16.1.f. Failure to complete required firearms qualifications;

16.1.g. Legal prohibitions that prevent an officer from performing some or all of his or her required law enforcement duties. It is the responsibility of the officer to report any such legal prohibitions to the Committee within ten (10) days;

16.1.h. Failure to report legal probations as required by 16.1.g. of this rule;

16.1.i. His or her certification as a law enforcement officer has been suspended, denied or revoked by another state's Peace Officers Standards and Training Commission.

16.1.j An inability to lawfully carry a firearm under state and/or federal statute.

16.1.k. Any conduct or a pattern of conduct unbecoming to a law enforcement officer or law enforcement

16.2. Employment by another agency or reinstatement of a law enforcement officer by his parent agency after termination, whether termination was voluntary or involuntary, does not preclude suspension, revocation or denial of law enforcement certification, if the law enforcement officer was terminated for any of the reasons contained in this section.

16.3. Termination of a law enforcement officer, whether voluntary or involuntary, does not preclude suspension, revocation or denial of law enforcement certification, if the officer was terminated for any of the reasons contained in this section.

16.4. An employing agency shall not seek de-certification of a law enforcement officer prior to or in lieu of terminations.

16.5. Law enforcement officers whose certification has been suspended, revoked or if applicable an applicant who has been denied admission to a basic entry-level training academy, may not exercise any authority as a law enforcement officer during the period for which their certification is suspended, revoked or denied.

Criminal Justice Services
Law Enforcement Training
1204 Kanawha Blvd., East
Charleston West Virginia 25301

APPLICATION FOR BASIC ENTRY LEVEL TRAINING

MEDICAL HISTORY STATEMENT

Law enforcement officer applicants must be examined by a licensed physicians to ensure that the applicant is free of any physical defect or medical condition which might adversely affect job performance or the applicant's ability to successfully complete a prescribed basic law enforcement training course. A declaration of the applicant's medical history must be made available to the examining physician and the medical history will become part of the applicant's academy application packet.

The information you provide in this statement is extremely important. It will be used by the examining physician to evaluate your qualifications for entry into a basic level training program. Therefore, please fill out the questionnaire completely and accurately. Please keep in mind that: (a) all statements are subject to verification, and (b) deliberate inaccuracies or incomplete statements may bar or remove you from a basic entry level training program.

This statement was designed to explore those areas which bear directly upon the physicial demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound decisions benefiting both you and your employer.

This statement is confidential. The information you provide will be part of your medical record.

When answering "Yes/No" questions, place an "X" in the appropriate box. If you are unable to answer a question for any reason, place an "?" in the "Yes" box.

Name	**Date of Birth**	**Social Security Number**
______________________ *Last* *First* *Middle*	____________ *Month* *Day* *Year*	____________ *In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are maintained.*
Address ______________________ *Street or P. O. Box* ______________________ *City* *State* *Zip*		Work Phone ____________ Home Phone ____________ Cell Phone ____________

I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, X-rays, skin tests, immunizations, and other examinations which the examiners may consider necessary to complete the medical evaluation.

Signature in Full: ______________________ *Date Completed:* ____________

MEDICAL HISTORY STATEMENT

1. Have you been medically examined for entry into basic level training program? ❑ Yes ❑ No

If "Yes", your name at the time? Date?

2. Please list all medications you regularly use, including vitamins, birth control pills, laxatives, aspirins, anthistamines, tranquilizers, and weight reducing aids.

3. Please list any medications you have taken in the last two months. (Prescription & Non-Prescription)

4. Name any drugs to which you may have ever had an allergic reaction.

5. Please list any other substances to which you are allergic, including food, insect stings, etc.

6. Please list your last three hospitalizations, beginning with most recent (excluding routine childbirth).

Reason	Hospital/City	Month	Year
Reason	Hospital/City	Month	Year
Reason	Hospital/City	Month	Year

7. Please list any operations you may have had which are not listed above.

8. If a parent, grandparent, brother or sister has had any of the following diseases, please check the correct spaces.

DISEASE	Mother	Father	Other
Diabetes	❑	❑	❑
Cancer/Tumor	❑	❑	❑
High Blood Pressure	❑	❑	❑

DISEASE	Mother	Father	Other
Tuberculosis	❑	❑	❑
Heart Disease	❑	❑	❑
Hereditary or Familial Disease	❑	❑	❑

Have you ever been exposed to any of the following, whether at home, work, or in any other setting?

	Yes	No	
9.	❑	❑	Prolonged loud noises?
10.	❑	❑	Substances which irritated your skin or eyes?
11.	❑	❑	Sprays or powders for insects or plants?
12.	❑	❑	Prolonged X-rays or other radiation?
13	❑	❑	Dusty conditions such as sandblasting, griding or drilling rock, coal, silica, asbestos, or asbestos products?

Have a bad reaction to:

	Yes	No	
14.	❑	❑	High environmental temperatures?
15.	❑	❑	Low environmental temperatures?

