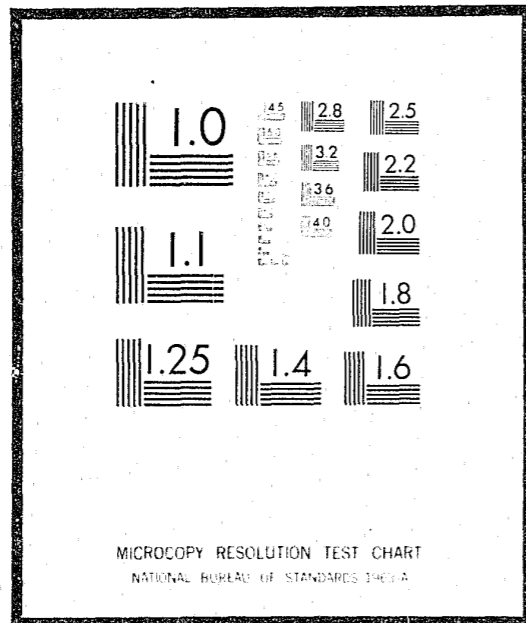


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MEDICAL SCREENING MANUAL For CALIFORNIA LAW ENFORCEMENT

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September 4, 1976



THE COMMISSION
ON PEACE OFFICER STANDARDS AND TRAINING
STATE OF CALIFORNIA

MEDICAL SCREENING MANUAL
FOR
CALIFORNIA LAW ENFORCEMENT

0-2376

PREFACE

The preparation of this Manual is the result of requests from California law enforcement agencies interested in establishing job-related employment standards for entry-level officers. The Commission appropriated funding for this project because it recognized physical fitness as one of the major selection criteria in the hiring process.

We offer this Manual as a guide in setting job-related medical standards for the selection of the best qualified law enforcement candidates. It details medical disqualifiers which are based on the physical demands of the position of peace officer. The Manual does not deal with emotional or mental conditions; psychological standards may be the subject of a future POST study.

POST also developed a process for evaluating the job-relatedness of medical conditions not considered in this Manual. The process is included as an appendix and should be of value to those agencies which have a desire to establish their own procedures for making medical decisions.

The Commission and POST staff solicit your comments and suggestions.

WILLIAM R. GARLINGTON
Executive Director

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INTRODUCTION

This Manual is the result of a POST project designed to produce relevant medical selection standards to be used in conducting medical screening examinations and in assessing the medical fitness of entry-level law enforcement applicants. The ultimate objective of the project is the selection of individuals into the law enforcement profession:

- . Who are free of contagious, infectious, or incapacitating conditions which would endanger the health of others or would represent a hazard to self and others in the performance of duty.
- . Who are medically capable of completing the required training and achieving acceptable performance on the job.
- . Whose physical condition would not require repeated time loss due to illness.
- . Whose physical condition would not be likely to form the basis for physical disability early in the officer's career.
- . Whose past work record and current body structure and physical stamina indicate that the individual would be physically fit for the job of peace officer.

Another objective of the project is to assist law enforcement agencies to comply with laws and regulations regarding medical screening. For example, section 1031(f) of the California Government Code requires that a peace officer shall "... be found after examination by a licensed physician and surgeon, to be free from any physical, emotional, or mental conditions which might adversely affect his exercise of the power of a peace officer."

As implied by the above section of the state code, there may be conditions which do not adversely affect the exercise of the power of a peace officer. Rejecting a person on the basis of a condition which does not interfere with job performance may be a violation of state and/or federal law.

The California Fair Employment Practices Act was amended effective July 1, 1974, to prohibit discrimination based on physical handicap. Only those handicaps which bear a demonstrable relationship to the job may be

used as bases for disqualification. Similarly, section 504 of the Rehabilitation Act of 1973 states, "No otherwise qualified handicapped individual in the United States, as defined in section 7(6), shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance." These two laws prohibit employers from establishing medical standards which serve as employment barriers to those who can actually perform the job.

Employers should hire the most qualified candidates by setting up strict employment standards. However, they must avoid discrimination which may result from setting standards which are overly strict. Proper selection standards can only be established by means of a careful analysis of the relationship between proposed standards and the requirements of the job.

There are over 300 medical conditions in this Manual which have been evaluated in terms of job-relatedness.* For each, a recommendation has been made concerning whether or not the condition should be a disqualifier, and under what circumstances. These recommendations are designed to assist agencies in achieving the goals of their medical screening programs: the selection of medically qualified applicants and the avoidance of discrimination prohibited by federal and state laws.

To further assist law enforcement, a recommended Medical History Statement (Appendix A) and Medical Examination Report (Appendix B) have also been developed.

This Manual will be updated on a regular basis in order to incorporate additional conditions which are of concern to law enforcement, to take into account changes in job content and fair employment legislation, and to reflect advances in the medical field. Therefore, POST welcomes suggestions from the field concerning issues to be considered in the updating process. Please direct all comments to the Medical Screening Project at POST.

*See the POST publication, Medical Decision Making in Law Enforcement, for a technical summary of the project.

THE MEDICAL SCREENING MANUAL

Focus and Scope of the Manual

Definition of the Medical Examination

The focus of this Manual is on the medical examination. For the purposes of this document, the medical examination concerns the functioning of bodily organs and processes, with the emphasis on determining malfunctions and/or the presence of disease. It is neither a test of the applicant's physical capacity nor a measure of aptitude for activity; nor is it a physical performance test designed to measure an applicant's physical achievement or current ability to perform certain physically demanding job activities. Therefore, this Manual contains recommendations concerning potential medical disqualifiers or detrimental conditions which might be discovered in the course of a pre-employment medical examination.

The Medical Examination as One Element of the Selection Process

A discussion of the scope of the medical examination must include a description of its place in the selection process. Medical screening is only one of many valuable employee selection techniques such as the interview, physical agility test and the background investigation.

To the extent possible, the information from the various techniques should be combined to produce the best overall selection decision. For example, it is recommended that when possible, the background investigation should be conducted before the medical examination. This would make possible the communicating of medically-relevant information uncovered in the background investigation to the examining physician. The possession of such information would help the physician to evaluate a candidate's medical qualifications.

The Medical Examination, Physical Fitness, and Occupational Health

Physical fitness is important beyond the time of the entry-level medical examination. Physical fitness implies overall physical well-being, an endurance to withstand the stress of prolonged activity, strength to manipulate one's body effectively and efficiently, and cardiovascular and pulmonary reserve sufficient to meet the physical and stressful demands of the job. A further measure of physical fitness is contained in the Adult Physical Fitness Program prepared by the President's Council on Physical Fitness.

The candidate should have the physical strength and agility needed to run, twist, stand, climb, jump, lift, and perform satisfactorily as a law enforcement officer under the physically demanding aspects of the job. In addition, physical fitness, mental alertness, and emotional well-being are interrelated. Endurance performance of a high standard makes the body less susceptible to fatigue, less likely to commit errors, mental or physical. Those who are physically fit incur less serious injuries than those less fit.

The maintenance of a satisfactory standard of physical fitness and good health requires a medical surveillance program designed to evaluate risk factors. The pre-employment physical examination is intended to preclude from acceptance those applicants considered to be unsuitable for the role of a patrol officer. After a candidate is accepted, the maintenance of the satisfactory state of good health noted at the initial examination becomes the product of training and discipline which is the prerogative of management. It is clearly of limited value to set up pre-employment standards for evaluating fitness and health if such standards are not maintained as a condition of continued employment.

Continuing standards of good health call for: (a) a comprehensive examination to be given at regular intervals to assess overall health and physical fitness, and (b) the development of a system for maintaining fitness which includes such things as physical conditioning programs, guides to recreational activities, and recommended daily health habits.

Conditions Listed in the Manual

The list of conditions which appear in this Manual was chosen according to the following criteria:

- . The prevalence of the disease or condition within the applicant population.
- . The problems encountered by law enforcement due to the incidence of the disease or condition among current employees.

- . The fact that the disease or condition was actually being used as a disqualifier by a California law enforcement agency at the time the project began.

Approximately 300 conditions met the criteria for inclusion.

Although most of the conditions which are of concern to California law enforcement appear in this Manual, the list is not intended to be all-inclusive. The fact that a condition does not appear in this Manual does not mean that it should not be a basis for disqualification. It simply means that the condition did not meet the criteria for inclusion. Each disease or condition which has not been mentioned in this Manual, and which is diagnosed in an applicant, should be evaluated to determine its job-relatedness.*

A number of important conditions are not specifically mentioned because they belong to broad categories such as "acute infections" and "malignant diseases." The individual examples of such conditions are too numerous to mention. Nevertheless, the guidance provided for the broad categories can be easily applied to the individual conditions.

Also not mentioned are combinations of conditions which are generally associated with, or bear upon one another. These combinations must be considered in their entirety, and the final employment decision must take them into account. Therefore, a combination of factors, on occasion, may be a disqualifier when each condition, by itself, is not. This determination must be made by the individual jurisdiction's examining physician.

Organization of the Manual

The evaluations of the medical conditions are in the form of "condition statements" which describe the circumstances under which each condition should be disqualifying and for what reason. The conditions are organized into the following categories:

- I. Integumentary System
- II. Head, Larynx, Neck, Nose, Oral Cavity, Paranasal Sinuses, and Pharynx

*See the POST Medical Decision Making Handbook (Appendix C) for a suggested procedure for determining the job-relatedness of medical disqualifiers.

- III. Chest Wall and Respiratory System
- IV. Cardiovascular System
- V. Gastro-Intestinal System
- VI. Genito-Urinary System
- VII. Musculo-Skeletal System
- VIII. Nervous System and Organs of Special Sense
- IX. Endocrine and Metabolic Disorders
- X. Hematopoietic System
- XI. Other Medical Conditions

The conditions have been categorized according to functional disability rather than disease process or etiology. For example, ankylosing spondylitis is addressed under the topic of lumbo-sacral instability in the chapter on Musculo-Skeletal System.

The index contains the listing of the issues, topics, and conditions included in the Manual, and an additional 200 synonyms for, and examples of, the 300 conditions. Each topic or condition is listed by chapter number and the page number within the chapter. For example, OSTEOPOROSIS can be found on page VII-10 of the Manual, or page 10 of Chapter VII, which deals with the Musculo-Skeletal System.

Criteria Underlying the Recommendations

The condition statements appear in the Manual as in the following example:

<u>Condition</u>	<u>Disposition</u>	<u>Rationale</u>
DUPUYTREN'S CONTRACTURE	Disqualifying	Condition would interfere with function of hand in grasping and hooking, which would interfere with firearm operation and controlling suspects.

The name of the condition appears in the left hand column. Next, under "disposition" is the recommendation concerning whether or not the condition should be disqualifying and under what circumstances. In the right hand column is the rationale for the decision (i. e., the job-relatedness statement).

A medical condition can be the basis for disqualification if it results in, represents, or causes one or more of the following:

- . Inability or difficulty in performing required job behaviors at an acceptable level of proficiency.
 - (a) Inability to perform routine demands of the job such as riding in a car for extended periods or walking required distances.
 - (b) Inability to perform the more strenuous demands of the job such as lifting, carrying, balancing, crawling, running, jumping, pushing, pulling, dragging, or climbing.
 - (c) Difficulty in performing job activities or meeting job responsibilities due to such things as reduced reaction time, reduced physical flexibility, inability to adjust to required schedules for sleeping and eating, or inability to respond to inflexible work schedules.
- . Probability of time loss, such as a tendency toward absenteeism, lack of punctuality, necessity for frequent scheduled or unscheduled breaks in work routine, or unreasonable amount of sick leave.
- . Unreasonable and extraordinary accommodations, such as extensive training programs, significant job restructuring, serious scheduling changes, or expensive modification of premises or equipment.
- . Safety hazard to self or others, such as would result from contagious diseases or conditions which cause sudden, unexpected incapacitation.
- . Adverse reaction to environmental factors encountered on the job, such as the inability to work effectively in different types of climate (i. e., hot, cold, dry, humid), undue loss of effectiveness on slippery or uneven surfaces, or when working at heights.
- . Probability that disability retirement will occur within an unacceptably short period of time, thus interfering with the efficiency of the department.

