SP 8-200A (05-2023)



## PENNSYLVANIA STATE POLICE LETHAL WEAPONS TRAINING ACT

8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748 https://www.psp.pa.gov/lethalweapons

## PHYSICAL EXAMINATION

LETHAL WEAPONS ACT 235 APPLICANT INFORMATION											
LAST NAME			FIRST								
STREET AL	DORESS		CITY/BORO		STATE	ZIP CODE					
OTTLLTAL	DINEOU		OH 17BORO		OTATE	ZII GODE					
SOCIAL SE	CURITY NUMBER	DATE OF BIRTH	GENDER		DATE OF EXAM						
NOTICE TO EXAMINING PHYSICIAN											
The intended purpose of this examination is for you to make a determination of the applicants overall physical ability to											
<ul> <li>work in an environment where he/she:</li> <li>Will be required to carry a firearm, or other weapon calculated to produce serious bodily harm or death.</li> </ul>											
<ul> <li>Will be required to carry a lifearm, or other weapon calculated to produce serious bodily narm or death.</li> <li>May undergo high emotional stress.</li> </ul>											
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 Psychosis	the following conditions? Yes □ No □	Bipolar Dis	order	Yes	s□ No □					
	Seizure Disorder	Yes □ No □		natic Stress I	Disorder Yes	s□ No □					
	Disturbance of Consc Substance Use Disord		_	ain Syndrome	e Yes	s□ No □					
R		<del></del>	_	urder which w	ould impair his/her	ability to bandle a					
Ь.	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.	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.	D. Is the applicant's physical condition such that they can reasonably be expected to withstand significant cardiovascular stress?										
	Yes □ No □										
E.	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. <b>HEARING</b> – 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.											
	LEFT	NORMAL	RI	IGHT [	NORMAL						
		ABNORMAL			ABNORMAL						

3.	REMARKS									
	-									
4.	<u>PH</u>	YSICAL (	CERTIFICATI	<u>ON</u>						
	I HAVE PERSONALLY EXAMINED THE ABOVI CERTAINTY THAT I BELIEVE THAT THIS PER			AND IT IS WITHIN RE	EASC	NABL	E MEDICAL			
	FIT ☐ UNFIT ☐	<b>1</b> то	HANDLE A LE	THAL WEAPON AT	THIS	TIME.				
5.	<u>P</u>	HYSICAL	VERIFICATION	<u>ON</u>						
		FORM F	DOCECCINO							
	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				
NAMI	E OF PENNSYLVANIA EXAMINING PHYSICIAN (Print Legibly)	TELEPHONE	NUMBER	FAX NUMBER		LICENS	E NO.			
STRE	EET ADDRESS		CITY/BORO		STAT	E	ZIP CODE			
6.	RELEASE	OF PHY	SICAL INFO	RMATION						
	Having applied for certification under the lethal weapons Training Act to carry a lethal weapon as an incidence of employment,  I									
	SIGNATURE – APPLICANT	_			DATE	<u> </u>				