MEDICAL HISTORY STATEMENT

	Yes	No	
16.	❑	❑	Have you been rejected by the military for heath reasons?
17.	❑	❑	Were you ever in the Armed Services? If "Yes", please enter the following:
18.	❑	❑	Did you receive a medical discharge?

Have you ever had a claim for the following:

	Yes	No	
19.	❑	❑	An occupational disease?
20.	❑	❑	An industrial accident?
21.	❑	❑	Have you any claim now pending for the above?

If you have ever had or now have any of the following, please check the appropriate space.

	Yes	No			Yes	No	
22.	❑	❑	Tuberculosis	40.	❑	❑	Kidney Disease
23.	❑	❑	Pneumonia	41.	❑	❑	Rheumatism, Arthritis
24.	❑	❑	Bronchitis	42.	❑	❑	Varicose Veins
25.	❑	❑	Emphysema	43.	❑	❑	Phlebitis
26.	❑	❑	Asthma	44.	❑	❑	Hay Fever
27.	❑	❑	High Blood Pressure	45.	❑	❑	Typhoid Fever
28.	❑	❑	Heart Murmur, Heart Disease	46.	❑	❑	Scarlet Fever
29.	❑	❑	Rheumatic Fever	47.	❑	❑	Valley Fever *(Coccidioidomycosis)*
30.	❑	❑	Encephalitis, Meningitis	48.	❑	❑	Histoplasmosis
31.	❑	❑	Epilepsy, Convulsions	49.	❑	❑	Venereal Disease *(V.D., Syphilis, Gonorrhea)*
32.	❑	❑	Glaucoma	50.	❑	❑	Cancer
33.	❑	❑	Duodenal or Stomach Ulcer	51.	❑	❑	Hyperthroidism
34.	❑	❑	Gall Bladder Trouble	52	❑	❑	Hypothyroidism
35.	❑	❑	Liver Trouble or Hepatitis	53.	❑	❑	Allergic Rhinitis
36.	❑	❑	Hiatal or Diaphragmatic Hernia	54.	❑	❑	Other *(Explain Below)*
37.	❑	❑	Sickle Cell Disease				______________________
38.	❑	❑	Anemia				______________________
39.	❑	❑	Diabetes *(Sugar Disease)*				

	Yes	No	
55.	❑	❑	Have you gained or lost more than 10 pounds in the past two years without trying to do so?
56.	❑	❑	Have you had any changes in your appetite in the past six months?
57.	❑	❑	Have you noticed unusual fatigue or weakness recently?
58.	❑	❑	Have you been told by a doctor that you had trouble with your thyroid gland?
59.	❑	❑	Have you noticed changes in your hair or skin color or texture?
60.	❑	❑	Have you had a change in the size or color of a mole (dark growth) or wart in past year?
61.	❑	❑	Do you have a skin rash, burning, itching or other skin sensitivity?
62.	❑	❑	Have you had any skin cancers removed?
63.	❑	❑	Have you had bleeding gums in the past year?
64.	❑	❑	Do you have frequent nosebleeds for no apparent reason?
65.	❑	❑	Do you frequently have sinus trouble?
66.	❑	❑	Do you have colds more than twice a month?
67.	❑	❑	Have you ever coughed up blood?

MEDICAL HISTORY STATEMENT

	Yes	No	
68.	❑	❑	Have you had a chest X-ray in the past two years?
69.	❑	❑	Do you often cough up a large amount of mucus?
70.	❑	❑	Have you ever had a positive TB (Tuberculosis) skin test?
71.	❑	❑	Do you have unusual shortness of breath?
72.	❑	❑	Do you ankles or feet often swell?
73.	❑	❑	Have you had a feeling of pressure or tightness in your chest in the past year?
74.	❑	❑	Have you had a pain in your chest in the past year?
75.	❑	❑	Do you sometimes wake up at night short of breath?
76.	❑	❑	Do you get pains or cramps in the back of your legs while walking?
77.	❑	❑	Do you get pains or cramps in your legs at night?
78.	❑	❑	Do you smoke cigarettes? How many per day? ___________
79.	❑	❑	Do you use other forms of tobacco?
80.	❑	❑	Do yo sometimes have severe soaking sweats at night?
81.	❑	❑	Have you had an electrocardiogram (ECG, EKG) in the past two years?
82.	❑	❑	Do you suffer from indigestion or heartburn?
83.	❑	❑	Is swallowing painful or difficult for you?
84.	❑	❑	Do you frequently have pain in your stomach or abdomen?
85.	❑	❑	Do you frequently take antacid medications, such as Tums or Alka Seltzer?
86.	❑	❑	Have you vomited blood or coffee ground-like material?
87.	❑	❑	Have youHave you ever had jaundice?
88.	❑	❑	Are your bowel movements ever black or bloody?
89.	❑	❑	Are your bowel movements ever painful?
90.	❑	❑	Have you ever had hemorrhoids?
91.	❑	❑	Do you frequently get up at night to urinate (pass water)?
92.	❑	❑	Do you ever have difficulty stopping or starting urination?
93.	❑	❑	Have you had pain or burning with urination?
94.	❑	❑	Has your urine ever been red, black, brown, or bloody?
95.	❑	❑	Have you ever been told by a doctor that you had sugar or pus in your urine?
96.	❑	❑	Have you ever had a bladder or kidney infection?
97.	❑	❑	Have you ever passed kidney stones or gravel?
98.	❑	❑	Have you ever had a hernia (rupture)? *If "Yes", was it surgically repaired?*
99.	❑	❑	Have you ever had a minor back sprain? *If "Yes", please answer the following:* How many times have you had an attack of this condition? ___________ How many days were you unable to work because of this condition: _______
100.	❑	❑	Have you ever had a severe back injury or episode of severe back pain? *If "Yes", please answer the following:* How many times have you had an attack of this condition? ___________ How many days were you unable to work because of this condition: _______
101.	❑	❑	Have you ever had problems with low back pain?
102.	❑	❑	Have you ever had a problem with any bones or joints, including fractures, dislocaion, limitation of movement, stiffness, or pain? *If "Yes", please describe the problems:*
103.	❑	❑	Have you had any faining spells or seizures?
104.	❑	❑	Have you had a skull fracture or a head injury which made you unconscious?
105.	❑	❑	Do you suffer from migraine headaches or other bad headaches?
106.	❑	❑	When you have a headache is it relieved by aspirin?

