SP 8-200A (4-2005)

COMMONWEALTH OF PENNSYLVANIA

PHYSICAL EXAMINATION
LETHAL WEAPONS TRAINING ACT

NOTICE TO EXAMINING PHYSICIAN

This examination is to determine the physical fitness of the applicant to handle a lethal weapon. A "lethal weapon" includes, but is not limited to, a firearm, nightstick, billy club, or other weapon calculated to produce serious bodily harm or death. The applicant who you are about to examine is applying for certification as a privately employed agent who will be vested with a position of public/private trust. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress. This examination must be administered by a Pennsylvania licensed physician. It cannot be administered by a nurse practitioner or physician's assistant.

NOTE: THIS FORM MUST BE PRINTED IN INK OR TYPEWRITTEN; PHOTOCOPIES WILL NOT BE ACCEPTED.

SOCIAL SECURITY NUMBER - - **APPLICANT**

1. LAST NAME	FIRST	MIDDLE	2. DATE OF BIRTH (MO.-DAY-YEAR)

3. STREET ADDRESS	CITY/BORO	STATE	ZIP CODE	4. DATE OF EXAM

PHYSICAL HISTORY

5.

THE EXAMINING PHYSICIAN MUST PERSONALLY OBTAIN RESPONSES TO THE FOLLOWING QUESTIONS FROM THE APPLICANT PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION. USE THE REMARKS SECTION ON THE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS.

A. Do you have any mental or nervous disorder such as: tremor, fainting spells, convulsions or muscular weakness?
☐ Yes ☐ No (If yes, explain) ______

B. Do you have any disease of the heart or blood vessels which has caused you heart irregularity, fainting, blackouts or visual disturbance? ☐ Yes ☐ No (If yes, explain) ______

C. Do you have faulty eyesight or blurring of vision? ☐ Yes ☐ No (If yes, explain) ______

D. Do you have any physical defects or disabilities which might interfere with the proper handling of a lethal weapon?
☐ Yes ☐ No (If yes, explain) ______

E. Are you now taking any type of prescribed medication? ☐ Yes ☐ No (If yes, explain) ______

F. Have you been under the professional care of a physician within the last year and/or ever been treated for serious illness?
☐ Yes ☐ No (If yes, explain) ______

G. Were you discharged from the military service for any physical condition? ☐ Yes ☐ No (If yes, explain) ______

H. Do you use intoxicants (alcohol or drugs)? ☐ Yes ☐ No (If yes, explain) ______

PHYSICAL EXAMINATION

6.

THE EXAMINING PHYSICIAN MUST OBTAIN THE FOLLOWING EXAMINATION INFORMATION

A. HEIGHT (FEET & INCHES)	B. WEIGHT	C. BLOOD PRESSURE	D. HEART	E. LUNGS
		SYSTOLIC ______ DIASTOLIC ______	☐ NORMAL ☐ ABNORMAL	☐ NORMAL ☐ ABNORMAL

F.

HEARING - The applicant must be able to distinguish a normal whisper at a distance of fifteen (15) feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand.

RIGHT ☐ NORMAL ☐ ABNORMAL LEFT ☐ NORMAL ☐ ABNORMAL

G.

VISION - The applicant must be able to read: at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; and must be free of any significant visual abnormality. CORRECTED VISION IS REQUIRED IF THE UNCORRECTED VISION DOES NOT ALREADY MEET 20/20, 20/40.

RIGHT UNCORRECTED 20/ ____ CORRECTED 20/ ____ LEFT UNCORRECTED 20/ ____ CORRECTED 20/ ____

(OVER)

7. REMARKS

8.

PHYSICAL CERTIFICATION

I HAVE PERSONALLY EXAMINED THE ABOVE-NAMED APPLICANT, AND IT IS MY PROFESSIONAL OPINION THAT THIS PERSON IS PHYSICALLY ☐ FIT ☐ UNFIT TO HANDLE A LETHAL WEAPON AT THIS TIME.

9.

PHYSICAL VERIFICATION

I hereby certify that the information and statements contained in this examination form 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.

DATE

SIGNATURE - PENNSYLVANIA EXAMINING PHYSICIAN

A. NAME OF PENNSYLVANIA EXAMINING PHYSICIAN (PRINT)		B. LICENSE NO.		
C. STREET ADDRESS	CITY/BORO	STATE	ZIP CODE	D. TEL. NO. (INCL. AREA)

10.

RELEASE OF PHYSICAL INFORMATION

Having applied for certification under the Lethal weapons Training Act to carry a lethal weapon as an incidence of employment,

I ____________________, have duly subjected myself to a physical examination by

NAME OF APPLICANT

____________________, a licensed physician, as required by the Act. I hereby reserve the right to

NAME OF PENNSYLVANIA PHYSICIAN

have the data and conclusions of the Pennsylvania physician remain confidential except to those whom I designate.
I hereby grant release of the aforesaid information to the Commissioner, Pennsylvania State Police, or official designee, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

SIGNATURE - APPLICANT SOC. SEC. NO. SIGNATURE –PENNSYLVANIA PHYSICIAN DATE

FORM PROCESSING

This examination form must be forwarded by the examining physician to the following address within 15 days of the date of examination, <u>even if the applicant is found unfit.</u>

Lethal Weapons Certification
Pennsylvania State Police
8002 Bretz Drive
Harrisburg, PA 17112-9748