



Berks County Sheriff

Berks County Courthouse - 633 Court Street, Reading, PA 19601

Phone (610) 478-6240

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Eric J. Weaknecht
Sheriff

Mandy P. Miller
Chief Deputy

"Making a Difference"

NOTICE AND INSTRUCTIONS TO EXAMINING PHYSICIAN

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER WHO IS LICENSED IN PENNSYLVANIA. THIS EXAMINATION IS TO DETERMINE THE PHYSICAL FITNESS OF THE APPLICANT TO BE CERTIFIED AS A DEPUTY SHERIFF IN BERKS COUNTY PENNSYLVANIA. THE APPLICANT WHO YOU ARE ABOUT TO EXAMINE IS APPLYING FOR CERTIFICATION AND WILL BE VESTED WITH A POSITION OF PUBLIC TRUST. HE/SHE MAY, AT SOME FUTURE TIME, REQUIRED TO EXERCISE SIGNIFICANT PHYSICAL STRENGTH AND UNDERGO HIGH EMOTIONAL STRESS.

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS			CITY/BORO		STATE
ZIP CODE		SOCIAL SECURITY NUMBER		DATE OF BIRTH	GENDER
DATE OF EXAM					

OVERALL FITNESS

- A. Is the applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? This includes normal function of the heart, lungs, blood pressure, etc. YES NO
- B. Is the applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a law enforcement officer? YES NO
- C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a law enforcement officer or complete the required minimum training requirements? YES NO
- D. Does the applicant have all extremities, including digits, required to meet minimum training requirements and perform law enforcement duties? YES NO

THE APPLICANT SHOULD BE MARKED "CAPABLE" BELOW ONLY IF ALL QUESTIONS ABOVE ARE MARKED "YES"

BLOOD PRESSURE		HEART		LUNGS	
SYSTOLIC _____	DIASTOLIC _____	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL

PROFESSIONAL OPINION

- PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **physically capable** of performing the duties a certified police officer in Pennsylvania.
- PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is **physically unfit** of performing the duties of a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

SIGNATURE - PENNSYLVANIA LICENSED EXAMINING PHYSICIAN/PA/CNP

DATE

PHYSICIAN PRINTED NAME		LICENSE NO.		TELEPHONE NO.	
STREET ADDRESS		CITY/BORO		STATE	ZIP CODE