Since these criteria form the basis for the crucial job-relatedness decision, they were developed with great care. They are the result

of a thorough job-analysis and a legal review by a California deputy attorney general. They are based upon the premise that law enforcement agencies have the right and responsibility to hire only those individuals who can adequately perform the job and contribute to the safe and efficient operation of the agency.

Despite the great care exercised in the development and use of the above criteria for this project, some limitations do exist. The criteria were developed using data from a statewide job-analysis; therefore, the compiled results best describe the "average" or "typical" law enforcement agency. Individual agencies may differ in some respects from the "typical" agency with regard to the requirements of the patrol officer position.

The stated rationales for the decisions associated with the 300 conditions in this Manual are based upon the criteria which were developed from the generalized job analysis. An agency making use of this document should review each condition, disqualifying statement, and rationale, to determine whether the decisions are consistent with the requirements of the position of entry-level law enforcement officer as it exists in such agency. If a change in the recommended standards in this Manual is made as the result of local differences in the job demands, the change should be based upon a thorough job analysis, and the reason for the change should be thoroughly documented.

In evaluating the applicability of the recommendations in this Manual to an individual agency, each agency should be especially careful in interpreting the criterion, "probability of disability retirement." Two kinds of conditions can lead to disability retirement: (a) those which are aggravated or worsened by the job activities or job environment, and (b) those which will progress to a disability independent of the contents of the job.

An agency can reject those individuals with conditions which would be aggravated or worsened by the job activities or environment, because such conditions represent a hazard to the individual so afflicted. There are a number of such conditions which are identified in this Manual. Each of these conditions should be re-evaluated by the examining physicians to determine whether or not the locally-required job activities or environment would, in fact, worsen or aggravate the condition.

An agency can also reject those individuals with conditions which will progress to a disability independent of the contents of the job, under the following conditions:

- . The agency determines a desirable minimum period of years for which new employees might be expected to be available for service.
- . The minimum period of years is demonstrated to be a reasonable standard.
- . The minimum number of years is generally applied to all applicants, (i. e., both handicapped and non-handicapped).

Determining what is "reasonable" is difficult to do and must be left up to the individual agency. However, the following criteria should be considered:

- . The length of time it takes an entry-level officer to reach peak efficiency, taking into account the time required for academy training, the probationary period, and training and developmental assignments.
- . The cost of selection and training.
- . The loss in agency efficiency due to turnover of experienced officers.
- . The need to establish a pool of experienced, promotable personnel for the purposes of organizational development.

In order to allow the study to proceed, an admittedly arbitrary standard of six years was chosen based upon the criteria. Individual agencies may want to establish a stricter or more lenient standard using the appropriate criteria. Agencies must choose their own standards and evaluate the results of the Manual accordingly.

To reiterate, agencies should review each condition (not only those which are progressive) to determine whether the "dispositions" and "rationales" are consistent with the requirements of the position of entry-level law enforcement officer as it exists in their agency.

ISSUES RELATING TO MEDICAL DISQUALIFICATION
OF LAW ENFORCEMENT APPLICANTS

There are several issues relating to medical disqualification that do not relate to the diagnoses of specific conditions or disease entities. These issues are as follows:

- Symptoms as disqualifiers. Symptoms (e.g., angina, syncope, and hemoptysis, etc.) were not specifically dealt with in this Manual. Disqualification should be based upon diagnosed conditions. It is incumbent upon the physician, after careful diagnostic evaluation with laboratory confirmation, to synthesize, classify, and categorize symptoms into their disease entities.
- Past absenteeism as a disqualifier. Past history of absenteeism in excess of the established agency standard, can be used as one indicator of future behavior regarding an applicant's utilization of sick leave benefits. Although a past history of "excessive absenteeism"* is not disqualifying by itself, past occurrence of excessive absenteeism, along with a diagnosis of a relevant condition, can provide sufficient evidence to infer that the applicant will repeat the pattern in the future. The result would be excessive time loss to the jurisdiction.
- Presence of pain as a disqualifier. Pain occurs as a result of multiple types of stimuli acting upon various body structures. It may be sharply localized in superficial body structures or it may be diffusely localized in deeper structures. Its presence inhibits the span of attention and concentration and thus may lead to impulsive, abnormal behavior. There is also an interference with the function of the involved body structure. Relief of pain may require complete immobilization of the part, or the use of drugs which depress the central nervous system. Because of pain's influence on physical behavior and nervous system functions, its presence represents a hazard which compromises the performance of a patrol officer. Therefore, it is considered a legitimate reason for making a diagnosed medical condition disqualifying.

*For the purposes of this Manual, excessive absenteeism is defined in terms of the standard number of sick leave days allowed by an agency. Days in excess of the allowable number can be considered excessive.

Conditions which affect vision and hearing as disqualifiers. Many medical conditions have a detrimental effect on vision and hearing. Whether the loss in visual or auditory capability is significant enough to interfere with acceptable job performance, is an issue which must be assessed separately. In other words, such medical conditions, per se, may not be disqualifying, but resultant vision or hearing impairment may be. The exact point at which a vision or hearing loss becomes disqualifying must be based on a careful study of the demands of the job as they relate to sensory abilities. Such a study was not a part of this project, nor does POST have any recommended standards. Until POST completes planned work in these two areas, each jurisdiction must set its own vision and hearing standards.

Obesity as a disqualifier. Current methods of measuring obesity include: (a) height/weight ratio tables, (b) skin fold measurements, and (c) total body immersion. Standards for such measurements do not appear in this Manual because it is recommended that the ability to perform the physical demands of the job be measured more directly by the test of physical agility, fitness and conditioning.

Obesity, as a single entity, should be considered disqualifying when this condition would make difficult or impossible the applicant's full participation in the physical activities of the job.

Temporary or remediable conditions as disqualifiers. Certain conditions which are listed in this Manual are temporary or remediable in nature. When the conditions are corrected, they no longer constitute grounds for a medical disqualification. Policies regarding any re-evaluation of applicants with such conditions should be established at the local agency level.

THE MEDICAL SCREENING DECISION

The decision to disqualify an applicant on medical grounds involves three basic steps:

1. The diagnosis, based on a careful examination, that the applicant has a particular disease or condition.
2. A judgment, based upon the knowledge and expertise of the examining physician, that the disease or condition will have specific undesirable consequences, such as reduced strength or increased absenteeism.
3. A decision that the consequences of the disease or condition will interfere with the requirements of the job as identified by a careful job analysis.

The condition statements in this Manual are designed to aid physicians and law enforcement agencies in the second and third steps of the decision-making process.

In addition to the condition statements, several other important issues which impinge upon the quality of the medical screening decision and evaluation process must be addressed.

The qualifications of the examining physician. When examining applicants and making employment recommendations, the physician is, in effect, making decisions about job-relatedness. Therefore, it is critical that the physician be knowledgeable about the requirements of the job. It is recommended that the law enforcement agency present to the physician all available, relevant job analytic information before the examination process begins. It is also desirable for the physician, when evaluating the qualifications of an applicant, to have a thorough knowledge of the relevant characteristics and problems of the law enforcement agency, and an awareness of the fair employment issues.

Acknowledging that such specialists are in short supply, it is nevertheless desirable that jurisdictions retain, either individually or in cooperation with other jurisdictions, physicians who have special training and/or experience in occupational medicine.

Aids to decision-making process. To facilitate the gathering of information to be used in the medical evaluation, POST has developed two recommended forms: the Medical History Statement (Appendix A) and the Medical Examination Report (Appendix B).

The Medical History Statement is composed of an extensive list of questions specifically designed to elicit information relevant to law enforcement officer candidacy. It is recommended that the examining physician review the applicant's responses to the questionnaire before conducting the actual examination.

The Medical Examination Report is designed to aid examining physicians in recording the information upon which the medical recommendation will be based. It places specific emphasis on information relevant to the position of entry-level law enforcement officer.

Making decisions about individuals. Although this Manual consists of recommended, generalized standards, each applicant should be evaluated on an individual basis. The decision to disqualify an applicant should be based on each applicant's capabilities rather than upon rigid reliance on diagnostic labels. If an applicant can demonstrate, or if the examining physician decides, that none of the disqualifying criteria apply (see page 7), regardless of past or present diagnoses, the applicant should not be rejected for medical reasons.

The proper scope of the medical decision process. The purpose of the medical examination is the elimination from the selection process of those individuals who possess pathological conditions which would preclude acceptable performance or which would interfere with the safe and efficient operation of the agency. However, it has become a common practice in some agencies to measure other, non-medical characteristics during the medical examination such as ability to communicate orally, appropriateness of the person's physical appearance, and habits of personal hygiene. It is recommended that such relevant, but non-medical candidate attributes be evaluated in some more appropriate part of the selection process.

Appeal resulting from the medical examination. A fair selection system must include a mechanism for appealing the employment decision. Each agency should have a written policy

outlining the steps an applicant may take in appealing a medically-based declaration of ineligibility. Each agency can best defend its employment decision by: (a) requiring a thorough examination to confirm the diagnosis, (b) requiring that the examining physician be knowledgeable about the physical demands of the job so that consequences of the diagnosed condition can be stated in job-relevant terms, and (c) verifying the nexus between medical conditions and job requirements by means of a thorough job analysis.

SUMMARY

The following are some of the key points covered in the introduction to this Manual:

- This Manual is intended to be a guide to California law enforcement agencies to be used in the establishment of medical standards.
- Over 300 conditions which are common in the applicant population or which were of concern to California law enforcement when the project began were evaluated for their relevancy to the job of entry-level law enforcement officer.
- For each condition, a recommendation is stated concerning when the condition should disqualify an applicant for the position of entry-level law enforcement officer. Next, the rationale justifying the disqualification decision is provided.
- Conditions which do not appear in this Manual and which are diagnosed in an applicant should be evaluated by the local agency and the examining physician to determine the conditions' job-relatedness.
- Medical conditions are disqualifying if they result in:
(a) an inability or difficulty in performing the job, (b) the probability of time loss, (c) the need to make unreasonable and extraordinary accommodations, (d) a safety hazard to self or others, (e) the probability of early retirement due to disability.
- An agency making use of this document should review each condition, disqualifying statement, and rationale to determine whether the decision is consistent with the requirements of the position of entry-level law enforcement officer as it exists in the agency. Nothing in this Manual precludes an agency from establishing stricter or more lenient standards.
- The physician who is screening applicants for the position of entry-level law enforcement officer should be knowledgeable about the content and demands of the job.

- To facilitate the gathering of information to be used in the applicant medical evaluation, it is recommended that the agency make use of the POST Medical History Statement (Appendix A) and Medical Examination Report (Appendix B).
- It is recommended that medically-relevant information derived from other assessment techniques (e.g., the background investigation) be integrated with the results of the medical examination to produce the most informed medical decision.
- It has become common practice in some agencies to measure non-medical characteristics during the medical examination such as ability to communicate orally, appropriateness of the person's physical appearance, and habits of personal hygiene. It is recommended that such relevant, but non-medical candidate attributes be evaluated in a more appropriate part of the selection process.
- Each agency should have a written policy outlining the steps an applicant may take in appealing a medically-based declaration of ineligibility.