MEDICAL HISTORY STATEMENT

	Yes	No	
107.	❑	❑	Do you have earaches or ear infections often?
108.	❑	❑	Do you have ringing or buzzing noises in your ear?
109.	❑	❑	Do you sometimes have difficulty hearing what is said to you?
110.	❑	❑	Have you had any serious eye infections or injury?
111.	❑	❑	Does your eyesight ever blur?
112.	❑	❑	Have you had any sudden loss in your vision?

MEN ONLY

	Yes	No	
113.	❑	❑	Have you ever been told by a doctor that you had prostate trouble?
114.	❑	❑	Have you ever had an infection in your prostate gland?
115.	❑	❑	Have you ever had swelling or pain in your scrotum or testicles?

WOMEN ONLY

	Yes	No	
116.	❑	❑	Do you have monthly menstrual periods?
117.	❑	❑	What was the date of your last period? ________________
118.	❑	❑	Are your menstrual periods painful?
119.	❑	❑	When was your last pap smear? ________________
120.	❑	❑	Have you ever notices any unusual lumps in your breasts?
121.	❑	❑	Have you ever noticed a discharge from your nipples when you were neither pregnant or nursing?
122.	❑	❑	How many times have you been pregnant? ________
123.	❑	❑	Have you ever had complications during pregnancy or following the delivery of a child?
124.	❑	❑	Describe anything else which you feel may be important in your medical history, including any condition not specifically referred to in the proceeding questions.

____

I certify that all statements made in this Medical History Statement are true and complete, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

Signature in Full	*Date Statement Completed*

MEDICAL EXAMINATION REPORT

EXAMINING PHYSICIAN: *Please review applicable Medical Selection Guidelines before examining the candidate. For each condition listed, check box if it represents a **Potentially Excludable Condition.***

1. Applicant Name *(Last, First, Middle)*			2. Birth Date *(Month/Day/Year)*
3. Height *(without s*	4. Weight *(without shoes & coat)*	5. Chest Girth *(Expiration)*	6. Abdominal Girth
7. Department			

SECTION ONE **Eyes & Vision**

Minimum Vision Standards for Police Officers

Applicant must possess normal color discrimination, normal binoccular coordination, an normal peripheral vision. *See Medical Selection Guidelines for specific measurements.* Applicant must possess uncorrected or corrected visual acuity of 20/30 in both eyes combined.

CONTACT LENSES WORN Yes ______ No ______

Potentially Excludable Condition

1.1 Distant Vision *(if applicant wears glasses, test and record acuity both with and without glasses)* ❑

Without Glasses R 20/ _____ L 20/ _____ B 20/ _____

With Glasses R 20/ _____ L 20/ _____ B 20/ _____

1.2 Near Vision *(if applicant wears glasses, test and record acuity both with and without glasses)* ❑

Without Glasses R 20/ _____ L 20/ _____ B 20/ _____

With Glasses R 20/ _____ L 20/ _____ B 20/ _____

1.3 Color Vision __________ ❑

1.4 Depth Perception __________ ❑

1.5 Peripheral Vision ❑

Form Fields of Vision (Temporal): Right Eye __________ Left Eye __________

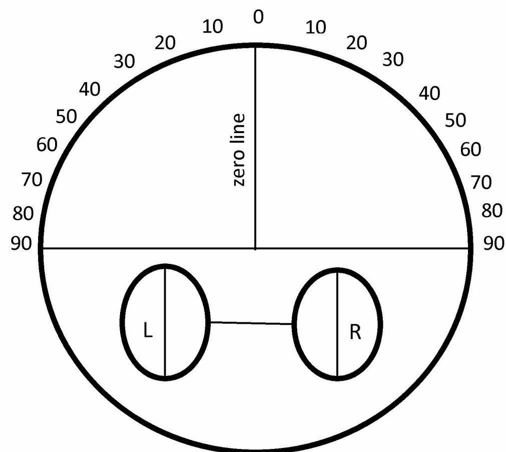
Each Eye on Zero Line __________

(Record degrees of temporal fields obtained by instrumentation or confrontation in spacs above and diagram below)

