

IOWA LAW ENFORCEMENT ACADEMY  
RESERVE OFFICER DUTIES

This form should be completed and given to the testing physician before physical examination.

CHECK THE APPROPRIATE BOX BELOW

THIS OFFICER WILL PERFORM POLICING DUTIES ALONE AND WITHOUT DIRECT SUPERVISION (PHYSICAL PRESENCE) OF A CERTIFIED REGULAR LAW ENFORCEMENT OFFICER AT ALL TIMES. FORM A WILL BE PREPARED BY PHYSICIAN CONDUCTING MEDICAL EXAMINATIONS.

THIS OFFICER WILL PERFORM POLICING DUTIES ONLY WITH THE DIRECT SUPERVISION (PHYSICAL PRESENCE) OF A CERTIFIED REGULAR LAW ENFORCEMENT OFFICER AT ALL TIMES. FORM B WILL BE PREPARED BY PHYSICIAN CONDUCTING MEDICAL EXAMINATIONS.

THIS OFFICER WILL NOT PERFORM POLICING DUTIES AS DEFINED IN I.A.C. 501-10.100(8) AND (9). FORM B WILL BE PREPARED BY PHYSICIAN CONDUCTING MEDICAL EXAMINATION.

NAME OF OFFICER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

DUTIES THIS OFFICER WILL BE REQUIRED TO PERFORM

|       |       |
|-------|-------|
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*(If additional duties are performed please attach separate sheet)*

ATTACH AND SUBMIT THIS INFORMATION WITH FORM A OR FORM B TO THE IOWA LAW ENFORCEMENT ACADEMY.

\_\_\_\_\_  
*Signature of Examining Physician*

\_\_\_\_\_  
*Date*

**FORM A**  
**IOWA LAW ENFORCEMENT ACADEMY**  
**MINIMUM MEDICAL STANDARDS FOR RESERVE OFFICERS**

*RESERVE OFFICERS WHO PERFORM POLICING DUTIES ALONE WITHOUT THE DIRECT SUPERVISION OF A REGULAR CERTIFIED LAW ENFORCEMENT OFFICER MUST MEET THESE STANDARDS.*

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

1. Does the above individual have uncorrected vision of not less (worse) than 20/100 in each eye, corrected to 20/20 in each eye?

Yes  No  Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Uncorrected Vision: \_\_\_\_/\_\_\_\_ Corrected Vision: \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of Doctor: \* with your signature you certify that all of the forgoing information is true and correct.*

2. Does the above individual have color vision consistent with the occupational demands of law enforcement? Passing any of the following color vision tests indicates the applicant has color vision consistent with the demands of law enforcement: Pseudoisochromatic plate 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 Dichotomous 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.

**Please circle the name of the test used above.**

Yes  No  Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of Doctor: \* with your signature you certify that all of the forgoing information is true and correct.*

3. Does the above individual have normal hearing in each ear? (Hearing is considered normal when tested by an audiometer. Hearing sensitivity thresholds are within 25db measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz, averaged together.) If this individual is unable to meet these hearing standards, please contact the Academy for information regarding further testing options.

Yes  No  Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of Doctor: \* with your signature you certify that all of the forgoing information is true and correct.*

4. Has the above individual 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 of the forgoing information is true and correct.*

\_\_\_\_\_  
*Signature of Reserve Officer*

\_\_\_\_\_  
*Date*

With your signature you certify that all the foregoing information is correct. The above signed individual hereby authorizes any physician, doctor or audiologist named above to release to the Iowa Law Enforcement Academy such limited information necessary only to verify the answers set forth above. A copy of this release shall have the same effect as the original.

**FORM B**  
**IOWA LAW ENFORCEMENT ACADEMY**  
**MINIMUM MEDICAL STANDARDS FOR RESERVE OFFICERS**

*RESERVE OFFICERS WHO PERFORM POLICING DUTIES WITH THE DIRECT SUPERVISION OF A REGULAR CERTIFIED LAW ENFORCEMENT OFFICER MUST MEET THESE STANDARDS.*

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

1. Does the above individual have uncorrected vision of not less (worse) than 20/100 in each eye, corrected to 20/20 in each eye?

Yes  No  Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Uncorrected Vision: \_\_\_\_/\_\_\_\_ Corrected Vision: \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of Doctor: \*with your signature you certify that all of the forgoing information is true and correct.*

2. Does the above individual have color vision consistent with the occupational demands of law enforcement? Passing any of the following color vision tests indicates the applicant has color vision consistent with the demands of law enforcement: Pseudoisochromatic plate 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 Dichotomous 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.

**Please circle the name of the test used above.**

Yes  No  Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of Doctor: \*with your signature you certify that all of the forgoing information is true and correct.*

3. Does the above individual have normal hearing in each ear? (Hearing is considered normal when tested by an audiometer. Hearing sensitivity thresholds are within 25db measured at 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz, averaged together.) If this individual is unable to meet these hearing standards, please contact the Academy for information regarding further testing options.

Yes  No  Date Tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Signature of Doctor: \*with your signature you certify that all of the forgoing information is true and correct.*

4. Has the above individual 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 of the forgoing information is true and correct.*

\_\_\_\_\_  
*Signature of Reserve Officer*

\_\_\_\_\_  
*Date*

With your signature you certify that all the foregoing information is correct. The above signed individual hereby authorizes any physician, doctor or audiologist named above to release to the Iowa Law Enforcement Academy such limited information necessary only to verify the answers set forth above. A copy of this release shall have the same effect as the original.