### NOTICE TO EXAMINING PHYSICIAN

The intended purpose of this examination is for you to make a determination of the applicant’s overall physical ability to work in an environment where he/she:
- Will be required to carry a firearm, or other weapon calculated to produce serious bodily harm or death.
- May undergo high emotional stress.
- May be required to exercise significant physical strength.
- Will be vested in a position of public/private trust.

### PHYSICAL HISTORY

1. **THE EXAMINING PHYSICIAN MUST PERSONALLY ASSESS THE APPLICANT TO DETERMINE RESPONSES TO THE FOLLOWING QUESTIONS. THE PHYSICIAN MAY USE THE REMARKS SECTION ON THE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS.**

   A. Does the applicant have any of the following conditions?
   - Psychosis: Yes ☐ No ☐
   - Bipolar Disorder: Yes ☐ No ☐
   - Seizure Disorder: Yes ☐ No ☐
   - Post Traumatic Stress Disorder: Yes ☐ No ☐
   - Disturbance of Consciousness: Yes ☐ No ☐
   - Chronic Pain Syndrome: Yes ☐ No ☐
   - Substance Use Disorder: Yes ☐ No ☐

   B. Does the applicant suffer from any other significant physical defect or disorder which would impair his/her ability to handle a firearm or other weapon calculated to produce serious bodily harm or death?
   - Yes ☐ No ☐

   C. Is the applicant prescribed any medication, that in your opinion would prevent him/her from appropriately handling a firearm or other weapon calculated to produce serious bodily harm or death?
   - Yes ☐ No ☐

   D. Is the applicant’s physical condition such that they can reasonably be expected to withstand significant cardiovascular stress?
   - Yes ☐ No ☐

   E. Is the applicant free from the addictive or excessive use of alcohol or drugs?
   - Yes ☐ No ☐

### PHYSICAL EXAMINATION

2. **THE EXAMINING PHYSICIAN MUST OBTAIN THE FOLLOWING EXAMINATION INFORMATION**

   **A. HEARING** – The applicant must be able to distinguish a normal whisper at a distance of fifteen (15) feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand.

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3. REMARKS

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4. PHYSICAL CERTIFICATION

I HAVE PERSONALLY EXAMINED THE ABOVE-NAMED APPLICANT, AND IT IS WITHIN REASONABLE MEDICAL CERTAINTY THAT I BELIEVE THAT THIS PERSON IS PHYSICALLY:

FIT ☐   UNFIT ☐   TO HANDLE A LETHAL WEAPON AT THIS TIME.

5. PHYSICAL VERIFICATION

FORM PROCESSING

This examination form must be forwarded by the examining physician to the following address within 15 days of the date of examination, even if the applicant is found unfit.

Pennsylvania State Police
Lethal Weapons Certification
8002 Bretz Drive
Harrisburg, PA 17112-9748
Fax 717-346-7781

I hereby certify that the information and statements contained in this examination form are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes Code, Section 4904, relating to unsworn falsification to authorities.

SIGNATURE OF DOCTOR (D.O. or M.D.)  DATE

NAME OF PENNSYLVANIA EXAMINING PHYSICIAN (Print Legibly)  TELEPHONE NUMBER  FAX NUMBER  LICENSE NO.

STREET ADDRESS  CITY/BORO  STATE  ZIP CODE

6. RELEASE OF PHYSICAL INFORMATION

Having applied for certification under the lethal weapons Training Act to carry a lethal weapon as an incidence of employment, I , have duly subjected myself to an examination by a licensed Doctor (D.O. or M.D.) as required by Act 235. I hereby grant release of the aforesaid information to the Commissioner, Pennsylvania State Police, or official designee thereof, for purposes consistent with the application process pursuant to Act 235, its corresponding regulations, and/or administration thereof.

SIGNATURE – APPLICANT  DATE