Evidence of Suppression ______________________

(Note any Abnormality)

1.6 Glaucoma ❑
1.7 Strabismus ❑
1.8 Cataracts, Current ❑
1.9 Proliterative Retinopathy ❑
1.10 Nystagmus or Other Extra-Ocular Movement ❑
1.11 Monocular Vision ❑
1.12 Blindness, Including Night Blindness ❑
1.13 Retinal Detachemnt ❑
1.14 Chronic Keratitis ❑
1.15 Optic Neuritis ❑



MEDICAL EXAMINATION REPORT

Applicant Name *(Last, First, Middle)*	Birth Date *(Month/Day/Year)*

SECTION TWO Ears & Hearing

Minimum Hearing Stardards for Police Officer

The **average** hearing level (HL) at the test frequencies 500, 1000, and 2000 Hz will not exceed 25 dB in either ear, and not single hearing level will exceed 40 dB at any of the test frequencies in either ear.

Hearing loss at 3000 Hz will not exceed 40 dB in either ear.

AUDIOGRAM REQUIRED **RECORD RESULTS IN DECIBELS**

	Potentially Excludable Condition
2.1 Hearing Acuity (Audiogram Required) RIGHT (Decibels): 500 Hz ____ 1000 Hz ____ 2000 Hz ____ 3000 Hz ____ LEFT (Decibels): 500 Hz ____ 1000 Hz ____ 2000 Hz ____ 3000 Hz ____	❑
2.2 Acute Otitis Media, Otitis Externa, and Mastoiditis	❑
2.3 Inner/Middle/Outer Ear Disorder Affecting equilibrium	❑

The conditions listed in Sections Three through Section Thirteen are not meant to be exclusive. If the examining physician feels (an) other unstated condition(s) may adversely impact the ability of the candidate to perform the essential tasks of

SECTION THREE Nose, Throat & Mouth

Physician - Mark Box if Condition Exists

3.1 Loss of Sense of Smell	❑
3.2 Aphonia, Speech Loss or Speeck Defects	❑
3.3 Deformities Interfering with the Proper Fitting of a Gas Mask	❑

Head *(Note any defect, disease or injury involving eyes, ears, nose, throat or mouth)*		**Dentistry Recommended** ❑ Yes ❑ No
Lungs	**Date Chest X-Ray Taken**	**Chest X-Ray Normal** ❑ Yes ❑ No *(attach report)*

MEDICAL EXAMINATION REPORT

Applicant Name *(Last, First, Middle)*	Birth Date *(Month/Day/Year)*

SECTION FOUR **Peripheral Vascular System**

	Yes	No	
4.1	❑	❑	**Hypertension**
4.2	❑	❑	**Varicose Veins**
4.3	❑	❑	**Venous Insufficiency**
4.4	❑	❑	**Peripheral Vascular Disease**
4.5	❑	❑	**Thrombophlebitis**

SECTION FIVE **Heart & Cardiovascular System**

	Blood Pressure	Pulse Rate	Sounds	Rhythm
Type of Action				
At Rest				

Pulses		Right	Left	Note Any Abnormality	Right	Left
	Femoral					
	Popliteal					
	Dorsal Pedis					

	Yes	No	
5.1	❑	❑	**Congenital Heart Disease**
5.2	❑	❑	**Valvular Heart Disease**
5.3	❑	❑	**Coronary Artery Disease**
5.4	❑	❑	**ECG Abnormalities** *(if associated with organic heart disease)* **- See Medical Selection Guidelines For Specific Abnormalities**
5.5	❑	❑	**Angina**
5.6	❑	❑	**Congestive Heart Failure**
5.7	❑	❑	**Cardiomyopathy**
5.8	❑	❑	**Active Pericarditis, Endocarditis, Myocarditis**

SECTION SIX **Respiratory System**

	Yes	No	
6.1	❑	❑	**Active Pulmonary Tuberculosis**
6.2	❑	❑	**Chronic Bronchitis**
6.3	❑	❑	**Active Asthma**
6.4	❑	❑	**Chronic Obstructive Pulmonary Disease**
6.5	❑	❑	**Bronchiectasis & Pneumothorax**
6.6	❑	❑	**Pneumonectomy**
6.7	❑	❑	**Acute/Chronic Mycotic Diseases**

SECTION SEVEN **Gastrointestinal System**

	Yes	No	
7.1	❑	❑	**Colitis**
7.2	❑	❑	**Esophogeal Disorders**
7.3	❑	❑	**Hemorrhoids**
7.4	❑	❑	**Pancreatitis**
7.5	❑	❑	**Gall Bladder Disorders**
7.6	❑	❑	**Active Peptic Ulcer Disease**
7.7	❑	❑	**Symptomatic Injuinal, Umbilical, Ventral, Femoral or Incisional Hernia(s)**
7.8	❑	❑	**Malignant Disease of Liver, Gall Bladder, Pancreas, Esophagus, Stomach, Small or Large Bowl, Rectum or Anus**
7.9	❑	❑	**Gastrointestinal Bleeding**
7.10	❑	❑	**Active or Chronic Hepatitis**
7.11	❑	❑	**Cirrhosis of the Liver**

MEDICAL EXAMINATION REPORT

Applicant Name *(Last, First, Middle)*	Birth Date *(Month/Day/Year)*

People with communicable diseases must be evaluated relevant to their ability to train and perform essential tasks without posing a direct threat to the health and safety of temselves and others.

