



## INSTRUCTIONS FOR COMPLETING THE MEDICAL ASSESSMENT FORM (DJ-LE-332)

### EMPLOYERS:

Employers shall attach the **JOB DESCRIPTION** of the position applied for to the Medical Assessment form for the licensed Physician, Physician Assistant, or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position. The completed Medical Assessment form shall be maintained by the hiring agency. The medical assessment must be conducted no more than nine (9) months prior to the first date of employment.

### TRAINING SCHOOLS:

Training schools shall ensure the medical assessment is completed prior to the initial physical fitness assessment at the start of the academy. The completed Medical Assessment form shall be maintained by the training school in the student's records.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE EMPLOYING AGENCY OR TRAINING SCHOOL (SECTIONS 1 – 4)

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Sex:** Mark the appropriate box for the sex of the applicant.
3. **Position or Training Applied for:** Check the box for one of the following disciplines: Law Enforcement, Jail, or Juvenile Detention Officer.
4. **Hiring Agency or Training School:** Enter the hiring agency's name or the name of the training school.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER (SECTIONS 5 – 9)

5. **Physician, Physician Assistant or Nurse Practitioner's Assessment:** In your opinion is there any medical or physiological reason that may impair the applicant's ability to perform the essential functions of the position for which he or she has applied, or the preparatory training involved? Please check the box indicating whether the applicant is capable or not capable of performing the essential functions of the position and participating in preparatory training.
6. **Medical Assessor's Printed Name and Title:** Printed name and title of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.
7. **Medical Assessor's Signature:** Signed name of the physician, physician assistant, or nurse practitioner who conducted the medical assessment.
8. **Date of Medical Exam:** Include the date the exam was conducted (month, day, year)
9. **Medical Assessment Clinic/Hospital Location:** Include the name of the clinic or hospital where the assessment was conducted and the address of the clinic or hospital.

### COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE APPLICANT (SECTIONS 10-11)

10. **Applicant's Signature:** The applicant signs the completed form after the medical exam acknowledging the results of the assessment and the forms validity for 21 months from the date of the exam noted in item 8 for entrance into preparatory training; the forms validity for 9 months from the date of the exam noted in item 8 for employment with a law enforcement agency; and the applicant's responsibility to notify the training school and/or their hiring agency of any changes in their health during that time.
11. **Signature Date:** Enter the date on which the medical assessment form is signed by the applicant; should be the same as, but no earlier than the date in section 8 of the medical assessment form.