



## Law Enforcement Medical Examination Instructions

Per Oregon Administrative Rule (OAR) 259-008-0010, the minimum standards for employment as a law enforcement officer requires a physical standards review. A licensed physician or surgeon must conduct an examination to ensure the applicant can meet the minimum physical standards and demonstrate the physical abilities to perform the critical and essential tasks of a law enforcement officer.

### Employing Agency or Individual Applicant Responsibilities

- Employing agencies or applicants are responsible for ensuring medical providers utilize the current DPSST F2a Final Medical Report. Current forms are located on DPSST's web page.
- Within 180 days of employment, a licensed physician or surgeon must conduct a medical examination.
- After examination, (within 90 days of hire) the employing agency or applicant must submit **ONLY** the completed F2a and optional Waiver to DPSST (last two pages of this document).

### Licensed Physician or Surgeon Responsibilities

- The medical examination must conform to applicable standards of the Americans with Disabilities Act (ADA) Title 42 USC 1210.
- The examiner must be a licensed physician or surgeon.
- The licensed physician or surgeon must complete and sign the F2a Final Medical Report. This form attests to the applicant's ability to meet the established standards.
- Return the entire packet to the employing agency or applicant (not DPSST).

### Physical Standard Waivers

If an applicant does not meet the established minimum physical standards, the employing agency or applicant can request a waiver pursuant to OAR 259-008-0010. DPSST cannot grant waivers if the applicant is not able to perform the critical and essentials tasks of the intended discipline. Waiver requests must include the following information:

- The completed F2a form
- The Physical Standards Waiver
  - If applicable, a color vision field test can be found on the DPSST Web Page ([oregon.gov/dpsst](http://oregon.gov/dpsst)) under Criminal Justice Forms
- If an exam from another physician is necessary, for instance an audiologist, bring the F2a signed by original the physician to that exam and ask that physician complete the waiver portion.

*Physical Standards and Critical & Essential tasks are derived from a discipline specific Job Task Analysis (JTA) for Law Enforcement Officers. A physician developed the medical standards based upon the essential tasks*

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for double sided printing.



# Final Report Law Enforcement Medical Examination

## Physical Standards/Critical & Essential Tasks Report

# F2a

Final Report

Applicant Name: (Last, First Middle)		DOB: (mm/dd/yyyy)	DPSST No.:
Agency Name:	Discipline: Police Corrections	Parole & Probation Regulatory Specialist	Exam Date:

### Physical Standards Review

Based on the examination, indicate whether the applicant meets the following established physical standards per OAR 259-008-0010.

Physical Standards (must meet all physical standards or have appropriate waiver)	Yes	No
1. <b>Visual Acuity:</b> (Soft contact correction required if vision worse than 20/100) <ul style="list-style-type: none"> <li>o Monocular vision-at least 20/30 (Snellen) corrected in each eye and not worse than 20/100 (Snellen) uncorrected in either eye.</li> <li>o Binocular vision-at least 20/20 (Snellen) corrected.</li> </ul>		
2. <b>Color Vision:</b> The ability to distinguish red, green, blue and yellow as determined by the HRR Test, 4th Ed; <ul style="list-style-type: none"> <li>▪ If red or green deficiencies, the ability to read at least nine of the first 13 plates of the Ishihara Test;</li> </ul> Check here if failure on above tests, and licensed physician or surgeon, recommends an employer conducted field test. <i>If checked, employing agency must complete F2a Waiver and attach to the F2a when submitting to DPSST.</i>		
3. <b>Depth Perception:</b> Random Stereo Test is equal to 60 seconds of arc or better.		
4. <b>Peripheral Vision:</b> Visual Field Performance of 140 degrees in the horizontal meridian combined.		
5. <b>Hearing:</b> (Standard can be met with the use of an amplification device.) <ul style="list-style-type: none"> <li>o No average hearing loss greater than 25 decibels (db.) at the 500, 1,000, 2,000 and 3,000-Hertz levels in either ear with no single loss in excess of 40 db.</li> </ul>		
6. <b>Cardiovascular:</b> Resting blood pressure less than or equal to 160 mmHg systolic and 100 mmHg diastolic. <ul style="list-style-type: none"> <li>▪ A history of organic cardiovascular disease will require further evaluation.</li> </ul>		
7. <b>Pulmonary Capacity:</b> No obstructive or restrictive spiograms (80% or better on FVC or FEV1; or 70% or better using a ratio of FVC/FEV1)		
8. <b>Medications:</b> Applicant meets the standard of having no prescribed medications with side effects that would interfere with the ability to perform the critical and essential tasks of the job.		
<b>Physician:</b> If the applicant does not meet the above standards and, in your opinion, can still perform the critical and essential tasks, please include the waiver on the next page. If the applicant needs further evaluation by another physician, please indicate here. Comments:		

### Critical and Essential Tasks

All applicants must demonstrate the physical abilities to perform the critical and essential tasks of a law enforcement officer.

Based on your examination, does the applicant meet the Critical and Essential Tasks for the discipline indicated?

Critical and Essential Tasks (Choose only one)	Yes	No	Not Tested	Listing of Critical and Essential tasks for each discipline can be found at <a href="http://www.oregon.gov/dpsst/SC/pages/cjforms.aspx">http://www.oregon.gov/dpsst/SC/pages/cjforms.aspx</a>
Police				
Corrections				
Parole and Probation				
Regulatory Specialist				

I certify that I am a licensed physician or surgeon and the information on this form is true and accurate.

Signature \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_



# Final Report Law Enforcement Medical Examination Physical Standards Waiver

# F2a

Waiver

Applicant Name: (Last, First Middle)	DOB: (mm/dd/yyyy)	DPSST No.:
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**Licensed Physician or Surgeon:** Please explain why you believe the applicant would be able to perform the critical and essential tasks for the discipline indicated when the applicant does not meet the Physical Standards per OAR 259-008-0010. Attach separate documents if necessary; however, please do not provide HIPPA protected information.

To grant a waiver, the F2a must reflect the applicant meets the critical and essential tasks of the discipline indicated.

**Explanation:**

I certify that I am a licensed physician or surgeon and a waiver of the aforementioned physical standard(s) would be appropriate based on the reasons listed above.

Signature \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

*The following section is to be completed by the employing agency.*

Color Vision Field Testing (if applicable) <i>Only employers can complete this field-test, not applicants.</i>	Yes	No	Not Applicable
The applicant has demonstrated, via a field test administered by the employer, that regardless of his/her inability to discriminate colors, he/she is fully able to successfully perform the critical and essential tasks for the discipline.			

Based on the information provided, I request a waiver of the physical standards per OAR 259-008-0010. I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign. If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to suspension or revocation under ORS 181A.640 and OAR 259-008-0070.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DPSST No.: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email Address: \_\_\_\_\_