SECTION EIGHT **Genitourinary System**

	Yes	No	
8.1	❑	❑	Pregnancy
8.2	❑	❑	Nephrectomy
8.3	❑	❑	Acute Nephritis
8.4	❑	❑	Nephrotic Syndrome
8.5	❑	❑	Acute Renal/urinary Calculi
8.6	❑	❑	Renal Transplant
8.7	❑	❑	Renal Failure
8.8	❑	❑	Hydrocele and/or Varicocele *(symptomatic)*
8.9	❑	❑	Malignant Disease of Bladder, Kidney, Ureter, Cervix, Ovaries, Breasts, Prostate, etc.
	❑	❑	*List Specific Disease(s)* ____________________
8.10	❑	❑	Active Venereal Disease
8.11	❑	❑	Urinary Tract Infection
8.12	❑	❑	Polycystic Kidney Disease
8.13	❑	❑	Pelvic Inflammatory Disease
8.14	❑	❑	Cervicitis
8.15	❑	❑	Endometriosis
8.16	❑	❑	Bartholin Gland Abscess
8.17	❑	❑	Vaginitis
8.18	❑	❑	Inflammatory Disorders
8.19	❑	❑	Presence of Illicit Drugs

SECTION NINE **Endocrine & Metabolic Systems**

	Yes	No	
9.1	❑	❑	Untreated Thyroid Disease
9.2	❑	❑	Diabetes Mellitus
9.3	❑	❑	Adrenal Dysfunctions
9.4	❑	❑	Hypoglycemia
9.5	❑	❑	Pituitary Dysfunction
9.6	❑	❑	Thyroid Tumor

SECTION TEN **Skin & Collagen Diseases**

	Yes	No	
10.1	❑	❑	Serious Dematological Disorders
10.2	❑	❑	Lupus Erythematosus
10.3	❑	❑	Contact Allergies *(of a serious or relevant nature)*

SECTION ELEVEN **Musculoskeletal System**

11.1	❑	❑	Disorders that Limit Motor Performance
11.2	❑	❑	Cervical Spine or Lumbosacral Fusion
11.3	❑	❑	Degenerative Cervical or Lumbar Disc Disease *(if symptomatic)*
11.4	❑	❑	Extremity Amuputation
11.5	❑	❑	Osteomyelitis
11.6	❑	❑	Muscular Dystrophy
11.7	❑	❑	Loss in Motor Ability from Tendon or Nerve Injury/Surgery

MEDICAL EXAMINATION REPORT

Applicant Name *(Last, First, Middle)*	Birth Date *(Month/Day/Year)*

SECTION ELEVEN (CONTINUED) **Musculoskeletal System**

	Yes	No	
11.8	❑	❑	**Arthritis**
11.9	❑	❑	**Joint Conditions**
11.10	❑	❑	**Uncoordinated Balance**
11.11	❑	❑	**Herniated Disc** *(symptomatic)*
11.12	❑	❑	**Spinal Deviations**
11.13	❑	❑	**Fracture Deformities** *(symptomatic)*

Spine	Toe Touch *(distance from floor)*	Symmetry	Posture	X-Ray Recommended ❑ Yes ❑ No

	Limited Function	Missing Parts
Upper Extremities		
Lower Extremities	Limited Function	Missing Parts

Skin *(scars, varicosities, disease, abnormalities - nature and severity)*

SECTION TWELVE **Hematopoietic & Lymphatic Systems**

	Yes	No	
12.1	❑	❑	**Anemia** *(all)*
12.2	❑	❑	**Polycythemia**
12.3	❑	❑	**Sickle Cell Trait**
12.4	❑	❑	**Sickle Cell Disease**
12.5	❑	❑	**Hematopoietic Disorders** *(including malignacies)*
12.6	❑	❑	**Hemophilia**

SECTION THIRTEEN **Nervous System**

	Yes	No	
13.1	❑	❑	**Epilepsy**
13.2	❑	❑	**Cerebral Palsy**
13.3	❑	❑	**Movement Disorders**
13.4	❑	❑	**Cerebral Aneurysms**
13.5	❑	❑	**Syncope**
13.6	❑	❑	**Progressive Neurological Diseases**
13.7	❑	❑	**Peripheral Nerve Disorder**
13.8	❑	❑	**Narcolepsy**
13.9	❑	❑	**Cerebral Vascular Accident**
13.10	❑	❑	**Central Nervous System Infection(s)**

Nervous System *(describe any pathology or adnormal reflexes)*

MEDICAL EXAMINATION REPORT

Applicant Name *(Last, First, Middle)*	Birth Date *(Month/Day/Year)*

STATEMENT OF CONDITION

- ❑ I have reviewed the Governor's Committee on Crime Delinquency and Correction, Law Enforcement Training Medical Selection Guidelines or the National Fire Protection Association 1582 Medical Selection Guidelines (if applicable) and find the applicant ***is able*** to perform all Law Enforcement functions.