MEDICAL CONDITIONS

CHAPTER I
INTEGUMENTARY SYSTEM

I
INTEGUMENTARY SYSTEM

CONDITION	DISPOSITION	RATIONALE
ACNE ROSACEA	Not medically disqualifying	Condition bears no relationship to job requirements.
ACNE VULGARIS	Disqualifying if active, pustular, cystic acne	Condition would be communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
ALBINISM	Disqualifying	Inability to endure exposure to sun or bright lights for any length of time would interfere with normal job function.
ALOPECIA	Not medically disqualifying	Condition bears no relationship to job requirements.
BROMIDROSIS	Not medically disqualifying	Condition bears no relationship to job requirements.
BURNS, SCARS, CONTRACTURES, AND SKIN GRAFTS	Disqualifying if sufficiently deep and adherent to limit joint function to extent that it precludes normal job function	Due to tendency toward ulceration, proneness to infection, and resulting time loss for personal care. Condition may also result in unsatisfactory motor function.
DERMATITIS, ATOPIC, RESISTANT	Disqualifying	Due to proneness to infection, tendency to recur, and time loss for medical care.
DERMATITIS, EXFOLIATING	Disqualifying	Due to proneness to infection and constantly required medical care. Condition usually requires hospitalization.
DERMATITIS HERPETIFORMIS	Not medically disqualifying as single entity	Condition, by itself, bears no relationship to job requirements.
DERMATITIS, SEBORRHEIC	Not medically disqualifying	Condition bears no relationship to job requirements.
DUPUYTREN'S CONTRACTURE	Disqualifying	Condition would interfere with function of hand in grasping and hooking, which could interfere with firearm operation and controlling suspects.
ECZEMA, RESISTANT	Disqualifying	Due to proneness to infection and absenteeism for required medical care.
FURUNCULOSIS	Disqualifying if extensive, recurrent or chronic	Due to tendency to ulcerate resulting in infection and eventual time loss.
ICHTHYOSIS	Disqualifying only if accompanied by fissuring and bleeding	Due to proneness to infection, condition could require immediate care with resulting time loss.

INTEGUMENTARY SYSTEM

CONDITION	DISPOSITION	RATIONALE
LEPROSY	Disqualifying if active or if there is significant neurological deficit	When active, would lead to proneness to infection and resulting time loss. With significant neurological deficit, condition would cause weakness precluding acceptable job performance.
LICHEN PLANUS	Disqualifying only if severe	Distracting discomfort would interfere with job performance.
PILONIDAL CYST	Disqualifying with draining sinus, signs of infection or irritation of surrounding tissue	Distracting discomfort, especially with sitting, would interfere with job performance.
PSORIASIS	Disqualifying if progressive, fissured or bleeding	Due to proneness to infection, condition would require constant care. May be accompanied by associated conditions such as arthritis.
TINEA	Not medically disqualifying	Condition bears no relationship to job performance.
VITILIGO	Not medically disqualifying as single entity	Condition, by itself, bears no relationship to job requirements.
WART, EXCLUDING PLANTAR	Not medically disqualifying	Condition bears no relationship to job requirements.
WART, PLANTAR	Disqualifying if painful	Distracting discomfort would interfere with job performance.

CHAPTER II
HEAD, LARYNX, NECK, NOSE, ORAL CAVITY,
PARANASAL SINUSES, AND PHARYNX

II

HEAD, LARYNX, NECK, NOSE,

ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

HEAD

CONDITION	DISPOSITION	RATIONALE
BRAIN CONTUSION	Disqualifying if there is evidence of clinical neurological deficit or abnormal objective testing	Condition would represent hazard to self and others. There would also be probability of brain damage sequelae such as convulsive seizures, irrational behavior, or muscular weakness.
SKULL, DEFORMITIES OF	Disqualifying if there is evidence of involvement of brain, spinal cord, or peripheral nerves	Due to probability of convulsive seizures, irrational behavior, and muscular weakness. Condition would represent hazard to self and others.
SKULL, LOSS OF BONY SUBSTANCE OF	Disqualifying if defect is in excess of approximately $\frac{1}{2}$ inch in diameter unless satisfactorily repaired	Condition would represent hazard to self due to possibility of brain injury leading to incapacitation and possible death.

II

HEAD, LARYNX, NECK, NOSE,
ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

LARYNX

CONDITION	DISPOSITION	RATIONALE
LARYNGEAL PARALYSIS	Disqualifying	Inability to speak would preclude performing ne essary job functions.
LARYNGITIS, ACUTE	Disqualifying	Condition would be discomforting resulting in deficiency in job performance, and would require medical attention resulting in time loss. It could also be communicable resulting in hazard to others.

II

HEAD, LARYNX, NECK, NOSE,
ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

NECK

CONDITION	DISPOSITION	RATIONALE
BRANCHIAL CLEFT CYSTS	Disqualifying	Due to probability of condition developing into draining fistula with tendency toward infection and resulting time loss.
CERVICAL RIB	Disqualifying if symptomatic	Condition causes pain and weakness in arm, numbness in hand, and inability to effectively use upper extremities, and as result, would interfere with job performance.
THORACIC OUTLET, ABNORMAL	Disqualifying if symptomatic	Condition causes pain and weakness in arm, numbness in hand, and inability to effectively use upper extremities, and as result, would interfere with job performance.
TORTICOLLIS	Disqualifying if accompanied by scoliosis or degenerative joint changes	Condition would lead to painful neck movements, lessen ability to move body quickly for visual purposes, and therefore, would interfere with job performance.

II

HEAD, LARYNX, NECK, NOSE,

ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

NOSE

CONDITION	DISPOSITION	RATIONALE
CHOANA, ATRESIA OR STENOSIS	Disqualifying only if it obstructs normal pathways for nasal secretion or interferes with normal air flow through nose	Condition would require continual attention and cause possible difficulty in breathing which would interfere with job performance.
HAY FEVER	Disqualifying when severe or when means of control has effect on job performance	Due to inordinate time which must be spent on personal care resulting in decreased job efficiency. There would also be inability to work in areas where allergen exists.
RHINITIS, GENERAL, ATROPHIC OR HYPERTROPHIC	Disqualifying if it cannot be controlled, or if means of control has detrimental effect on job performance	Condition would cause difficulty in breathing which would interfere with job performance. It would also result in unacceptable time demands for personal care.
SEPTUM, DEVIATION OF	Not medically disqualifying	Condition bears no relationship to job requirements.
SEPTUM, PERFORATION OF	Disqualifying if associated with ulceration or if progressive	Condition could lead to infection with resulting time loss.

HEAD, LARYNX, NECK, NOSE,
ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

ORAL CAVITY

CONDITION	DISPOSITION	RATIONALE
CLEFT LIP	Not medically disqualifying	Condition bears no relationship to job requirements.
CLEFT PALATE	Disqualifying only if it interferes with normal mastication and deglutition	Condition would lead to poor nutrition, weakness, proneness to infection, and time loss.
LEUKOPLAKIA	Not medically disqualifying	Condition bears no relationship to job requirements.
ORAL CAVITY, ANY ACUTE OR ACTIVE CONDITION OF		<p>Inflammations of oral cavity which occur as a result of bacterial, viral and fungal infections, vitamin deficiencies, allergies, and chemical, thermal and traumatic injuries are disqualifying until the inflammatory process has been successfully treated.</p> <p>Any disease not easily remediable and interfering with normal mastication, deglutition or breathing is disqualifying.</p> <p>Any oral lesion suspected of being precancerous is disqualifying until pathological diagnosis establishes benign condition.</p>

II

HEAD, LARYNX, NECK, NOSE,
ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

PARANASAL SINUSES

CONDITION	DISPOSITION	RATIONALE
SINUSITIS, ACUTE	Disqualifying	Condition would be discomforting resulting in deficiency in job performance and would require medical attention resulting in time loss. It could also be progressive resulting in eventual disability.
SINUSITIS, CHRONIC	Disqualifying with any of following: chronic purulent nasal discharge, large nasal polyps, hyperplastic changes of nasal tissues, symptoms requiring frequent medical attention, or x-ray evidence of sinus infection	Due to resulting probability of time loss and distracting discomfort which would interfere with job performance.

II

HEAD, LARYNX, NECK, NOSE.

ORAL CAVITY, PARANASAL SINUSES, AND PHARYNX

PHARYNX

CONDITION	DISPOSITION	RATIONALE
PHARYNGITIS, ACUTE	Disqualifying	Condition would be communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.

CHAPTER III

CHEST WALL AND RESPIRATORY SYSTEM

III

CHEST WALL AND RESPIRATORY SYSTEM

CHEST WALL

CONDITION	DISPOSITION	RATIONALE
BREAST IMPLANTS	Disqualifying if symptomatic or pulmonary function tests are abnormal	Resulting pain and shortness of breath would interfere with normal job functioning.
CHEST WALL, FOREIGN BODY IN	Disqualifying if symptomatic or pulmonary function tests are abnormal	Resulting pain and shortness of breath would interfere with normal job functioning.
LOBECTOMY	Disqualifying if pulmonary function tests are abnormal	Condition would interfere with job performance due to shortness of breath.

CHEST WALL AND RESPIRATORY SYSTEM

RESPIRATORY SYSTEM

CONDITION	DISPOSITION	RATIONALE
ASTHMA, BRONCHIAL	Disqualifying if active or recurrent	Debilitating episodes could be job-stress induced. When in status asthmaticus, individual would be unable to perform any job task. Condition would lead to chronic pulmonary disease.
BRONCHIECTASIS	Disqualifying when diagnosed with bronchoscopy or bronchogram	Due to tendency toward infection, resulting time loss, and probability of early disability.
BRONCHITIS, ACUTE	Disqualifying	Condition would be communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss. It could be progressive resulting in eventual disability.
BRONCHITIS, CHRONIC	Disqualifying with abnormal pulmonary function tests	Due to shortness of breath and resulting difficulty in performing job, especially under physical stress. Condition would cause proneness to infection and probability of early disability.
BRONCHOPLEURAL FISTULA	Disqualifying	Condition would lead to time loss and early disability.
BRONCHUS, FOREIGN BODY IN	Disqualifying if symptomatic or pulmonary function tests are abnormal	Resulting pain and shortness of breath would interfere with normal job functioning.
EMPHYSEMA	Disqualifying with abnormal pulmonary function tests	Due to shortness of breath and resulting difficulty in performing job under stress. Condition would cause proneness to infection and probability of early disability.
LUNG ABCESS	Disqualifying	Condition would be progressive resulting in eventual disability, communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
LUNG, DIFFUSE INFILTRATIVE DISEASE OF	Disqualifying if there is any impairment of pulmonary function or progression of disease	Individual would be unable to perform job due to shortness of breath. Condition would result in probable time loss and early disability.

CHEST WALL AND RESPIRATORY SYSTEM

RESPIRATORY SYSTEM

CONDITION	DISPOSITION	RATIONALE
LUNG, HYPERSENSITIVITY REACTIONS OF	Disqualifying if active or uncorrected	Due to shortness of breath with physical activity, and resulting probability of disability.
PNEUMONIA	Disqualifying	Condition would be communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
PNEUMOTHORAX, SPONTANEOUS	Disqualifying if there has been any recurrence within approximately 3 years, or if pulmonary function tests are abnormal	Chronic shortness of breath would result in inability to function, often causing need for emergency treatment. There would also be tendency toward recurrence.
PNEUMOTHORAX, TRAUMATIC OR SURGICAL	Disqualifying if there has been any recurrence within approximately 1 (one) year or if pulmonary function tests are abnormal	Chronic shortness of breath would lead to emergency situations and inability to function.
PULMONARY HYPERTENSION, PRIMARY	Disqualifying if uncorrected	Condition would interfere with job performance due to shortness of breath and probability of disability.
PULMONARY TUBERCULOSIS	Disqualifying if it has been active within approximately 12 months or not appropriately treated according to U. S. Public Health Service Communicable Disease Center standards	Due to communicable nature, condition would be hazard to self and others.
TRACHEA, FOREIGN BODY IN	Disqualifying if symptomatic or pulmonary function tests are abnormal	Resulting pain and shortness of breath would interfere with normal job functioning.
TRACHEOSTOMY	Disqualifying	Due to proneness to infection resulting in time loss.
TUBERCULIN SKIN TEST, POSITIVE	Not medically disqualifying unless tuberculosis is active or individual is recent, untreated converter	Positive test result, by itself, bears no relationship to job requirements.

