MPO-210 (4/2021)

SUPERCEDES ALL PREVIOUS VERSIONS OF THE MUNICIPAL POLICE OFFICER PHYSICAL EXAMINATION FORM.

MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION 8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748 http://www.psp.pa.gov/MPOETC

This form	PH is to be used by both munic		AL EXAMINATI ce officer applicants		emy cadet ap	pplicants.
WHO IS LICENSED IN I PENNSYLVANIA AND WIL	NOTICE AND INSTER BY A LIC PENNSYLVANIA. THE APPLIL BE EXPECTED TO BE PHYMORE INFORMATION ABOUT	ENSED F CANT IS SICALLY	APPLYING FOR TRAIL CAPABLE OF PERFO	N'S ASSISTANT, NING OR CERTIF RMING THE VAR	OR CERTIFIE ICATION AS A IOUS TASKS	A POLICE OFFICER IN ASSOCIATED WITH THIS
LAST NAME		FIRST	NAME			MIDDLE INITIAL
STREET ADDRESS			CITY/BORO		STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	BIOLOG	ICAL SEX	GENDER IDENTITY (I	IF DIFFERENT)	DATE OF EXAM
OVERALL FITNESS			· · · · · · · · · · · · · · · · · · ·			
essential functions of a police	ol condition such that they can one officer or safely participate in	required	training?		Y	ES NO
B. Is the applicant free from would limit their ability to perform the second sec	debilitating conditions such as form the essential functions of	tremor, i a police o	incoordination, convulsi ifficer or safely participa	ion, fainting episoo ate in required trair	des, or other na ning?	eurological conditions which ES NO
	n any other significant physical police officer or safely participat			ould, in the physici		mpair their ability to perform ES NO
D. Is the applicant free fro participate in required training	om the use of medications whiting?	ch would	impair their ability to	perform the esser		of a police officer or safely
E. Does the applicant have a training?	all extremities, including digits,	required	to perform the essentia	I functions of a pol		afely participate in required ES NO
THE APPLICANT	SHOULD BE MARKED "CAPABLE	ON THE	BACK OF THE FORM ON	ILY IF ALL QUESTIC	ONS ABOVE ARI	E MARKED "YES"
drug screen. The results of the	applicant must be free from the he drug screen must be attach s. The detection of <u>illegal</u> or <u>ur</u> cer.	ed to this	form and reviewed by t	he examining prac	ctitioner who m	ay provide comments
	TESTED			ST RESULTS ATT		
	LD BE MARKED "CAPABLE" ON T					
tested ear facing away from and pass a decibel audio tes	ust be able to distinguish a non the speaker and the other ear st using an audiometer with an single frequency loss in excess	firmly cov average l	ered with the palm of those not to exceed 25 or	ne hand. If the app r more decibels at	olicant fails the the 500Hz, 10	whisper test, they must take 00Hz, 2000Hz, and 3000Hz
RIGH	HT EAR NORMAL ABNORMAL		LEFT EAR	NORMAL ABNORM	AL	
THE APPLI	CANT SHOULD BE MARKED "CAI	PABLE" OF	N THE BACK OF THE FOR	RM ONLY IF HEARIN	VG IS NORMAL I	IN BOTH EARS
VISION: The applicant must weaker eye, correctable to a	t have vision of at least 20/70, u at least 20/40; have normal dep d during the physical, a separat	incorrecte th percep	ed, in the stronger eye,	correctable to 20/2	20; and at least e of any signifi	t 20/200, uncorrected, in the cant visual abnormality. If
RIGH	TEYE UNCORRECTED	20/	LEFT EYE	UNCORREC	TED 20/	
	CORRECTED	20/		CORREC	TED 20/	
Does the applicant hav	ve normal depth perception? (S	tereopsis	>48% or Arc Seconds	<100)	YES N	10
Does the applicant hav	e normal color perception? (Fa	ırnsworth	or Ishihara)	Γ	YES N	10
Is the applicant free fro	om any other significant visual a	abnormali	ties?		YES N	10
THE APPLICAN	IT SHOULD BE MARKED "CAPAB	LE" ON TH	IE BACK OF THE FORM O	ONLY IF VISION ME	ETS ALL STATE	D REQUIREMENTS