- ❑ I have reviewed the Governor's Committee on Crime Delinquency and Correction, Law Enforcement Training Medical Selection Guidelines or the National Fire Protection Association 1582 Medical Selection Guidelines (if applicable) and find the applicant ***is able*** to perform all Law Enforcement functions with some accommodations.

- ❑ I have reviewed the Governor's Committee on Crime Delinquency and Correction, Law Enforcement Training Medical Selection Guidelines or the National Fire Protection Association 1582 Medical Selection Guidelines (if applicable) and find the applicant ***is not able*** to perform all Law Enforcement functions. ***(Please explain below.)***

Section Item #	Explanation *(attach additional sheets if necessary)*

Physician's Signature ________________________________ **Date** ______________

Name & Address of Physician (Printed or Typed)

8.4. Medical Standards. -- All applicants for entry into an entry-level training program shall submit to a medical examination by a licensed physician chosen by and at the expense of the employing agency. The applicants shall complete a comprehensive medical history questionnaire, as well as submit to a medical examination which shall include the following minimum requirements: A medical history; a medical examination; laboratory tests; blood chemistry; Complete Blood Count (CBC); urinalysis; Tuberculosis; Electrocardiogram (ECG); and drug screening. The criteria as to type and method of evaluation of any required laboratory tests will be established by the Subcommittee.

8.4.a. The medical examination shall consist of criteria aimed at identifying conditions that may potentially exclude an applicant from entry into a basic entry-level training program.

8.4.b. Applicants employed by a law enforcement agency that are required to meet medical requirements for firefighters (National Fire Protection Standards 1582 or its most current equivalent) as a condition of employment will use that medical standard for entry into an entry-level training program (W.Va. Code §8-22-16).

8.4.c. The Medical History Statement and Medical Examination Report are valid for a one-year period, to be measured from the date of the examining physician's signature on the State of Condition page of the Medical Examination Report.

8.4.d. The examining physician shall note if the applicant has any of the medical and physical conditions established by the Subcommittee which may interfere with the applicant's ability to perform the essential functions established by the Subcommittee for an entry level law enforcement officer. The conditions established by the Subcommittee will be available for review and will be posted on the website of the West Virginia Division of Justice and Community Services. These conditions may be cause to exclude an applicant from consideration for acceptance except where specifically noted.

8.4.d.1. Eyes and Vision. -- With regard to eyes and vision, the examining physician shall note any of the following conditions:

8.4.d.1.A. Visual Acuity -- An applicant's uncorrected vision may be equal to but not worse than 20/100 in the weaker eye, and shall be correctable to better than, or equal to, 20/30 (Snellen) in each eye. Means of correction must be worn on the job and the means of correction shall not interfere with proper fitting of a facial mask, e.g., gas mask, riot helmet or air or blood borne pathogen masks, etc.

8.4.d.1.B. Far visual acuity shall be at least 20/30 binocular with contact lenses or eyeglasses. Far visual acuity uncorrected shall be at least 20/100 binocular for wearers of hard contacts or eyeglasses. Successful long-term soft contact lens wearers (six months without a problem) are not subject to the uncorrected standard.

8.4.d.1.C. Opthalmological procedures such as radial keratotomy, repair of retinal detachment. Sufficient time (minimum, six months) shall have passed to allow stabilization of visual acuity and to ensure that there are no post surgical complications.

8.4.d.1.D. Visual Acuity -- Color Vision: The applicant shall pass a "controlled color discrimination test", such as, United States Department of Transportation Color Vision Examination.

8.4.d.1.E. Visual Acuity -- Depth Perception: An applicant's depth perception should be sufficient to demonstrate normal stereo depth perception with or without correction to the standard: 80 ARC seconds.

8.4.d.1.F. The examining physician shall note any other conditions which may interfere with the applicant's ability to perform the essential tasks listed in the job description of entry-level law enforcement officer.

8.4.d.2. Ears and Hearing. -- With regard to ears and hearing, the examining physician shall note any of the following conditions:

8.4.d.2.A. Hearing Acuity -- Using an audiometer, the applicant should have less than average loss of 25 or more decibels at the 500, 1000, 2000, and 3000 Hertz (Hz) levels in either ear with no single frequency loss in excess of 40.

8.4.d.2.B. Acute Otitis Media, Otitis Externa, and Mastoiditis -- If the applicant meets hearing acuity guidelines, then these conditions are non-disqualifying.

8.4.d.2.C. Any Inner /Middle/Outer Ear Disorder Affecting Equilibrium, e.g., Meniere's Disease - If the applicant has historically had episodes of vertigo, the applicant may require further evaluation.