CHAPTER IV
CARDIOVASCULAR SYSTEM

CARDIOVASCULAR SYSTEM

HEART

CONDITION	DISPOSITION	RATIONALE
AORTO-CORONARY ARTERY BYPASS GRAFT SURGERY	Disqualifying unless the individual has for approximately 5 full years post-operatively, demonstrated normal hemodynamics, normal ventricular function and functional capacity	Shortness of breath and chest pain in stressful situations would interfere with normal job function. Condition would lead to time loss and early disability.
NOTE: Usually indicative of serious disease and must be evaluated on individual basis.		
BUNDLE BRANCH BLOCK	Disqualifying when symptomatic, or accompanied by lightheadedness or syncope	Individual could not perform any function of patrol officer.
CARDIOMYOPATHY	Disqualifying	Job stress would worsen condition. Also, shortness of breath would be incapacitating. Condition would lead to time loss and early disability.
CONGESTIVE HEART FAILURE	Disqualifying when there is any history of condition, except for those who may have had one acute episode with future occurrence unlikely	Individual would be unable to perform routine physical demands of job.
CORONARY ARTERY DISEASE	Disqualifying when there is angina or electrocardiographic abnormalities, either at rest or with exercise stress testing	Individual would be unable to perform routine demands of job.
DYSRHYTHMIAS	Disqualifying if symptomatic, or if there is dizziness, lightheadedness, shortness of breath, or syncope	Individual would be unable to perform routine physical demands of job. Condition would represent hazard to self and others.
ENDOCARDITIS	Disqualifying unless it is transient, leaving no residual, and there are normal hemodynamics and functional capacity	Due to probable shortness of breath with reduced job effectiveness. Condition could also lead to time loss and early disability. In addition, it could lead to systemic infection.
HEART, CONGENITAL DEFECTS OF	Disqualifying if symptomatic or if hemodynamics or functional capacity are abnormal, whether corrected or uncorrected	Limited physical capacity and shortness of breath would affect all activities performed by patrol officer.
HEART, VALVULAR DISEASES OF	Disqualifying if symptomatic or if hemodynamics or functional capacity are abnormal	Shortness of breath and other symptoms could interfere with job performance. There would be increased risk of infection and probability of time loss and early disability.
NOTE: Echocardiogram is useful when evaluating valvular heart disease.		

IV

CARDIOVASCULAR SYSTEM

HEART - cont.

CONDITION	DISPOSITION	RATIONALE
MYOCARDITIS	Disqualifying unless it is transient, leaving no residual and there are normal hemodynamics and functional capacity	Due to probable shortness of breath with reduced job effectiveness. Condition could also lead to time loss and early disability.
PERICARDITIS	Disqualifying unless it is transient, leaving no residual and there are normal hemodynamics and functional capacity	Due to probable shortness of breath with reduced job effectiveness. Condition could also lead to time loss and early disability.

CARDIOVASCULAR SYSTEM

VASCULAR SYSTEM

CONDITION	DISPOSITION	RATIONALE
ANEURYSM	Disqualifying	Due to probability of rupture and emboli which would lead to incapacitation, time loss, and early disability. Condition would represent hazard to self.
BUERGER'S DISEASE	Disqualifying	Due to physical limitation in walking, running, and use of limbs. Condition would represent hazard to self.
CEREBROVASCULAR ACCIDENT	Disqualifying with hemiparesis, hemiplegia, monoplegia, or any other significant neurological deficit	Restriction in body movement would preclude acceptable job performance.
GREAT VESSELS, CONGENITAL DEFECTS OR DISEASE OF	Disqualifying if symptomatic, or if associated with abnormal functional capacity or hemodynamics, whether corrected or uncorrected	Limited physical capacity and shortness of breath would affect all activities performed by patrol officer.
HYPERTENSION	Disqualifying when uncontrolled or if moderate to severe, using American Heart Association standards	Due to increased risk of myocardial infarction, cerebrovascular accidents or renal failure leading to early disability.
	<p>NOTE: Two of the three physicians on the panel felt that all hypertensives, whether the condition was drug controlled or not, should be disqualified due to the proneness to absenteeism resulting from medical side effects and probability of early retirement. In addition, they stated that the condition could represent a hazard to self since a hypertensive episode might be job stress induced and not sufficiently controlled by drugs. Finally, the officer might be separated from necessary drugs in the line of duty. The third physician issued a dissenting opinion by stating that mild or drug controlled hypertension should not necessarily be disqualifying. He stated that many mild hypertensives are currently doing the job satisfactorily and that there is no current evidence that they would be unable to perform adequately for at least a reasonable minimum number of years.</p>	
ORTHOSTATIC HYPOTENSION	Disqualifying if symptomatic	Due to resulting hazard to self and inability to perform job functions.
PERIPHERAL VASCULAR DISEASE	Disqualifying, excluding mild varicosities	Due to physical limitations in walking, running, and use of limbs. Condition could represent hazard to self.
RAYNAUD'S DISEASE	Disqualifying	Due to physical limitations in walking, running, and use of limbs. Condition could represent hazard to self.
THROMBOEMBOLIC DISEASE	Disqualifying if there is evidence of circulatory obstruction	Due to resulting incapacitation on job and probability of time loss and early disability.

IV

CARDIOVASCULAR SYSTEM

VASCULAR SYSTEM - cont.

CONDITION	DISPOSITION	RATIONALE
THROMBOPHLEBITIS, ACUTE	Disqualifying	Distracting discomfort would interfere with job performance. Condition would lead to time loss.
THROMBOPHLEBITIS, CHRONIC	Disqualifying if there is evidence of circulatory obstruction	Due to resulting incapacitation on the job and probability of time loss and early disability.
VARICOSE VEINS	Disqualifying, excluding mild varicosities	Due to physical limitations in walking, running, and use of limbs. Condition could represent hazard to self.

CARDIOVASCULAR SYSTEM

MISCELLANEOUS

CONDITION	DISPOSITION	RATIONALE
COR PULMONALE	Disqualifying	Due to probability of shortness of breath, heart disease, and tendency towards infection. Condition would lead to incapacitation and total inability to perform job.
PACEMAKERS	Disqualifying	Strenuous nature of job could interfere with normal operation of device.
PROSTHETICS, INSERTION OF, INTO VASCULAR SYSTEM	Disqualifying unless individual has, for approximately 5 full years post-operatively, been asymptomatic and has demonstrated normal hemodynamics and functional capacity	Shortness of breath and proneness to fatigue would interfere with job performance. There would also be probability of time loss and early disability.

CHAPTER V

GASTRO-INTESTINAL SYSTEM

GASTRO-INTESTINAL SYSTEM

CONDITION	DISPOSITION	RATIONALE
ANAL CRYPTITIS	Disqualifying if active or recurrent	Distracting pain and itching would interfere with sitting in any position. Condition would lead to time loss.
ANAL FISSURE	Disqualifying if active or recurrent within approximately one year	Condition would interfere with ability to sit comfortably and would lead to infection and/or hemorrhage, resulting in time loss.
ANO, FISTULA IN	Disqualifying	Resulting pain would make sitting difficult. There would be probability of infection and time loss.
APPENDICITIS	Disqualifying if active or recurrent	Condition would cause acute distracting pain. There would also be possibility of rupture and probability of time loss.
BOWEL, RESECTION OF	Disqualifying unless resective surgery performed to repair traumatic disruption has healed, leaving no functional residual	Recurrent pain, possibility of hemorrhage, fainting episodes, and dietary restrictions would interfere with job performance.
CHOLECYSTITIS, WITH OR WITHOUT CHOLELITHIASIS	Disqualifying if active or chronically recurring	Possibility of sudden attacks of pain while on duty which would be incapacitating.
COLITIS	Disqualifying if active, recurrent or chronic	Due to probable absenteeism, acute disabling episodes of pain, proneness to infection, and probability of disability.
COLOSTOMY	Disqualifying unless present more than approximately one year and has not required use of any appliance	Due to time loss for hygiene care and sudden interruption of job duties.
DIVERTICULITIS	Disqualifying when symptomatic	Condition would cause sudden pain, with immediate incapacitation. Absenteeism would also result.
DIVERTICULOSIS	The mere presence of this condition is not medically disqualifying	There are no symptoms and it is questionable that condition would become more serious (i. e., diverticulitis).
ENTERITIS	Disqualifying if active, recurrent or chronic	Due to probable absenteeism, acute disabling episodes of pain, proneness to infections. There would also be probability of disability.
ESOPHAGEAL STRICTURE	Disqualifying	Condition would lead to nutritional and digestive disturbances causing pain and time loss. There would also be probability of early disability.

GASTRO-INTESTINAL SYSTEM

CONDITION	DISPOSITION	RATIONALE
GASTRIC RESECTION	Disqualifying unless resective surgery performed to repair traumatic disruption has healed, leaving no functional residual	Recurrent pain, possibility of hemorrhage, fainting episodes, and dietary restrictions would interfere with job performance.
GASTRITIS, CHRONIC HYPERTROPHIC	Disqualifying if symptomatic, or with history of bleeding	Condition, particularly under stress, would lead to pain and possible hemorrhage which would require immediate medical attention and thus interfere with job demands.
GASTROENTEROSTOMY	Disqualifying unless resective surgery performed to repair traumatic disruption has healed, leaving no functional residual	Recurrent pain, possibility of hemorrhage, fainting episodes, and dietary restrictions would interfere with job performance.
HEMORRHOIDS, INTERNAL OR EXTERNAL	Disqualifying if active or recurrent	Condition would result in difficulty in sitting or walking for long periods, and pain with physical straining, lifting, and running. Condition would also cause absenteeism and probability of surgical intervention.
HEPATITIS	Disqualifying in the presence of functional impairment of liver, or diagnosis of chronic liver disease	Condition would be progressive resulting in increased absenteeism with a probability of disability.
HERNIA, HIATAL	Disqualifying if symptomatic	Due to possibility of sudden episodes of nausea, vomiting, and pain which would interfere with performance of duties. There would also be probability of time loss.
HERNIA, INGUINAL	Disqualifying with actual presence of hernia or with weakness of inguinal ring	Due to resulting pain with lifting and possibility of strangulation of bowel in the performance of duty.
HERNIA, VENTRAL	Disqualifying	Individual would be more vulnerable to episodes of pain when climbing, dragging, or pushing. Person would also have reduced abdominal strength which would interfere with job performance.
ILEITIS	Disqualifying if active, recurrent or chronic	Due to probable absenteeism, acute disabling episodes of pain, proneness to infections. There would also be probability of disability.
INTESTINAL OBSTRUCTIONS	Disqualifying if symptomatic or more than 1 (one) episode within approximately 5 years due to same etiology	Due to likelihood of recurrence causing pain, absenteeism, and probable need for surgery.

CONTINUED

1 OF 3

GASTRO-INTESTINAL SYSTEM

CONDITION	DISPOSITION	RATIONALE
INTESTINAL PARASITES	Disqualifying if acute infestation is present or damage therefrom has resulted in dysfunction of involved organs	Associated anemia and malnutrition would lead to general weakness and time loss.
IRRITABLE COLON SYNDROME	Not medically disqualifying NOTE: Please thoroughly research etiology of symptoms leading to this diagnosis. Then refer to appropriate condition in this Manual.	Condition bears no relationship to job requirements.
LIVER DISEASE	Disqualifying in presence of functional impairment of liver or diagnosis of chronic liver disease	Condition would be progressive, resulting in increased absenteeism with probability of disability.
PANCREATITIS	Disqualifying if symptomatic, recurring, or chronic	Condition would cause pain and decrease bowel function. It would lead to probability of disability and possible death if medical care were not available.
PRURITIS ANI	Disqualifying if active or recurrent within approximately 1 year.	Condition would interfere with ability to sit. It could lead to infection and/or hemorrhage, with resulting time loss.
SINUSES OF THE ABDOMINAL WALL	Disqualifying	Due to high incidence of infection and pain, leading to time loss.
ULCER OF DUODENUM	Disqualifying if symptomatic or if there is any evidence of recurrence (diagnosis should be confirmed by x-ray)	Due to absenteeism, possible need for surgery, and pain resulting in reduced job efficiency.
ULCER OF STOMACH	Disqualifying if symptomatic or if there is any evidence of recurrence (diagnosis should be confirmed by x-ray)	Due to absenteeism, possible need for surgery, and pain resulting in reduced job efficiency.
VISCERA, FISTULA OF	Disqualifying	Due to tendency towards infection and time loss.

