

Personal Questionnaire - Medical Page Only

Name of Officer: _____ Date of Birth: ____/____/____

Agency: _____

MINIMUM MEDICAL REQUIREMENTS

(To be completed by examining physician.)

- 1. Does this officer have uncorrected vision of not less (worse) than 20/100 in each eye? Yes ___ No ___
2. Does this officer have corrected vision to 20/20 in each eye? Yes ___ No ___

UNCORRECTED VISION

CORRECTED VISION

Right Eye ____/____

Right Eye ____/____

Left Eye ____/____

Left Eye ____/____

Date Tested: ____/____/____

Signature of Doctor: _____ (With your signature you certify that all foregoing information is true and correct.)

- 3. Does this officer have color vision consistent with the occupational demands of law enforcement? Passing any of the following color vision tests indicates that the applicant has color vision consistent with the occupational demands of law enforcement: pseudoisochromatic plates tests such as but not limited to Tokyo Medical College; Ishihara, Standard Pseudosochromatic Plates, Dvorine, American Optical HRR Plates, American Optical; panel tests such as Farnsworth Dichotomus D-15 Test, or any other test designed and documented to identify extreme anomalous trichromatic, dichromatic or monochromatic color vision. Individuals with extreme anomalous trichromatism or monochromasy color vision, as determined through testing, are not eligible to be hired as law enforcement officers in the state of Iowa.

Yes ___ No ___ Date tested: ____/____/____

Circle or write the name of the test used: _____

Signature of Doctor: _____ (With your signature you certify that all foregoing information is true and correct.)

- 4. Does this officer have normal hearing in each ear? (Hearing is considered normal when tested by an audiometer hearing sensitivity thresholds are within 25db measured at 500Hz, 1000 Hz, 2000 Hz, and 3000 Hz, averaged together.)

Yes ___ No ___ Date tested: ____/____/____

Signature of Doctor: _____ (With your signature you certify that all foregoing information is true and correct.)

- 5. Has this officer been examined by a licensed physician or surgeon and determined to meet the physical requirements necessary to fulfill the responsibilities of a law enforcement officer?

Yes ___ No ___ Date tested: ____/____/____

Signature of Doctor: _____ (With your signature you certify that all foregoing information is true and correct.)