8.4.d.3. Nose, Throat, and Mouth. -- With regard to the nose, throat and mouth, the examining physician shall note any of the following conditions:

8.4.d.3.A. Loss of sense of smell;

8.4.d.3.B. Aphonia, speech loss or speech defects; and

8.4.d.3.C. Abnormalities of the nose, throat, or mouth, except as described in subparagraphs 8.4.d.3.A. and 8.4.d.3.B. - If the abnormality does not interfere with the applicant's breathing, or the proper fitting of a gas mask, the condition is non-excludable.

8.4.d.4. Peripheral Vascular System. -- With regard to the peripheral vascular system, the examining physician shall note any of the following conditions:

8.4.d.4.A. Hypertension - An applicant's resting blood pressure should be less than, or equal to, 140 mmHg systolic and 90 mmHg diastolic on three successive readings. If the applicant has controlled hypertension not exceeding this standard and is on medication with side effect profiles which do not interfere with the performance of his or her duty as an entry-level law enforcement officer, the condition may not cause the applicant to be excluded. The applicant shall have a functional and therapeutic cardiac classification no greater than 1A, i.e., Functional Capacity I: Applicants with cardiac disease and no limitation of physical activity. Ordinary physical activity does not cause discomfort. Applicants in this class do not have symptoms of cardiac insufficiency, nor do they experience anginal pain. Therapeutic Classification A: Applicants with cardiac disease whose physical activity need not be restricted.

8.4.d.4.B. Peripheral Vascular Abnormality - Any condition that is severe or symptomatic may cause the applicant to be excluded, e.g., arterial insufficiency, deep or superficial vein thrombophlebitis, or Raynaud's Disease.

8.4.d.5. Heart and Cardiovascular System. -- With regard to the heart and cardiovascular system, the examining physician shall note any condition that may interfere with the applicant's ability to perform the duties attendant to the position of a basic entry-level officer as well as any of the following conditions. The following conditions may or may not exclude an applicant from consideration depending on their effect in performance of the job duties as set forth in this section.

8.4.d.5.A. Congenital Heart Disease - If the applicant's functional work capacity is unimpaired, then the condition may not cause the applicant to be excluded.

8.4.d.5.B. Valvular Heart Disease - Includes significant valvular insufficiency, significant septal defects (any valve), and prolapsing mitral valve (symptomatic).

8.4.d.5.C. Coronary Artery Disease.

8.4.d.5.D. ECG Abnormalities (if associated with organic heart disease) - Including but not limited to: WPW Syndrome, ST Depression, Partial or Complete Left Bundle Branch Blocks, 3 Degree A-V Block, Mobitz Type II A-V Blocks, Sinoatrial Block or Sick Sinus Syndrome, Ventricular Extrasystole (frequent - 20/minute with exercise, 10 minutes without exercise), Ventricular Tachycardia, Atrial Fibrillation or Flutter, Episodic Supraventricular Tachycardia or Consistent Supraventricular Tachycardia at Rest or Persistent After Exercise even if Asymptomatic.

8.4.d.5.E. Angina;

8.4.d.5.F. Congestive Heart Failure;

8.4.d.5.G. Cardiomyopathy; and

8.4.d.5.H. Pericarditis, Endocarditis, and Myocarditis.

8.4.d.6. Respiratory System. -- With regard to the respiratory system, the examining physician shall note any of the following conditions:

8.4.d.6.A. Any chronically disabling conditions that would interfere with the applicant's ability to perform essential job tasks;

8.4.d.6.B. Infectious or potentially infectious Pulmonary Tuberculosis;

8.4.d.6.C. Chronic Bronchitis;

8.4.d.6.D. Chronic Obstructive Pulmonary Disease;

8.4.d.6.E. Emphysema;

8.4.d.6.F. Restrictive Lung Diseases;

8.4.d.6.G. Bronchiectasis and Pneumothorax (current or repeated history);

8.4.d.6.H. Pneumonectomy;

8.4.d.6.I. Acute Mycotic diseases - Including but not limited to coccidiodomycosis and histoplasmosis;

8.4.d.6.J. Acute Pleurisy;

8.4.d.6.K. Malignant Disease - Any condition that may interfere with the applicant's ability to perform the duties attendant to the position of a basic entry-level officer shall be noted.

8.4.d.7. Gastrointestinal System. -- With regard to the gastrointenstinal system, the examining physician shall note any of the following conditions. If any of the following or other G-I condition is controlled, then they may not cause the applicant to be excluded.

8.4.d.7.A. Colitis - Including but not limited to Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome (symptomatic or needing medication), Bacterial Colitis;

8.4.d.7.B. Diverticulitis;

8.4.d.7.C. Esophageal disorders - Including, but not limited to, Esophageal Stricture, Lower Esophageal Ring and Esophageal Spasm.

