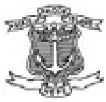


RI Municipal Police Training Academy
Community College of Rhode Island
1762 Louisquisset Pike
Lincoln, RI 02865

This information is for official use only and will not be released to unauthorized persons.

INSTRUCTIONS

To be completed by either a Physician/Physician's Assistant/Nurse Practitioner or Surgeon licensed to practice medicine in Rhode Island or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulation of the U.S. Armed Forces following an actual physical examination. The original or a copy of this report must be retained in personnel file by the appointing agency and the Rhode Island Municipal Police Training Academy.

TO BE COMPLETED BY LICENSED EXAMINING PHYSICIAN

NAME (Last, First, Middle)	DATE

DATE OF BIRTH	HEIGHT (without shoes): FT INCHES	WEIGHT (without shoes and coat): LBS	☐ WELL NOURSIHED ☐ OBESE ☐ MUSCULAR

Part A: Vision Results

Visual Acuity: If applicant wears glasses or contacts, test and record acuity with and without glasses.

Without glasses	R-20/	L-20/	Both-20/
With glasses	R-20/	L-20/	Both-20/

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
EYES			
Depth Perception	☐	☐	
Color Perception	☐	☐	
Peripheral Vision	☐	☐	

Part B: Hearing Results

Hearing Acuity: ☐ Audiogram - or - ☐ 15' whispered conversation (check one)

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
HEARING			
Right ear	☐	☐	
Left ear	☐	☐	

Part C: Cardiovascular Results

Blood Pressure:	Resting Pulse:

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
CARDIOVASCULAR			
Cardiac Examination	☐	☐	
Peripheral Circulation	☐	☐	
ECG (indicated by hx or exam)	☐	☐	

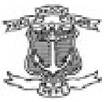
Part D: Miscellaneous Details

CHECKLIST	N	A	DESCRIPTION OF ABNORMAL FINDING AND/OR SUPPLEMENTAL TEST
NORMAL			
Heent	☐	☐	
Lungs	☐	☐	
Abdomen	☐	☐	
Musculoskeletal	☐	☐	
Genitourinary	☐	☐	
Neurological	☐	☐	
Skin	☐	☐	
Urinalysis	☐	☐	

TB Skin Test: ☐ Negative ☐ Positive	Blood Type:

Are there any conditions, physical, emotional or mental, which in your opinion suggest further examination? ☐ No ☐ Yes

Do you have any reservation about this candidate's ability to physically perform required duties? ☐ No ☐ Yes



State of Rhode Island

MEDICAL EXAMINATION REPORT

SUMMARY OF FINDINGS

SIGNATURE OF PHYSICIAN	DATE

NAME AND ADDRESS OF PHYSICIAN (Please Type)