Iowa Law Enforcement Academy

Minimum Medical Requirements Form

(To be completed by examining physician)

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

Agency: _____

Step 1: Must be completed for all officers

Uncorrected Vision*

Right Eye _____/_____ **Left Eye** _____/_____
Date tested: _____/_____/_____
Physician's Signature: _____

(With your signature you certify that all foregoing information is true and correct.)

*If the uncorrected vision is worse than 20/100, the applicant does not meet the minimum medical requirements

Step 2: To be completed only if uncorrected vision is worse than 20/20

Corrected Vision

Right Eye _____/_____ **Left Eye** _____/_____
Date tested: _____/_____/_____
Physician's Signature: _____

(With your signature you certify that all foregoing information is true and correct.)

Step 3: Must be completed for all officers

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: pseudo isochromatic plates tests such as but not limited to Tokyo Medical College; Ishihara, Standard Pseudo Isochromatic 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 monochromacy color vision, as determined through testing, are not eligible to be hired as law enforcement officers in the state of Iowa.

YES ☐ **NO** ☐

Name of the test used: _____ **Date tested**: _____/_____/_____

Physician's Signature: _____

(With your signature you certify that all foregoing information is true and correct.)

Step 4: Must be completed for all officers

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 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz averaged together.

YES ☐ **NO** ☐

Date tested: _____/_____/_____

Physician's Signature: _____

(With your signature you certify that all foregoing information is true and correct.)

Step 5: Must be completed for all officers

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: _____/_____/_____

Physician's Signature: _____

(With your signature you certify that all foregoing information is true and correct.)