8.4.d.7.D. Pancreatitis;

8.4.d.7.E. Gall Bladder disorders;

8.4.d.7.F. Active Peptic Ulcers;

8.4.d.7.G. Symptomatic Inguinal, Umbilical, Ventral, Femoral, or Incisional Hernias;

8.4.d.7.H. Malignant Disease of the Liver, Gall Bladder, Pancreas, Esophagus, Stomach, Small or Large Bowel, Rectum, or Anus;

8.4.d.7.I. Gastrointestinal Bleeding;

8.4.d.7.J. Active or Chronic Hepatitis;

8.4.d.7.K. Cirrhosis of the Liver; and

8.4.d.7.L. Motility Disorders, e.g., Scleroderma.

8.4.d.8. Genitourinary System. - With regard to the genitourinary system, the examining physician shall note any conditions that may interfere with the applicant's ability to perform essential job tasks listed in this section as well as any of the following conditions;

8.4.d.8.A. Pregnancy;

8.4.d.8.B. Nephrectomy - If an applicant possesses this condition with normal natural renal function, then the condition is non-disqualifying;

8.4.d.8.C. Acute Nephritis;

8.4.d.8.D. Nephrotic Syndrome;

8.4.d.8.E. Acute Renal or Urinary Calculi;

8.4.d.8.F. Renal Transplant;

8.4.d.8.G. Renal Failure;

8.4.d.8.H. Hydrocele and Varicocele (Symptomatic);

8.4.d.8.I. Malignant Diseases of Bladder, Kidney, Ureter, Cervix, Ovaries, Breasts, Prostate, etc.;

8.4.d.8.J. Active Venereal Diseases;

8.4.d.8.K. Urinary Tract Infection;

8.4.d.8.L. Polycystic Kidney Disease;

8.4.d.8.M. Pelvic Inflammatory Disorders;

8.4.d.8.N. Endometriosis;

8.4.d.8.O. Inflammatory Disorders, e.g., prostatitis, orchitis, epididymitis; and

8.4.d.8.P. Scleroderma.

8.4.d.9. Endocrine and Metabolic Systems. -- With regard to the endocrine and metabolic systems, the examining physician shall note any of the following conditions:

8.4.d.9.A. Uncontrolled Thyroid Disease;

8.4.d.9.B. Diabetes Mellitus - Potential excludability requires a case by case assessment by a physician designated by the Law Enforcement Training Subcommittee as to the control of diabetes and presence and severity of symptoms and complications;

8.4.d.9.C. Adrenal Dysfunction - Including but not limited to Addison's Disease and Cushing's Disease;

8.4.d.9.D. Insulin Reactions; and

8.4.d.9.E. Untreated Thyroid Malignancy.

8.4.d.10. Musculoskeletal System. -- With regard to the musculoskeletal system, the examining physician shall note any condition that may interfere with the applicant's ability to perform essential job tasks listed in this section as well as any of the following conditions:

8.4.d.10.A. Disorders that limit motor function;

8.4.d.10.B. Cervical Spine or Lumbarsacral Fusion;

8.4.d.10.C. Degenerative Cervical or Lumbar Disc Disease (if symptomatic);

8.4.d.10.D. Extremity amputation;

8.4.d.10.E. Osteomyelitis;

8.4.d.10.F. Muscular Dystrophy;

8.4.d.10.G. Loss in the motor ability from tendon or nerve injury or surgery - In an area relevant to the applicant's performing the essential tasks of the job;

8.4.d.10.H. Arthritis - If the applicant possesses this condition with no functional impairment, then the condition is non-excludable;

8.4.d.10.I. Coordinated balance;

8.4.d.10.J. Symptomatic Herniated Disc; and

8.4.d.10.K. Spinal Deviations.

8.4.d.11. Hematopoietic and Lymphatic Systems. -- With regard to the hematopoietic and lymphatic systems, the examining physician shall note any of the following conditions:

8.4.d.11.A. Hematopoietic disorders (including malignancies), e.g., SCD, thalassemia, G6PSD, etc.; and

8.4.d.11.B. Hemophilia.

8.4.d.12. Nervous System. -- With regard to the nervous system, the examining physician shall note any condition that may interfere with the applicant's ability to perform essential job tasks listed in this section as well as any of the following conditions:

8.4.d.12.A. Seizure disorder (all types);

8.4.d.12.B. Cerebral Palsy;

8.4.d.12.C. Movement disorders, e.g., Parkinson's;

8.4.d.12.D. Cerebral Aneurysms;

8.4.d.12.E. Syncope;

8.4.d.12.F. Progressive Neurological Diseases - Including but not limited to Multiple Sclerosis and Huntington's Chorea;

8.4.d.12.G. Peripheral Nerve Disorder - Including but not limited to Polyneuritis, Mononeuritis, and Neurofibromatosis;

8.4.d.12.H. Narcolepsy;

8.4.d.12.I. Cerebral vascular accident; and

8.4.d.12.J. Central nervous system infections.

8.4.d.13. Any condition listed in this Subsection of this Rule that requires further evaluation, beyond that offered by the applicant's physician, shall be conducted at the applicant's expense.

8.4.e. Any medical or physical condition approved by the Subcommittee that requires further evaluation to determine the condition's impact upon the applicant's ability to perform the essential functions that an entry level law enforcement officer should be able to perform, shall be conducted at the applicant's expense.