CHAPTER VI
GENITO-URINARY SYSTEM

GENITO-URINARY SYSTEM

GENITALIA

CONDITION	DISPOSITION	RATIONALE
BARTHOLINITIS	Disqualifying (Recurrent inflammation in Bartholin's cyst may be considered equivalent condition)	Condition would cause acute pain which would interfere with job performance.
CERVICITIS	Disqualifying if acute or chronic, with bleeding or discharge	Condition could lead to other disabling infections and widespread genito-urinary infection and malignancy, which would cause increased time loss.
CERVIX, MARKED EROSION OF	Disqualifying if acute or chronic, with bleeding or discharge	Condition could lead to other disabling conditions such as widespread genito-urinary infection and malignancy, which would lead to increased time loss.
CERVIX, POLYPS OF	Disqualifying if acute or chronic, with bleeding or discharge	Condition could lead to other disabling conditions such as widespread genito-urinary infection and malignancy, which would lead to increased time loss.
CERVIX, ULCER OF	Disqualifying if acute or chronic, with bleeding or discharge	Condition could lead to other disabling conditions such as widespread genito-urinary infection and malignancy, which would lead to increased time loss.
CHANCROID	Disqualifying	Condition would be communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss. It could be progressive, resulting in eventual disability.
DYSMENORRHEA	Disqualifying if it would cause individual to take off (on the average) more than standard number of allowable sick leave days	Time loss due to inordinate sick leave would interfere with efficiency of agency.
ENDOMETRIOSIS	Disqualifying if it would cause individual to take off (on the average) more than standard number of allowable sick leave days	Time loss due to inordinate sick leave would interfere with efficiency of agency.
EPIDIDYMITIS	Disqualifying if active	Condition would be acutely painful and incapacitating.
EPISPADIAS	Not medically disqualifying	Condition bears no relationship to job requirements.

GENITO-URINARY SYSTEM

GENITALIA - cont.

CONDITION	DISPOSITION	RATIONALE
GENITALIA, MAJOR ABNORMALITIES AND DEFECTS OF	There is no current evidence that there are grounds for medical disqualification.	
HYDROCOELE	Disqualifying	Condition is usually progressive, subject to trauma, and could require surgical repair.
HYPOSPADIAS	Not medically disqualifying	Condition bears no relationship to job requirements.
MENOPAUSAL SYNDROME	Not medically disqualifying	Condition bears no relationship to job requirements.
MENSTRUAL CYCLE, IRREGULARITIES OF	All are signs and would not be disqualifying in themselves, but could be disqualifying depending on etiology.	
OOPHORITIS	Disqualifying if it would cause individual to take off (on the average) more than standard number of allowable sick leave days	Time loss due to inordinate sick leave would interfere with efficiency of agency.
OVARIAN CYSTS	Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would negatively affect job performance.	
PELVIC OUTLET, RELAXED	Disqualifying if symptomatic	Due to possible aggravation of condition with physical stress on job. Condition would also lead to probable time loss.
PEYRONIE'S DISEASE	Not medically disqualifying	Condition bears no relationship to job requirements.
PREGNANCY	Disqualifying	Due to vulnerability to injury which would require emergency treatment, and which would interfere with job performance.
PROSTATITIS	Disqualifying if chronic or recurrent	Condition would be aggravated by riding in car and sitting, therefore would interfere with job performance.
RECTOCOELE	Disqualifying if symptomatic	Due to possible aggravation of condition with physical stress on job. Condition would also lead to probable time loss.

GENITO-URINARY SYSTEM

GENITALIA - cont.

CONDITION	DISPOSITION	RATIONALE
SALPINGITIS	Disqualifying if it would cause individual to take off (on the average) more than standard number of allowable sick leave days	Time loss due to inordinate sick leave would interfere with efficiency of agency.
SEX CHANGE SURGERY, POST-OPERATIVE	There is no current evidence that there are grounds for medical disqualification	
SPERMATOCOELE	Not medically disqualifying	Condition bears no relationship to job requirements.
TESTICLES, ABSENCE OF BOTH	Not medically disqualifying	Condition bears no relationship to job requirements.
TESTICLES, ABSENCE OF ONE	Not medically disqualifying	Condition bears no relationship to job requirements.
TESTICLES, NONDESCENT OF ONE OR BOTH	Disqualifying	Due to vulnerability to injury which would require immediate emergency treatment. Also, there would be high incidence of malignancy which would make early disability probable.
UTERUS, MALPOSITION OF	Disqualifying if it would cause individual to take off (on the average) more than standard number of allowable sick leave days	Time loss due to inordinate sick leave would interfere with efficiency of agency.
UTERUS, PROLAPSE OF	Disqualifying if symptomatic	Due to possible aggravation of condition with physical stress on job. Condition would also lead to probable time loss.
VAGINA, CONGENITAL ABNORMALITIES OF	Not medically disqualifying	Condition bears no relationship to job requirements.
VAGINA, RESULTS OF SEVERE LACERATION OF	Not medically disqualifying	Condition bears no relationship to job requirements.
VAGINITIS, ACUTE	Disqualifying	Condition would be discomforting resulting in deficiency in job performance, and also would require medical attention resulting in time loss. It could be communicable resulting in hazard to others.

GENITO-URINARY SYSTEM

GENITALIA - cont.

CONDITION	DISPOSITION	RATIONALE
VAGINITIS, CHRONIC	Disqualifying if there is presence of bleeding, discharge, or pain	Condition could lead to other disabling conditions such as widespread genito-urinary infections, which would lead to increased absenteeism.
NOTE: This should not be construed to mean that a woman with chronic discharge but without infection, bleeding, or symptoms should be disqualified.		
VULVITIS, ACUTE	Disqualifying	Condition would be discomforting, resulting in deficiency in job performance, and would also require medical attention resulting in time loss. It could be communicable resulting in hazard to others.
VULVITIS, CHRONIC	Disqualifying if it causes bleeding, discharge, or pain	Condition could lead to other disabling conditions such as widespread genito-urinary infections, which would lead to increased time loss.

GENITO-URINARY SYSTEM

URINARY SYSTEM

CONDITION	DISPOSITION	RATIONALE
CYSTITIS, ACUTE	Disqualifying	Condition would be discomforting resulting in deficiency in job performance, and also would require medical attention resulting in time loss. It could be progressive resulting in eventual disability.
CYSTITIS, CHRONIC	Disqualifying	Due to tendency toward pyelonephritis, with resulting time loss.
CYSTOCOELE	Disqualifying if symptomatic	Due to possible aggravation of condition with physical stress on job. Condition would also lead to probable time loss.
DIABETIC NEPHROPATHY	Disqualifying	Tendency toward infection and renal failure would lead to time loss and early disability.
GLOMERULONEPHRITIS	Disqualifying if active, recurrent, or chronic	Due to time loss and probability of disability.
KIDNEY, ABSENCE OF ONE	Not medically disqualifying if there is normal kidney function	Condition bears no relationship to job requirements.
KIDNEY, TRANSPLANT OF	Not medically disqualifying if there is normal kidney function	Condition bears no relationship to job requirements.
KIDNEYS, CYSTIC DISEASE OF	Disqualifying if polycystic	Due to tendency toward infection with resulting time loss. There would also be tendency toward renal failure.
NEPHROLITHIASIS	Disqualifying	Stone would become focus for infection, and passage of stone would cause extremely painful episode requiring immediate attention.
NEPHROTIC SYNDROME	Disqualifying	Due to tendency toward infection, interference with mental processes, probability of time loss, and early disability.
OBSTRUCTIVE UROPATHY	Disqualifying if active	Due to tendency toward renal failure. Condition would cause considerable pain, and would lead to time loss.
PYELONEPHRITIS	Disqualifying when active, recurrent, or chronic	Tendency toward systemic debilitation and renal failure would interfere with job performance. There would also be probability of time loss and early disability.

GENITO-URINARY SYSTEM

URINARY SYSTEM - cont.

CONDITION	DISPOSITION	RATIONALE
RENAL FAILURE, ACUTE	Disqualifying	Due to time loss and probability of early disability.
RENAL FAILURE, CHRONIC	Disqualifying	Due to proneness to infection, tendency to bleed, tendency toward fatigue, and interference with mental processes. Condition would lead to time loss.
URETHRITIS	Disqualifying if active or recurrent	Condition would cause pain and time loss, with eventual need for surgical intervention.
URINARY FISTULA	Disqualifying	Due to tendency toward infection and resulting time loss.
URINARY TRACT TUMOR OF, BENIGN		Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would affect job performance.
URINARY TRACT, TUMOR OF, MALIGNANT		When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (d) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of reasonable amount of service time being likely in an unimpaired state.

CHAPTER VII

MUSCULO-SKELETAL SYSTEM

VII

MUSCULO-SKELETAL SYSTEM

AMPUTATIONS, WITH PROSTHESES

CONDITION

AMPUTATIONS, WITH
PROSTHESES

With the use of prosthetic device, many functions may be restored. Therefore, each individual should be examined individually to determine whether the prosthetic device fulfills the necessary function.

VII

MUSCULO-SKELETAL SYSTEM

AMPUTATIONS, WITHOUT PROSTHESES

CONDITION	DISPOSITION	RATIONALE
DISTAL AND MIDDLE PHALANX OF INDEX FINGER OF EITHER HAND	Disqualifying if satisfactory pinch is not present	Individual could not shoot revolver effectively.
DISTAL PHALANX OF EITHER THUMB	Disqualifying if satisfactory pinch is not present.	Individual could not use hand to perform significant aspects of job, e. g., gripping revolver.
DISTAL PHALANX OF INDEX, MIDDLE, AND RING FINGER	Disqualifying if grasp, or pinch, or hook of hand is impaired	There would not be sufficient strength to control suspects.
GREAT TOE OF EITHER FOOT	Disqualifying if satisfactory pushoff is lacking	Condition would restrict running, fast starts, and jumping.
LOWER EXTREMITIES	Disqualifying if amputation is of hip, above knee, through knee, below knee, ankle, or foot	Due to inability to walk or run rapidly, condition would represent hazard to self.
MIDDLE, OR RING, OR LITTLE FINGER	Not medically disqualifying	Condition bears no relationship to job requirements.
MORE THAN TWO LESSER TOES OF ONE FOOT	Disqualifying if function of foot is impaired (necessary push-off for walking, running, jumping, etc.)	Condition would represent hazard to self.
RAY OF INDEX FINGER FROM THE DISTAL METACARPAL BONE	Disqualifying if satisfactory pinch or grasp is not present	Individual could not shoot revolver effectively.
UPPER EXTREMITIES	Disqualifying if amputation is of shoulder, above elbow, elbow, below elbow, or wrists	Individual would not be able to perform significant aspects of job.

VII
MUSCULO-SKELETAL SYSTEM

FRACTURES

CONDITION	DISPOSITION	RATIONALE
INTERNAL FIXATION	Disqualifying if internal fixation device protrudes from bone and would be subject to external irritation	Condition would lead to painful symptoms which would interfere with job performance.
INTRA-ARTICULAR	Disqualifying if there is x-ray evidence of disruption of joint space. (If attended by partial ankylosis, consider under "Ankylosis.")	Pain associated with movement of joint would interfere with job performance. Condition would also lead to degenerative joint disease.
MALUNITED FRACTURES	Disqualifying if there is malalignment in lower extremity sufficient to cause abnormal strain on adjacent joint Also disqualifying if there is interference with normal function of upper extremity as defined under "Ankylosis"	Condition would lead to pain in adjacent joint, reducing quickness of action. It therefore would lessen ability to defend oneself and result in hazard to self.
PELVIS	Disqualifying if: (a) there is malalignment causing significant pelvic tilt, or (b) there are symptoms of backache, or (c) individual has been prevented from following a physically active vocation	Condition would lead to back pain under stress and time loss. It would also represent hazard to self.
RECENT FRACTURES	Disqualifying until fracture is strongly healed without any limited motion (see "Ankylosis") or swelling in adjacent joints	Condition would lessen person's agility, coordination and reduce quickness of action. It would represent hazard to self.
SCAPULA, CLAVICAL AND RIBS	Disqualifying until well healed	Condition would be very painful and distracting discomfort would interfere with job performance.