REMARKS						
<u>.</u>						•••
	PRO	FESSIONAL	OPINION			III) III III III III III III III III II
PHYSICALLY CAPABLE - I	have examined the applica	ant, and it is my	profession	al opinion that this	person is PHY	SICALLY CAPABLE of
performing the duties a certifie Standing, walking, a	id police officer in Pennsylvi and sitting for extended perio	ania, including b ods of time and	ut not limite while carryin	d to: ig assigned and/or i	required equipn	nent.
	<u>rms</u> training, responding to					
· ·	ency law enforcement vehi					
, , , , , ,	g with and subduing individu tration and making decision		-	_		-
PHYSICALLY UNFIT - ! have			., .		_	
perform the duties of a certifie	ed police officer in Pennsylv	ania. If this opt	ion is select	ed, a copy of the co	ompleted form	must be forwarded to the
Municipal Police Officers' Edu	cation and Training Commis	ssion by email (i	просегинсан	ion@pa.gov) or lax	. (717-340-7762	<i>-</i> .).
I hereby certify that the inform	ation and statements o	ontained in th	ne tables a	shove and in the	attached ex	amination report are
true and correct, and that I an	n signing this documer	nt with the ful	understa	nding that any fa	alse informat	ion or statement will
subject me to criminal penaltie	s of Title 18, Crimes co	de, Section 4	904, relatii	ng to unsworn ta	isitication to	autnonties.
SIGNATURE - PENNSYLVANIA LICENSED E	XAMINING PHYSICIAN/PA/CNP				DATE	
PHYSICIAN PRINTED NAME		LICENSE NO.			TELEPHONE N	10.
STREET ADDRESS		CITY/BORO			STATE	ZIP CODE
STREET ADDRESS						
	RELEASE	OF PHYSICA	L INFOR	MATION		
Having applied for certification/tra licensed physician, as required I except to those whom I designat physical examination to the Mur departments and/or academies li of this information, explicit or imp Criminal Justice Training Center	by the Act, I reserve the e. Accordingly, I hereby sicipal Police Officers' E sted below, for purposes lied, is granted at this tin	e right to have authorize the ducation and consistent wine.	the data and physician Training C	and conclusions on named above to ommission (MPC	of the physici release all inf ETC) <u>AND</u> to	ian remain confidential formation related to my o any additional police
NAME OF MUNICIPAL POLICE DEPARTMENT	AND/OR CERTIFIED ACT 120 ACA	DEMY (Print)				
650 South 13th Street	Indiana	PA	15705	724-357-3989	dkarcher@	
ADDRESS	CITY	STATE	ZIP CODE	FAX	EMAI	
SIGNATURE - APPLICANT					DATE	



POLICE OFFICER

ESSENTIAL JOB FUNCTIONS

- 1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- 2. Prepare and write investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- 3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- 4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in hazardous road conditions caused by factors such as fog, smoke, rain, ice and snow.
- 5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications, while operating a vehicle or communications desk.
- 6. Gather and interpret information in various investigations which may include interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
- 7. Pursue fleeing suspects on foot and perform rescue operations which may involve quickly entering and exiting law enforcement vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- 8. Load, unload, aim and fire using each hand from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- 9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.

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Essential Job Functions (Cont.)

- 10. Conduct visual and audio surveillance for extended periods of time.
- 11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and making physical checks of cars, homes, buildings, etc.
- 12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- 13. Demonstrate effective communication skills and use proper demeanor in court and other formal settings.
- 14. Detect and collect evidence and substances which provide the basis of criminal offenses or infractions; and/or indicate the presence of dangerous conditions.
- 15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
- 16. Perform rescue functions at accidents, emergencies, civil disorders and disasters to include directing traffic for long periods of time, administering emergency medical aid, extinguishing small fires, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
- 17. Process (photograph, fingerprint) and transport arrested suspects, prisoners and committed mental patients using handcuffs and other appropriate restraints.
- 18. Put on and operate emergency equipment such as fire extinguisher, helmet, gas mask, etc. in situations as required.
- 19. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.

