Wisconsin Department of Justice
Law Enforcement Standards Board
DJ-LE-332 (8/15)

MEDICAL ASSESSMENT
(LAW ENFORCEMENT, JAIL, OR JUVENILE DETENTION OFFICER AND/OR PREPARATORY TRAINING STUDENT)

1. Applicant's Name: _____
   <div align="center">Last   First   MI</div>

2. Sex: ☐ Male ☐ Female

3. Position or Training Applied for: ☐ Law Enforcement ☐ Jail ☐ Juvenile Detention

4. Hiring Agency or Training School: _____Nicolet Area Technical College_____

5. Examining Physician/Physician's Assistant/Nurse Practitioner-**PLEASE READ CAREFULLY BEFORE EXAM**:

Wisconsin law requires all applicants for Law Enforcement, Jail and/or Juvenile Detention Officer Employment be free from any physical, emotional, or mental condition which might adversely affect performance of duties as an officer. The law further requires all applicants attend and successfully complete a preparatory training program approved by the Law Enforcement Standards Board (LESB). The hiring standards and training programs approved by the LESB are based upon a validated analysis of the tasks officers perform or must be prepared to perform each day. These tasks include the following: walking for extended periods (4 hrs or more), short sprints (350'), running up and down stairs (4 flights or more), pushing heavy objects (170 lbs), jumping over and around obstacles, lifting 100 lbs or more and carrying heavy objects (50 lbs or more), using hands and feet in use of force situations, as well as bending and reaching. Additionally, applicants should have normal depth and color perception and be free of any other significant vision or hearing abnormalities.

To prepare recruits to meet these challenges, while at the training academy they will practice handcuffing, baton, and weapon retention techniques; run, jump, and be thrown to the ground; and participate in role-play of job-related scenarios which requires strength, agility, and endurance. Additionally, **law enforcement recruits** will drive emergency vehicles; qualify with a handgun and a rifle; and are expected to pass a physical fitness exam prior to the start of the academy and at the end of academy. The physical fitness exam for **law enforcement recruits** consists of:

Event	Entrance Standard (prior to Academy)	Exit Standard
1.5 Mile Run	20:20 or less	16:57 or less
300 Meter Run	82 sec or less	68 sec or less
Push-Ups	min 18	min 23
Sit-Ups	min 24	min 30
Vertical Jump	min 11.5 in	min 14 in
Agility Run	23.4 sec or less	19.5 sec or less

Disabilities, impairment, or limitations identified by the examination, which could prevent an applicant from performing the essential functions of the job or training mentioned above should be documented and reported to the employing agency or training school.

☐ I hereby attest that I have examined the above named applicant and find him or her **capable** of performing the essential functions of the position and/or safely participating in preparatory training.

☐ I hereby attest that I have examined the above named applicant and find him or her **not capable** of performing the essential functions of the position and/or safely participating in preparatory training.

6. _____   7. _____
   Licensed Physician, Physician Assistant, or Nurse Practitioner's Signature   Examination Date

8. _____
   Licensed Physician, Physician Assistant, or Nurse Practitioner's License Number **and** Phone Number

By signing below the applicant acknowledges that this form is valid for 21 months from the date of the exam noted in item 7 for entrance into preparatory training, as well as his/her responsibility to notify the hiring agency or the training school of any changes in his/her medical condition during that time.

9. _____   10. _____
   Applicant's Signature   Date

INSTRUCTIONS FOR COMPLETING THE MEDICAL ASSESSMENT FORM (DJ-LE-332)

EMPLOYERS:
Employers shall attach the **JOB DESCRIPTION** of the position applied for to the Medical Assessment form for the licensed Physician, Physician Assistant, or Nurse Practitioner to review and assist them in determining whether the applicant is able to perform the essential job functions of the position. The completed Medical Assessment form shall be maintained by the hiring agency. The medical assessment must be conducted no more than nine (9) months prior to the first date of employment.

TRAINING SCHOOLS:
Training schools shall ensure the medical assessment is completed prior to the start of the academy. The completed Medical Assessment form may be maintained by the training school in the student's records and will be submitted to Training and Standards as per the guidelines in the Director's Manual.

COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE EMPLOYING AGENCY OR TRAINING SCHOOL (SECTIONS 1 – 4)

1. **Applicant's Name:** Enter the applicant's full legal name.

2. **Sex:** Mark the appropriate box for the sex of the applicant.

3. **Position or Training Applied for:** Check the box for one of the following disciplines: Law Enforcement, Jail, or Juvenile Detention Officer.

4. **Hiring Agency or Training School:** Enter the hiring agency's name or the name of the training school.

COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER (SECTIONS 5 – 8)

5. **Physician, Physician Assistant or Nurse Practitioner's Assessment:** In your opinion is there any medical or physiological reason that may impair the applicant's ability to perform the essential functions of the position for which he or she has applied, or the preparatory training involved? Please check the box indicating whether the applicant is capable or not capable of performing the essential functions of the position and participating in preparatory training.

6. **Physician, Physician Assistant, or Nurse Practitioner's Signature:** Signature of the physician, physician assistant, or nurse practitioner.

7. **Examination Date:** Enter the date on which the examination was completed.

8. **Physician, Physician Assistant, or Nurse Practitioner's License Number and Phone Number:** Enter the license number of the physician, physician assistant, or nurse practitioner and the professional phone number.

COMPLETION OF THE MEDICAL ASSESSMENT FORM BY THE APPLICANT (SECTIONS 9 – 10)

9. **Applicant's Signature:** The applicant signs the completed form after the medical exam acknowledging the results of the assessment and the forms validity for 21 months from the date of the exam noted in item 7 for entrance into preparatory training, and his/her responsibility to notify the hiring agency and/or the training school of any changes in his/her medical condition during that time.

10. **Signature Date:** Enter the date on which the medical assessment form was signed by the applicant; should be the same as, but no earlier than the date in section 7 of the medical assessment form.