VII
MUSCULO-SKELETAL SYSTEM

JOINT DERANGEMENT

ANKYLOSIS: Joint ranges of motion less than measurements listed below are disqualifying.

CONDITION	DISPOSITION	RATIONALE
ANKLE	Disqualifying when dorsiflexion is less than to approximately 10° and plantarflexion less than to approximately 10°	Condition would interfere with running, jumping, standing, and walking. Result would be inability to perform routine demands of job.
ELBOW	Disqualifying when flexion is less than to approximately 100° and extension less than to approximately 15°	Reaching, striking, and swinging would be impaired, disturbing quickness of action. Condition would represent safety hazard to self.
FINGERS	Disqualifying when it results in inability to oppose thumb and index, and/or long finger	Condition would interfere with ability to pinch, pick up coins, needles and other small objects. Therefore, efficiency would be impaired.
HAND	Disqualifying when motion is less than pronation to approximately 20° and supination to approximately 20°	Condition would interfere with defensive tactics and job efficiency.
HIP	Disqualifying when flexion is less than to 90° and motion is less than to full extension	Condition would affect general agility such as kneeling, squatting, and quickness in running. Therefore, it would interfere with ability to perform routine demands of job.
KNEE	Disqualifying when flexion is less than to approximately 90° and motion is less than to full extension	Condition would affect weight bearing and folding-up action of knee. It would reduce coordination, and quickness of action. It would also result in inability to perform routine demands of job.
SHOULDER	Disqualifying if forward flexion is less than to approximately 90° and adduction is less than to approximately 90°	Due to impaired striking and lifting, condition would interfere with defensive tactics.
TOES	Disqualifying if any toe stiffness interferes with running or jumping	Due to resulting inability to perform routine demands of job.
WRIST	Disqualifying when it results in inability to move wrists less than a total range of approximately 15° (extension plus flexion)	Person could not put hand in position of maximum strength to control suspects. Condition would interfere with grasping and climbing, therefore, would represent hazard to self.

VII
MUSCULO-SKELETAL SYSTEM

JOINT DERANGEMENT - cont.

DISLOCATION

CONDITION	DISPOSITION	RATIONALE
ACROMIOCLAVICULAR	Disqualifying if symptomatic	Condition would cause pain on arm movement, decreased strength, reduced range of motion and therefore, would interfere with job performance.
HIP	Disqualifying if there has been any occurrence.	Due to high probability of subsequent disability.
SHOULDER, RECURRENT	Disqualifying if symptomatic or there is history of more than 1 dislocation in same shoulder	When symptomatic, individual cannot reach overhead, or pull up. Condition would represent safety hazard to self.

INTERNAL DERANGEMENT OF KNEE JOINT

ARTHROTOMY, POST-OPERATIVE	Disqualifying if treated surgically within approximately previous 6 months or associated with ligamentous relaxation, thigh muscle atrophy, or joint swelling	Due to limited ability to climb, run, kneel, squat, twist, turn, or lift. Condition would represent hazard to self. There would also be probability of disability.
LOOSE BODIES IN JOINT	Disqualifying with x-ray evidence	Condition would interfere with kneeling, climbing and running, therefore would be safety hazard to self.
MENISCUS, DISLOCATION OF	Disqualifying if symptomatic	Condition would interfere with climbing, running, twisting and squatting. It would be aggravated under stress and knee would be likely to give way, which would be incapacitating.
OSGOOD-SCHLATTER'S DISEASE	Not medically disqualifying	Condition bears no relationship to job requirements.
PATELLAR STABILIZATION, POST-OPERATIVE	Disqualifying for mere fact of having had operation	Stress would produce pain and swelling which would reduce ability to twist, turn, spring or run, and therefore interfere with job performance.

VII

MUSCULO-SKELETAL SYSTEM

JOINT DERANGEMENT - cont.

INTERNAL DERANGEMENT OF KNEE JOINT - cont.

CONDITION	DISPOSITION	RATIONALE
PATELLA, SUBLUXATION OF	Disqualifying with: (a) history of subluxation within approximately 1 year, (b) muscle atrophy in thigh, or (c) joint swelling	Stress would produce pain and swelling which would interfere with job performance.
PATELLECTOMY	Disqualifying	Condition would reduce strength of knee leading to reduced ability to squat, lift, and climb, therefore lessening job efficiency.
UNSTABLE KNEE DUE TO LIGAMENTOUS RUPTURE	Disqualifying with lateral or antero-posterior relaxation of joint	Condition would interfere with climbing, twisting, and running, resulting in decreased agility. Therefore it would represent safety hazard to self.

WEAK OR PAINFUL FEET

CLAW TOES	Disqualifying if associated with corns or symptomatic	Due to limited ability to walk or run comfortably in the performance of duty. There would be probability of early disability because of pain.
CLUB FEET	Disqualifying if there is history of club feet associated with: (a) fixed deformity, or (b) short calcaneal tendon, or (c) limited tarsal motion	Condition would lead to painful weight bearing, limited ability to walk or run comfortably with probability of early disability.
FEET, CAVUS	Disqualifying when associated with calluses or hammer toes	Condition would lead to stress fractures of metatarsal bones and would cause difficulty in running and walking. It could also lead to early disability.
FLAT FEET	Disqualifying if (a) symptomatic, or (b) associated with short calcaneal tendon, or (c) associated with limited tarsal motion, or (d) associated with heel valgus with navicular-cuneiform sag, or (e) associated with tarsal arthritis	Due to limited ability to run, walk long distances, and high probability of early disability.

VII

MUSCULO-SKELETAL SYSTEM

JOINT DERANGEMENT - cont.

WEAK OR PAINFUL FEET - cont.

CONDITION	DISPOSITION	RATIONALE
HALLUX VALGUS	Disqualifying with approximately 40° of valgus and associated with exostosis of first metatarsal head	Condition would lead to painful weight bearing, running, and walking, and probability of early disability.
OVERLAPPING TOES	Disqualifying if associated with corns or symptomatic	Due to limited ability to walk or run comfortably in performance of duty. There would be probability of early disability because of pain.

VII

MUSCULO-SKELETAL SYSTEM

LUMBO-SACRAL INSTABILITY

CONDITION	DISPOSITION	RATIONALE
LUMBO-SACRAL INSTABILITY	<p>NOTE: A careful history of low back problems should be recorded followed by a musculo-skeletal physical examination done according to the standards set forth in the Manual of Orthopedic Surgery published by the American Orthopaedic Association.</p> <p>If the history and/or the examination suggests a low back disorder, lumbar spine x-rays should be obtained utilizing the following views: anteroposterior, lateral, right and left obliques.</p>	
	<p>Disqualifying under the following conditions:</p>	<p>Due to probability of recurring pain, loss of mobility leading to poor job performance, and early disability.</p>
	<p>(a) history of previous surgery, e.g., spinal fusion,</p>	
	<p>(b) the residual of a previous myelogram,</p>	
	<p>(c) history of previous myelogram where such myelogram was performed according to accepted medical standards,</p>	
	<p>(d) herniated disc with a history of sciatica, plus neurological evidence of nerve root compression,</p>	
	<p>(e) x-ray evidence of:</p>	
	<p>(1) ANKYLOSING SPONDYLITIS,</p>	
	<p>(2) FIXED LORDOSIS,</p>	
	<p>(3) FRACTURES with more than 30° compression,</p>	
	<p>(4) INTRINSIC BONE DISEASE,</p>	
	<p>(5) LUMBO-SACRAL angle of more than 70°,</p>	
	<p>(6) more than a moderate degree of OSTEOARTHRITIS,</p>	
	<p>(7) SEGMENTAL DISEASE - DISC DEGENERATION L3-L4 and L4-L5,</p>	
	<p>(8) SEVERE SCOLIOSIS, KYPHOSIS, KYPHOSCOLIOSIS,</p>	
	<p>(9) SPINA BIFIDA, CLINICAL,</p>	
	<p>(10) SPONDYLOLISTHESIS, OR</p>	
	<p>(11) TRANSITIONAL VERTEBRAE</p>	

VII

MUSCULO-SKELETAL SYSTEM

OTHER

CONDITION	DISPOSITION	RATIONALE
ARTHRITIS	Disqualifying with pain, swelling, and limited joint motion. If stiffness remains in any joint as result of infectious, hypertrophic, or traumatic arthritis, it could be disqualifying if physical agility is reduced	Individual could not meet physical demands of job. There would also be increased probability of time loss.
BONE AND JOINT, BENIGN NEOPLASM OF	Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would affect job performance.	
BONE AND JOINT, MALIGNANT DISEASE OF	When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (d) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of a reasonable amount of service time being likely in an unimpaired state.	
BURSITIS	Disqualifying if active or if there is recurrent tenderness or stiffness of any involved portion of body	Due to inability to use part affected, condition would represent safety hazard to self.
FIBROSITIS	Disqualifying if active or if there is recurrent tenderness or stiffness of any involved portion of body	Due to inability to use part affected, condition would represent safety hazard to self.
HYPERDACTYLIA	Disqualifying if it interferes with function of hand	Condition could interfere with quickness of action and operation of firearm.
KYPHOSIS, DORSAL	Disqualifying if symptomatic, or if kyphotic curve is approximately 35° or more	Painful, early degenerative arthritis would occur which would preclude satisfactory job performance.
LOWER EXTREMITY, SHORTENING OF	Disqualifying if there is any discrepancy in length of lower extremity resulting in noticeable limp (when corrected, see "Prosthetic Device")	Due to probability of future back problems. Sudden strain could cause back pain which would interfere with normal functions of job.
MYOSITIS	Disqualifying if active or if there is recurrent tenderness or stiffness of any involved portion of body	Due to inability to use part affected, condition would represent safety hazard to self.

MUSCULO-SKELETAL SYSTEM

OTHER - cont.

CONDITION	DISPOSITION	RATIONALE
OSTEOMYELITIS	Disqualifying if active or recurrent in any bone, or if there is any firm history of condition in any of long bones, unless successfully treated approximately 2 or more years previously without subsequent recurrence, as demonstrated by both clinical and x-ray evidence	Any remote infection or injury to that area can reactivate former bone infection which would result in time loss and early disability.
OSTEOPOROSIS	Disqualifying	Loss of bone substance would upset structural integrity of spinal column leading to joint malalignment and nerve compressions. As result, sudden strain on back would cause pain leading to chronic backache, time loss, and probable early disability.
SCOLIOSIS	Disqualifying if lateral curve is approximately 35° or more	Condition would cause back strain which would lead to early degenerative arthritic changes in spine promoting early disability. It would also limit back motion.
SPRAINS, STRAINS, ACUTE	These conditions are disqualifying for a period of approximately 6 weeks, at which time they should be re-evaluated.	

CHAPTER VIII

NERVOUS SYSTEM AND ORGAN . OF SPECIAL SENSE

VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

EARS

AUDITORY CANAL

CONDITION	DISPOSITION	RATIONALE
ATRESIA OR SEVERE STENOSIS	Disqualifying if individual cannot meet jurisdiction hearing standards	Impaired hearing would interfere with job performance.
FOREIGN BODY IN	Disqualifying	Due to probability of infection leading to time loss.

MIDDLE EAR

PERFORATION OF, WITH CHOLESTEATOMA	Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would affect job performance.	
OTITIS MEDIA, ACUTE	Disqualifying	Condition would be communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It could also be progressive resulting in eventual disability.
OTITIS MEDIA, CHRONIC, RECURRENT	Disqualifying if individual cannot meet jurisdiction hearing standards	Due to probability of recurring infections. Also, hearing impairment would interfere with job performance.

TYMPANIC MEMBRANE

OPEN PERFORATION OF	Disqualifying	Due to probability of infection, leading to time loss.
SEVERE SCARRING OF	Disqualifying only if individual cannot meet jurisdiction hearing standards	Hearing impairment would interfere with job performance.

VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

EYES

CONJUNCTIVA

CONDITION	DISPOSITION	RATIONALE
CONJUNCTIVITIS, ACUTE	Disqualifying	Condition would be communicable, resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
CONJUNCTIVITIS, CHRONIC	Disqualifying.	Due to resulting visual disability and required chronic medical care which would interfere with job performance and lead to time loss.
PTERYGIUM	Disqualifying if individual cannot meet jurisdiction vision standards or if condition is of active or progressive nature.	Impaired vision would interfere with job performance. Condition would also lead to time loss for medical care.
XEROPHTHALMIA	Not medically disqualifying as single entity	Condition, by itself, bears no relationship to job requirements.

CORNEA

CORNEAL ABRASIONS	Disqualifying if individual cannot meet jurisdiction vision standards.	Until condition is healed, it would result in impaired vision and interfere with job performance.
CORNEAL DYSTROPHY	Disqualifying if individual cannot meet jurisdiction vision standards	Impaired vision would interfere with job performance. Condition would lead to time loss and probable early disability.
CORNEAL SCARS	Disqualifying if individual cannot meet jurisdiction vision standards	Impaired vision would interfere with job performance.
CORNEAL ULCERS	Disqualifying	Due to probability of time loss and loss of visual functioning.
KERATITIS	Disqualifying if individual cannot meet jurisdiction vision standards or if chronic	Condition would lead to time loss and the probability of early disability. Vision impairment would interfere with job performance.
KERATOCONUS	Disqualifying	Due to impaired vision, probability of time loss and early disability.
STAPHYLOMA	Disqualifying when extensive	Due to susceptibility to injury which would lead to immediate incapacity.

VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

EYES - cont.

LENS

CONDITION	DISPOSITION	RATIONALE
APHAKIA	Disqualifying if individual cannot meet jurisdiction vision standards	Impaired vision would interfere with job performance.
NOTE: Usually, only a lens implant or contact lenses will allow individual to meet vision standards.		
LENS, DISLOCATION OF	Disqualifying	Due to impairment of vision and probable development of significant ocular problems such as inflammation which would interfere with job performance and lead to time loss.
LENS, OPACITIES OF	Disqualifying if individual cannot meet jurisdiction vision standards, or if progressive	Impaired vision would interfere with job performance.

LIDS

BLEPHARITIS	Not medically disqualifying	Condition bears no relationship to job requirements.
BLEPHAROSPASM, ESSENTIAL	Disqualifying	Condition would interfere with visual function and therefore, represent hazard to self.
DACROCYSTITIS	Disqualifying	Distracting discomfort would interfere with job performance. Condition would lead to time loss for extensive medical treatment.
DISTRICHLIASIS	Disqualifying unless it is surgically treated	Impaired vision and distracting discomfort would interfere with job performance. There would also be probability of disability.
LAGOPHTHALMUS	Disqualifying when it is sufficient to impair protection of eye from exposure or results in insufficient palpebral opening to allow normal visual field perception	Condition would lead to severe limitation of vision and discomfort which would interfere with job performance. There would also be probability of early disability.

VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

EYES - cont.

LIDS - cont.

CONDITION	DISPOSITION	RATIONALE
LIDS, CICATRICES OF	Disqualifying when it is sufficient to impair protection of eye from exposure or results in insufficient palpebral opening to allow normal visual field perception	Condition would lead to severe limitation of vision and discomfort which would interfere with job performance. There would also be probability of early disability.
LIDS, DESTRUCTION OR MALFUNCTION OF	Disqualifying when it is sufficient to impair protection of eye from exposure or results in insufficient palpebral opening to allow normal visual field perception	Condition would lead to severe limitation of vision and discomfort which would interfere with job performance. There would also be probability of early disability.
TRICHIASIS	Not medically disqualifying	Condition bears no relationship to job requirements.

MISCELLANEOUS DEFECTS AND DISEASES

EPIPHORA	Disqualifying	Condition would result in blurred vision, and distracting discomfort which would interfere with job performance.
EYE, RETAINED FOREIGN BODY IN (EXCLUDING SURGICAL IMPLANT)	Disqualifying	Due to potential for significant impairment of ocular function which would interfere with job performance.
GLAUCOMA	Disqualifying	Condition is chronic and progressive and would result in significant visual impairment, time loss, and early disability.
LACRYMAL FISTULA	Not medically disqualifying unless it produces signs or symptoms which would be sufficiently distracting as to interfere with job performance.	

VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

EYES - cont.

OCULAR MOBILITY AND MOTILITY

CONDITION	DISPOSITION	RATIONALE
OCULAR MOBILITY AND MOTILITY, DISORDERS OF	Disqualifying if individual cannot meet jurisdiction vision standards or if condition results in diplopia or limitation of ocular movements	Visual impairment would interfere with job performance.

OPTIC NERVE

OPTIC NERVE, INFLAMMATION OF	Disqualifying	Visual impairment would interfere with job performance. There would also be probability of time loss.
NOTE: If historically present, it requires extensive evaluation to determine etiology upon which a decision about qualification should be based.		
OPTIC NERVE, PATHOLOGICAL CONDITION OF (INCLUDING CONGENITAL, HEREDITARY OR ANY OTHER CENTRAL NERVOUS SYSTEM PATHOLOGY, AND PRIMARY AND SECONDARY OPTIC ATROPHY)	Disqualifying if it would impair vision or would progress to do so	Visual impairment would interfere with job performance.

RETINA

RETINA, PATHOLOGICAL CONDITION OF	Disqualifying if individual cannot meet jurisdiction vision standards or would be prevented from doing so in future due to progressive nature of condition (such conditions as angiomatoses, phakomatoses, macular cysts or holes and other congenital and hereditary conditions, detachment of retina, and retinitis)	Impaired vision would interfere with job performance. Also, there would be probability of time loss.
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VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

EYES - cont.

UVEAL TRACT

CONDITION	DISPOSITION	RATIONALE
CHOROIDITIS, ACUTE	Disqualifying	Condition would be discomforting resulting in deficiency in job performance, and would also require medical attention resulting in time loss. It could be progressive resulting in eventual disability.
CHOROIDITIS, CHRONIC	Disqualifying	Condition would result in time loss.
IRIS, ABNORMALITIES OF	Disqualifying if individual cannot meet jurisdiction vision standards	Impaired vision would interfere with job performance.
IRITIS, ACUTE	Disqualifying	Condition would be discomforting resulting in deficiency in job performance, and would also require medical attention resulting in time loss. It could be progressive resulting in eventual disability.
IRITIS, CHRONIC	Disqualifying	Due to probability of recurrence and time loss.
PUPILS, ABNORMALITIES OF	Disqualifying if individual cannot meet jurisdiction vision standards	Impaired vision would interfere with job performance.

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

NERVOUS SYSTEM

CONDITION	DISPOSITION	RATIONALE
ABNORMAL MOVEMENTS	Disqualifying if they are progressive or more than mild	Motor dysfunction would preclude acceptable job performance.
ATAXIA	Disqualifying	Lack of muscular coordination and purposeful movements would make acceptable job performance impossible.
ATHETOSIS	Disqualifying if it is progressive or more than mild	Motor dysfunction would preclude acceptable job performance.
BRAIN CONTUSION	Disqualifying if there is evidence of clinical neurological deficit or abnormal objective testing	Condition would represent hazard to self and others. There would also be probability of brain damage sequelae such as convulsive seizures, irrational behavior, or muscular weakness.
CEREBROVASCULAR ACCIDENT	Disqualifying with hemiparesis, hemiplegia, monoplegia, or any other significant neurological deficit	Restriction in body movement would preclude acceptable job performance.
ENCEPHALOMYELITIS (POST INFECTION STATUS)	Disqualifying unless there is no residual neurological deficit	Due to potential for seizures and detrimental effect on judgment, behavior and intellectual functioning. As result, condition would interfere with job performance.
EPILEPSY	Disqualifying except for history of seizures associated with toxic states, or fever during childhood (up to approximately age 5 or 6), and except for those individuals who are free of symptoms for approximately 10 years without medication	Seizures on job would cause sudden, potentially dangerous incapacitation.
HEADACHE, CHRONIC	Disqualifying if it tends to cause individual to take off (on the average) more than standard number of allowable sick leave days	Time loss due to taking of inordinate sick leave would interfere with efficiency of agency.
NOTE: Search for etiology of chronic headache which in itself may be disqualifying.		
HUNTINGTON'S CHOREA	Disqualifying	Tremors, lack of muscular coordination and other symptoms would make acceptable job performance impossible. There would be certain early disability.
MONONEURITIS	Disqualifying unless transient and there is no significant residual neurological deficit	Reduced muscular function, coordination and/or pain would preclude acceptable job performance.

VIII

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

NERVOUS SYSTEM - cont.

CONDITION	DISPOSITION	RATIONALE
MULTIPLE SCLEROSIS	Disqualifying	Wide range of neurological deficits would preclude acceptable job performance. There would be certain early disability.
MUSCULAR ATROPHIES, PROGRESSIVE	Disqualifying	General weakness would preclude acceptable job performance. There would be certain early disability.
MUSCULAR DYSTROPHIES, PROGRESSIVE	Disqualifying	General weakness would preclude acceptable job performance. There would be certain early disability.
MYOTONIA CONGENITA	Disqualifying	Restriction in body movement would preclude acceptable job performance. Progressive nature of condition would lead to early disability.
NARCOLEPSY	Disqualifying	Sudden onset of sleep or desire to sleep would be incapacitating.
NEUROFIBROMATOSIS	Disqualifying	Condition always eventuates in a functional impairment at end organ which would interfere with job performance.
NEUROSYPHILIS	Disqualifying	End organ damage would preclude normal motor function or cardiovascular function. Condition could be communicable through open wound or mucosal contact.
PARALYSIS AGITANS (PARKINSON'S DISEASE)	Disqualifying if it is progressive or more than mild	Motor dysfunction would preclude acceptable job performance.
PAROXYSMAL CONVULSIVE DISORDERS	Disqualifying except for history of seizures associated with toxic states, or fever during childhood (up to approximately age 5 or 6), and except for those individuals who are free of symptoms for approximately 10 years without medication	Seizures on job would cause sudden, potentially dangerous incapacitation.
PERIPHERAL NERVE DISORDERS	Disqualifying unless transient and there is no significant residual neurological deficit	Reduced muscular function, coordination and/or pain would preclude acceptable job performance.
POLIOMYELITIS	Disqualifying unless transient and leaving no significant neurological deficit	Weakness and restriction of body movements would preclude acceptable job performance.

NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE

NERVOUS SYSTEM - cont.

CONDITION	DISPOSITION	RATIONALE
POLYNEURITIS	Disqualifying unless transient and there is no significant residual neurological deficit	Reduced muscular function, coordination and/or pain would preclude acceptable job performance.
TORTICOLLIS, SPASMODIC	Disqualifying if it is progressive or more than mild	Motor dysfunction would preclude acceptable job performance.

CHAPTER IX

ENDOCRINE AND METABOLIC DISORDERS

ENDOCRINE AND METABOLIC DISORDERS

CONDITION	DISPOSITION	RATIONALE
ADRENAL GLAND, MALFUNCTION OF, ANY DEGREE	Disqualifying	Condition would lead to reduced physical capacity, representing hazard to self.
DIABETES INSIPIDUS	Disqualifying	Constant symptoms preclude satisfactory job performance.
DIABETES MELLITIS, INCLUDING CHEMICAL AND INSULIN DEPENDENT	Disqualifying if after 3-day high carbohydrate diet, properly administered 3-hour glucose tolerance test employing commercially measured volume of sugar, is definitely abnormal	Individual would need diabetic diet, regular eating at regular times, controlled food, controlled environmental temperature, and may need drug therapy. There would also be proneness to infection with poor recovery. These would all interfere with job performance.
GIGANTISM	Disqualifying if there is any loss of function of involved parts	Individual could not perform functions of job.
GOITER	Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would affect job performance.	
GOUT	Disqualifying if there is history of more than 1 (one) episode or if it is symptomatic, or if it has resulted in decreased function of involved organs or joints	Loss of time and loss of important functions would interfere with job performance.
HYPERPARATHYROIDISM	Disqualifying	Condition would lead to secondary bone, joint, and kidney damage incompatible with normal job function and leading to time loss.
HYPERTHYROIDISM	Disqualifying if it is symptomatic or uncompensated	Condition would cause tremors which would interfere with performance with firearms, and cause nervousness and irritability. It would also lead to heart disease.
HYPOGLYCEMIA	Disqualifying if after 5-day high carbohydrate diet, properly administered 5-hour glucose tolerance test, employing commercially measured volume of sugar, is definitely abnormal	Due to need for constant, steady supply of food of specific variety, making shift work and irregular hours impractical.
HYPOPARATHYROIDISM	Disqualifying if it is symptomatic or if there is residual with uncorrected complications	Condition could lead to total incapacitation due to tetany. It would also lead to general weakness and bone changes.