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MPO-211 (3/2018)



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
http://www.psp.pa.gov/MPOETC

VISION EXAMINATION

This form is to be used by both municipal police officer applicants and police academy cadet applicants.

THIS EXAMINATION MUST BE ADMINISTERED by a licensed optometrist or ophthalmologist who is licensed in Pennsylvania. This examination is to determine the physical fitness, specifically related to specific vision standards, 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.

LAST NAME	FIRST NAME		MIDDLE INITIAL								
STREET ADDRESS	CITY/BORG	ORO STATE			ZIP CODE						
SOCIAL SECURITY NUMBER		GENDER	DF EXAM								
VISION: The applicant must have vision of at the weaker eye, correctable to at least 20/40											
RIGHT EYE UNC	ORRECTED 20/_	LE	FT EYE	UNCORRECT	ED 20/						
C	ORRECTED 20/_			CORRECT	ED 20/						
Does the applicant have normal depth p	erception? (Stered	psis >48% <u>or</u> Arc	Seconds <100)		YES NO						
Does the applicant have normal color pe	erception? (Famsw	vorth <u>or</u> Ishihara)			YES NO						
Is the applicant free from any other sign	Is the applicant free from any other significant visual abnormalities?										
THE APPLICANT SHOULD BE	MARKED "CAPABLE	" IN THE BLOCK BE	LOW ONLY IF VI	SION MEETS A	ALL STATED REC	UIREMENTS					
	PRO	<u> </u>	<u>OPINION</u>	THE RESERVE OF THE PERSON NAMED IN		T CERTIC N S					
PHYSICALLY CAPABLE (VISION) vision standards which are described											
vision standards which are described above and required to perform the duties a certified police officer in Pennsylvania. PHYSICALLY UNFIT (VISION) - I have examined the applicant, and it is my professional opinion that the person named above does not meet the vision standards which are described above and required to perform the duties a certified police officer in Pennsylvania.											
I hereby certify that the information and st that I am signing this document with the for Crimes code, Section 4904, relating to unsu	ull understanding t	hat any false info	ove and in the rmation or state	attached exar ement will sub	mination report pject me to crim	are true and correct, and inal penalties of Title 18,					
This examination form must be forwarded to ophthalmologist within 15 days of the date											
SIGNATURE - PENNSYLVANIA LICENSED OPTOME	TRIST/OPHTHALMOLO	GIST			DATE						
OPTOMETRIST/OPHTHALMOLOGIST NAME (PRINTED)	LICENSI	E NO.			TELEPHONE NO.						
STREET ADDRESS CITY/BORO					STATE	ZIP CODE					
	RELEASE	OF PHYSICA	LINFORMA	TION		win and other					
Having applied for certification/training as optometrist or ophthalmologist, as required to those whom I designate. Accordingly, I vision examination to the Municipal Police (academies listed below, for purposes consimplied, is granted at this time.	by the Act, I resent hereby authorize to Officer's Education	e the right to have he optometrist or and Training Con	e the data and ophthalmologistem (MPO)	conclusions of t named abov ETC) <u>AND</u> to	f the physician r e to release all any additional r	emain confidential except information related to my police departments and/or					
NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR	CERTIFIED ACT 120 AC	CADEMY (Print)									
ADDRÉSS	CITY	STATE	ZIP CODE	FAX	EN	IAIL					
SIGNATURE - APPLICANT					DATE						



POLICE OFFICER

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employer authorization form



Employee Information							
Employee name:		DOB:	Last 4 SSN	#:			
Employer Information		· ·					
Athena account #: 627881		eScreen account	# (if applicable):				
Company name: OC-IUP Crin	ninal Justice Train	ning Center					
Company address:		City:	State.	Zip:			
Services scheduled date/time:		Services exp date	e/time:	ne:			
Name and title of person autho	rizing treatment	(please print):					
Signature:		Phone:					
Preferred communication (plea	ise check all that	apply): phone fax (sec	cure) e-mail (secure)	(i) mail			
After-hours contact:							
DER Information							
DER/Company contact for resu	ults and/or physic	cian call: Dolores					
DER email:		DER fax: 724	-357-3989				
Bill Services To							
☐ Employer	TPA PATO	S					
Billing Address/ TPA (on	ly if different	than above):					
Name:							
Address:		City:	State:	Zip:			
Phone:	Ext:	Fax:					
Internal Use Only:							
Employee did not arrive by t	the expiration da	te Notified/called DER	(no show only) FOA	Initials:			

employer authorization form (con't)



