

SC CRIMINAL JUSTICE ACADEMY

5400 Broad River Road
Columbia, South Carolina 29212-3540
(803) 896-7802

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PREPLACEMENT CONSENT AND MEDICAL HISTORY (Page One)

TO THE EMPLOYER:

The South Carolina Criminal Justice Academy "PREPLACEMENT CONSENT AND MEDICAL HISTORY" form is inappropriate for a pre-offer inquiry under existing state and federal law and SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT IS MADE.

Once a conditional offer of employment is made, you may use this form and medical exam to determine if the applicant may perform the essential functions necessary to successfully complete training at the Criminal Justice Academy.

All pre-offer inquiries should focus on the applicant's ability to perform the position being sought, not any perceived physical or mental disability which would exclude the applicant.

TO THE PHYSICIAN:

This Candidate for training at the South Carolina Criminal Justice Academy should be free of medical conditions which would interfere with his/her ability to safely participate in and successfully perform certain activities including, but not limited to the following:

- Complete eight (8) formation runs of various distances not to exceed 3.0 miles in a timely manner without stopping (**Class 1 Law Enforcement Officer**)
- Participate in eleven (11) 75 minute physical training sessions designed to increase strength and endurance (**Class 1 Law Enforcement Officer**)
- Tolerate exposure to extreme heat/cold/humidity/inclement weather
- Climb/crawl/wrestle/jump/swim/lift/drag heavy weight
- Visually distinguish targets on the firing range
- Safely operate a motor vehicle at various speeds and under varying conditions (**Class 1 Law Enforcement Officer**)
- Safely handle various types of firearms (**Class 1 Law Enforcement Officer**)
- Tolerate the psychological stress of law enforcement work
- Physically rigorous defensive tactics training (joint manipulation/handcuffing/take downs/kicks/ strikes)
- Complete a physical agility assessment course (**Class 1 Law Enforcement Officer**)
- Sustain this level of functioning for 12 - 14 hours per day

REPORT OF PREPLACEMENT EXAMINATION

To be on file at the Academy

(Page Two)

TO THE EXAMINING PHYSICIAN:

All information **MUST** be completed. Please type or print legibly and return to the Law Enforcement Candidate and/or the Employing Law Enforcement Agency.

PHYSICIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

PATIENT/CANDIDATE'S NAME: _____

Social Security No.: _____

Employing Law Enforcement Agency: _____

THE ABOVE NAMED PATIENT/CANDIDATE IS:

a. _____ Medically **SUITABLE** for training at the SC Criminal Justice Academy, **OR**

b. _____ Medically **UNSUITABLE** for training at the SC Criminal Justice Academy

for the following reasons: _____

Comments: _____

The medical history and physical examination results for this Candidate are on file in the Physician's office at the above address and will be made available to Criminal Justice Academy upon request from the Criminal Justice Academy. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate or his/her employer.

ATTESTATION: I have reviewed the activities that this candidate for law enforcement training will be required to participate in during his/her training at the SC Criminal Justice Academy. I have conducted a complete physical examination of this candidate and attest that he/she is medically suitable to participate in the training program at the Academy.

Date: _____

Physician's Signature

Date: _____

Candidate's Signature

NOTE: All information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page. The Candidate must also sign and date this page.

THIS PAGE MUST BE COMPLETED TO INCLUDE REQUIRED SIGNATURES

**PREPLACEMENT CONSENT AND MEDICAL HISTORY – SCCJA
(Page Three)**

Name _____ Age _____ SSN _____
 Home Address _____ Phone _____
 _____ Date of Birth _____

The answers that I give are true to the best of my knowledge. The information shall be used to determine whether I am medically capable of performing the essential functions of the physical demands of the SC Criminal Justice Academy. Medical information regarding my ability to perform these activities will be made available to the SCCJA. Other information will be held strictly confidential.

Candidate's Signature _____ Date: _____

1. Do you have or have you ever had:

	YES	NO
Measles	_____	_____
Bronchitis	_____	_____
Mumps	_____	_____
Chickenpox	_____	_____
Polio	_____	_____
Seizures	_____	_____
Pneumonia	_____	_____
Tuberculosis (TB)	_____	_____
Cancer	_____	_____
Diabetes	_____	_____
Blood Problems	_____	_____
High Blood Pressure	_____	_____
Heart Problems	_____	_____
Kidney Problems	_____	_____
Ulcers	_____	_____
Arthritis	_____	_____
Hernia	_____	_____
Hemorrhoids	_____	_____
Skin Problems	_____	_____
Back Problems	_____	_____
Asthma	_____	_____
Lung Problems	_____	_____
Mental Illness	_____	_____
Hepatitis	_____	_____
Surgery	_____	_____
Significant Injuries	_____	_____

2. Are you allergic to any medicines, food or other substances? _____

3. Do you use: _____

Yes /No/ How Much/ In Past?

Cigarettes _____
 Cigars _____
 Alcohol _____
 Drugs _____

4. List all medications you take regularly:

5. Family History: Have your mother, father, sister or brother had the following:

	Yes	No
Diabetes	_____	_____
High Blood Pressure	_____	_____
Heart Disease	_____	_____
Cancer	_____	_____
Stroke	_____	_____
Tuberculosis (TB)	_____	_____

Explain: _____

Explain: _____

Current Occupation _____ Job you have held longest _____

Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere?
 _____ Explain _____

Have you ever been unable to hold a job because of medical reasons? _____ Explain _____

Have you ever received Workers' Compensation? _____ Explain _____

Have you lost time from work for medical reasons in the past five years? _____ Explain _____

PREPLACEMENT EXAMINATION
To be completed by Physician
(Page Four)

Height _____

Weight _____

Blood Pressure _____

Pulse _____

Visual Acuity R _____ L _____ Without correction
 R _____ L _____ With correction

Color Vision _____

	Normal	Abnormal	Explanation
Eyes	_____	_____	
Ears	_____	_____	
Hearing	_____	_____	
Nose	_____	_____	
Throat	_____	_____	
Mouth	_____	_____	
Neck	_____	_____	
Chest/Lungs	_____	_____	
Heart	_____	_____	
Abdomen	_____	_____	
Hernia	_____	_____	
Genitourinary	_____	_____	
Back	_____	_____	
Extremities			
Upper	_____	_____	
Lower	_____	_____	
Neurologic	_____	_____	
Psychological	_____	_____	
Skin	_____	_____	
U.A.	pH _____	s.g. _____	Chemistry _____
TB Skin Test	_____		

_____ **Medically Suitable for training at the SCCJA**

_____ **Medically Unsuitable for training at the SCCJA for the following reasons:** _____

COMMENTS: _____

Date: _____ **Physician's Signature** _____