



Berks County Sheriff

Berks County Courthouse - 633 Court Street, Reading, PA 19601

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Eric J. Weaknecht
Sheriff

Mandy P. Miller
Chief Deputy

"Making a Difference"

NOTICE AND INSTRUCTIONS TO EXAMINING PHYSICIAN

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER WHO IS LICENSED IN PENNSYLVANIA. THIS EXAMINATION IS TO DETERMINE THE PHYSICAL FITNESS OF THE APPLICANT TO BE CERTIFIED AS A POLICE OFFICER IN PENNSYLVANIA. THE APPLICANT WHO YOU ARE ABOUT TO EXAMINE IS APPLYING FOR CERTIFICATION AND WILL BE VESTED WITH A POSITION OF PUBLIC TRUST. HE/SHE MAY, AT SOME FUTURE TIME, BE REQUIRED TO EXERCISE SIGNIFICANT PHYSICAL STRENGTH AND UNDERGO HIGH EMOTIONAL STRESS.

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			CITY/BORO	STATE ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM	

OVERALL FITNESS

- A. Is the applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? This includes normal function of the heart, lungs, blood pressure, etc. YES NO
- B. Is the applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a law enforcement officer? YES NO
- C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a law enforcement officer or complete the required minimum training requirements? YES NO
- D. Does the applicant have all extremities, including digits, required to meet minimum training requirements and perform law enforcement duties? YES NO

THE APPLICANT SHOULD BE MARKED "CAPABLE" ON PAGE TWO OF THE FORM ONLY IF ALL QUESTIONS ABOVE ARE MARKED "YES"

BLOOD PRESSURE		HEART		LUNGS	
SYSTOLIC _____	DIASTOLIC _____	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL

HEARING: The applicant must be able to distinguish a normal whisper at 15 feet. The test shall be independently conducted for each ear, with the tested ear facing away from the speaker and the other ear firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required with the following results: 25db or better for pure tone stimulation between 500Hz, 1000Hz, 2000Hz, and 3000Hz.

RIGHT EAR	<input type="checkbox"/> NORMAL	LEFT EAR	<input type="checkbox"/> NORMAL
	<input type="checkbox"/> ABNORMAL		<input type="checkbox"/> ABNORMAL

THE APPLICANT SHOULD BE MARKED "CAPABLE" ON PAGE TWO OF THE FORM ONLY IF HEARING IS NORMAL IN BOTH EARS

VISION: The applicant must have vision of 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; have normal depth perception and color vision, and must be free of any significant visual abnormality.

RIGHT EYE	UNCORRECTED 20/ _____	LEFT EYE	UNCORRECTED 20/ _____
	CORRECTED 20/ _____		CORRECTED 20/ _____

- Does the applicant have normal depth perception? (Stereopsis >48% or Arc Seconds <100) YES NO
- Does the applicant have normal color perception? (Farnsworth or Ishihara) YES NO
- Is the applicant free from any other significant visual abnormalities? YES NO

THE APPLICANT SHOULD BE MARKED "CAPABLE" ON PAGE TWO OF THE FORM ONLY IF VISION MEETS ALL STATED REQUIREMENTS