Employee information		
Employee name:	D	OB:
Step One (if applicable)	Step Two (UDS and E	BAT only)
Check the following: 図 Using MedExpress Lab & MRO Ill Using Company Provided Lab & MRO	Reason for testing: © Pre-Employment Post-Accident Random Reasonable Suspicion	Return to Duty Follow up (DOT Return to Duty & Follow up Testing must be observed)
Step Three		
Please select all services to be performed. DOT Drug/Alcohol testing: DOT Urine Drug Screen (5-Panel only) DOT Breath Alcohol Test Select the modality: FMSCA FTA FRA FAA PHMSA USCON Non-DOT Drug/Alcohol testing: Rapid Urine Drug Testing Send out Urine Drug Screen 5-Panel 10-Panel Custom Panel #	☐ Flu Shot ☐ Point of care lipid p ☐ OSHA Audiogram ☐ Baseline ☐ Annuc	Gold Plus anel + glucose
☐ Breath Alcohol Test ☐ Hair Collection ☐ 5-Panel or ☐ 5-Panel w/exp Opiates ☐ Blood Alcohol (state specific)	Labs: Blood Draw- Collect Hep C Titer Hep MMR Titer CM	
Physical Examinations: DOT New certification Re-certification Interstate Intrastate School bus driver physical (if applicable) Standard Pre-Employment (non-DOT) Screen ePhysical non-DOT look-alike Special Company Form (Requires approval- contact your Account Executive) Other		
Special instructions:	Can anofile for a lai	and instructions
Student/Applicant will PATOS for services. Perform Audiogram if whisper test is failed		ng and instructions.

Urgan Core MSQ. (LC ("MSQ") is a management services provider for physician-owned and other urgant core, work-in, and on-sie centers operated in multiple states in "ManaExpress" (herefront in "Phring's Office Procise"). The Private Office hos consists outstands with regards to all medical decision-making and possen age. MSQ should not over, asternine or set the matrices standards or consists of the procise of medical decision-making and possen age. MSQ should not over, asternine or set the matrices standards or consists of the procise of medical decision-making and possens are on sentines and offers recommendations through its Chi-f Medical Office for the Private Office Procise Consister reject. Levise, and/or additional or the procise of the Private Office Procise of the Private Office Procise or additional or addit



Commonwealth of Pennsylvania Municipal Police Officers' Education and Training Commission (MPOETC)

MPOETC's Physical Fitness Assessment Standards Entrance and Retention in the Act 120 Police Academy

30% Standards		Male Standards by Age			Female Standards by Age					
Age Range	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
Sit Ups (1 min rep)	35	32	27	21	17	30	22	17	12	4
300-meter Run (time)	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Push Ups (1 min rep)	26	20	15	10	8	13	9	7	7	7
1.5-mile Run (time)	13:16	13:46	14:34	15:58	17:38	15:52	16:38	17:22	18:59	21:20

This is a cumulative test. All events must be completed within two (2) hours.

Testing Order:

- 1. Sit Ups
- 2. 300-meter Run
- 3. Push Ups
- 4. 1.5-mile Run

All Applicants:

- Afforded a minimum rest time of five (5) minutes between events.
- Required to pass the Entrance Fitness Test with a score at the 30th percentile (chart above) in each event based on their biological (birth) gender and age at the time of testing.
- Accepted into the police academy as enrolled cadets must maintain the 30th percentile physical fitness assessment standard throughout the academy until completion.

If an Applicant:

• Does not fall into one of the listed age categories, special authorization must be obtained from MPOETC before testing can be accomplished.