ENDOCRINE AND METABOLIC DISORDERS

CONDITION	DISPOSITION	RATIONALE
HYPOPITUITARISM	Disqualifying	Generally debilitating and would preclude acceptable job performance.
HYPOTHYROIDISM	Disqualifying if uncompensated or has resulted in any loss of physiological function	There would be insufficient strength to perform duties. Person would tire easily, need more rest, be sensitive to cold and be prone to infection.
NUTRITIONAL DEFICIENCY DISEASES	Disqualifying if more than mild and not readily remediable, or when permanent pathological changes have been established	Decreased ability to function and probable time loss would interfere with job performance and efficiency of an agency.
RENAL GLYCOSURIA	Not medically disqualifying	Condition bears no relationship to job requirements.

CHAPTER X

HEMATOPOIETIC SYSTEM

HEMATOPOIETIC SYSTEM

CONDITION	DISPOSITION	RATIONALE
ANEMIA (ALL)	All anemias are disqualifying until underlying etiology is found and basic cause corrected	Condition causes fatigue, shortness of breath, and general weakness which would interfere with job performance, especially under stress. Anemias may represent ominous underlying diseases.
BLOOD COAGULATION DISORDERS	Disqualifying	Condition would represent hazard to self (possibility of severe bleeding) when injured.
HODGKIN'S DISEASE		
When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (d) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of a reasonable amount of service time being likely in an unimpaired state.		
LEUKEMIA	Disqualifying	There would be certain disability within relatively short time.
LEUKOPENIA	Disqualifying if episodic or recurrent	Condition would lead to proneness to infection which would result in time loss.
LYMPHANGITIS	Disqualifying	Condition would be discomforting resulting in deficiency in job performance, and would require medical attention resulting in time loss. It could be progressive resulting in eventual disability.
LYMPHOMAS		
When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (d) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of a reasonable amount of service time being likely in an unimpaired state.		
MYELOFIBROSIS	Disqualifying	Due to proneness to infection with resulting time loss and probability of early disability.
POLYCYTHEMIA RUBRA VERA	Disqualifying	Condition would cause fatigue, shortness of breath, tendency toward myelofibrosis and infarctions of various organs and tissues leading to early disability.
SPLENOMEGALY	Disqualifying	Due to proneness to rupture in combat as result of blow. In addition, there would be tendency to infarct resulting in hemorrhaging which would be incapacitating.

CHAPTER XI
OTHER MEDICAL CONDITIONS

OTHER MEDICAL CONDITIONS

GENERAL AND MISCELLANEOUS CONDITIONS AND DEFECTS

CONDITION
<p>MARIJUANA, USE OF</p> <p>Not disqualifying for medical reasons, but this does not preclude disqualifying for other reasons, e.g., legal.</p>
<p>SUBSTANCE ABUSE</p> <p>It is legitimate for an inquiry to be made into substance abuse (alcohol, drugs, etc.) by a background investigator, but the investigator cannot make the medical decision about disqualification or qualification of an individual. One should communicate medically-related information to the medical officer without prying into the physician-examinee confidential relationship. Medically-related information should be relayed to the examining physician well in advance of the medical exam. Substance abuse is usually associated with a personality disorder which should be diagnosed by a licensed mental health professional. Medical effects of substance abuse are under the purview of a medical health examiner.</p>

OTHER MEDICAL CONDITIONS

INFECTIOUS DISEASES

CONDITION	DISPOSITION	RATIONALE
ACUTE INFECTIONS	All acute infections are disqualifying	Acute infections could be progressive resulting in eventual disability, and/or communicable resulting in hazard to others, and/or discomfoting resulting in deficiency in job performance. They could also require medical attention resulting in time loss. However, it should be noted that disqualification may be limited. Infection which clears, leaving no significant residual, would no longer be acute infection and therefore would not be disqualifying. It is recommended that, although individual with acute infection may not be presently qualified, a re-evaluation process be provided and judiciously utilized.
CHANCROID	Disqualifying	Condition would be progressive resulting in eventual disability, communicable resulting in hazard to others, and discomfoting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
GONORRHEA	Disqualifying	Condition would be progressive resulting in eventual disability, communicable resulting in hazard to others, and discomfoting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
GRANULOMA INGUINALE	Disqualifying	Condition would be progressive resulting in eventual disability, communicable resulting in hazard to others, and discomfoting resulting in deficiency in job performance. It would also require medical attention resulting in time loss.
HERPES SIMPLEX TYPE II	Disqualifying if known to have recurrently caused interference with locomotion and normal bodily functions	Such interference would preclude acceptable job performance.

OTHER MEDICAL CONDITIONS

INFECTIOUS DISEASES - cont.

CONDITION	DISPOSITION	RATIONALE
LYMPHOGRANULOMA VENEREUM	Disqualifying	Condition would be progressive resulting in eventual disability, communicable resulting in hazard to others, and discomforting resulting in deficiency in job performance. It would also require medical attention resulting in time loss. Associated anemia and malnutrition would lead to general weakness and time loss.
MYCOTIC DISEASES	Disqualifying if acute infestation is present or damage therefrom has resulted in dysfunction of involved organs	Condition would lead to decreased pulmonary function causing shortness of breath and/or decreased function of involved part. It would also result in time loss.
SYPHILIS	Disqualifying	End organ damage would preclude normal motor function or cardiovascular function. Condition could be communicable through open wound or mucosal contact.
TROPICAL FEVERS AND OTHER PROTOZOAL INFESTATIONS	Disqualifying if acute infestation is present or damage therefrom has resulted in dysfunction of involved organs	Associated anemia and malnutrition would lead to general weakness and time loss.

OTHER MEDICAL CONDITIONS

NEOPLASTIC DISEASES

CONDITION	DISPOSITION	RATIONALE
GOITER	Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would affect job performance.	
HODGKIN'S DISEASE		When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (d) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of a reasonable amount of service time being likely in an unimpaired state.
LEUKEMIA	Disqualifying.	There would be certain disability within relatively short time.
MALIGNANT DISEASE	When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (c) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of a reasonable amount of service time being likely in an unimpaired state.	
NEUROFIBROMATOSIS		Disqualifying
TUMORS, BENIGN	Not medically disqualifying unless shown that: (a) when not removed, it causes functional impairment which would interfere with job performance, or (b) when removed, it causes functional impairment which would affect job performance.	
TUMORS, MALIGNANT		When considering this diagnosis, weight must be given to the following information: (a) statistical prognosis, (b) functional impairment, (c) pathology report, (d) amount of time since surgery and/or other treatment. Each case should be considered individually and consideration given to the probability of a reasonable amount of service time being likely in an unimpaired state.

OTHER MEDICAL CONDITIONS

SYSTEMIC DISEASES

CONDITION	DISPOSITION	RATIONALE
COLLAGEN DISEASES	Disqualifying unless self-limited, minor, non-disabling condition leaving no residual effects	Due to inability to perform routine demands of job. There would also be probability of disability.
PSORIATIC ARTHRITIS	Disqualifying	Condition would cause difficulty in performing job tasks due to reduced flexibility in joints. It would represent safety hazard to self.
REITER'S SYNDROME	Disqualifying if acute or active	Due to reduced flexibility in joints resulting in hazard to self.
RHEUMATOID ARTHRITIS	Disqualifying	Condition would be progressive and cause pain, swelling, and limited flexibility in multiple joints which would preclude performing physical demands of job. There would be probability of disability. Condition would represent hazard to self.

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APPENDIX A

MEDICAL HISTORY STATEMENT

Medical History Statement

POST Regulation 1002 (a) (5) requires that a peace officer applicant be examined by a licensed physician or surgeon to ensure that the applicant is free of any physical defect or medical condition which might adversely affect job performance.

The information you provide in this statement is extremely important. It will be used by a medical health professional to evaluate your qualifications for the position of entry-level law enforcement officer, which in most agencies consists of the patrol officer function. Therefore, please fill out the questionnaire completely and accurately. Please keep in mind that: (a) all statements are subject to verification, and (b) deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This Statement was designed to explore those areas which bear directly upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

This Statement is confidential. If hired, the information you provide will be a part of your medical record.

When answering "Yes - No" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason, place a "?" in the "Yes" space.

Name			Birthdate		
Last	First	Middle	Month	Day	Year
Address at which you can be contacted					
Number	Street	City	State	Zip Code	
Telephone numbers at which you can be contacted					
Social Security Number			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The Social Security number will be used for identification purposes to ensure that proper records are maintained).		
I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, x-rays, skin tests, immunizations, and other examinations which the examiners may consider necessary to complete the medical evaluation.					
Signature in full				Date completed	

Medical History Statement

1. Have you been medically examined for employment in this agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Your name at that time?			
2. Please list all medications you regularly use, including vitamins, birth control pills, laxatives, aspirins, antihistamines, tranquilizers, and weight reducing aids.			
3. Please list any medicines you have taken in the last 2 months (prescription and non-prescription).			
4. Name any drugs to which you may have ever had an allergic reaction.			
5. Please list any other substances to which you are allergic, including food, insect stings, etc.			
6. Please list your last 3 hospitalizations, beginning with the most recent (excluding routine childbirth).			
Reason	Hospital/City	Month	Year
Reason	Hospital/City	Month	Year
Reason	Hospital/City	Month	Year
7. Please list any operations you may have had which are not listed above.			
8. If a parent, grandparent, brother or sister has had any of the following diseases, please check the correct spaces.			
Disease		Disease	
Diabetes	Mother Father Other	Tuberculosis	Mother Father Other
Cancer/tumor		Heart disease	
High blood pressure		Hereditary or familial disease	

Medical History Statement

Yes No

Have you ever been exposed to any of the following, whether at home, work, or in any other setting?

9. Prolonged loud noises?
 10. Substances which irritated your skin or eyes?
 11. Sprays or powders for insects or plants?
 12. Prolonged x-rays or other radiation?
 13. Dusty conditions such as sandblasting, grinding or drilling of rock, coal, silica, asbestos, or asbestos products?

Have you had a bad reaction to:

14. High environmental temperatures?
 15. Low environmental temperatures?

16. Have you been rejected by the military for health reasons?
 17. Were you ever in the Armed Services? If "Yes", please answer the following:
 18. Did you receive a medical discharge?

Have you ever had a claim for the following:

19. An occupational disease?
 20. An industrial accident?
 21. Have you any claim now pending for the above?

If you have ever had or now have any of the following, please check in the appropriate space.

- | | | | |
|---|--------------------------------|---|--|
| 22. <input type="checkbox"/> <input type="checkbox"/> | Tuberculosis | 40. <input type="checkbox"/> <input type="checkbox"/> | Kidney disease |
| 23. <input type="checkbox"/> <input type="checkbox"/> | Pneumonia | 41. <input type="checkbox"/> <input type="checkbox"/> | Rheumatism, arthritis |
| 24. <input type="checkbox"/> <input type="checkbox"/> | Bronchitis | 42. <input type="checkbox"/> <input type="checkbox"/> | Varicose veins |
| 25. <input type="checkbox"/> <input type="checkbox"/> | Emphysema | 43. <input type="checkbox"/> <input type="checkbox"/> | Phlebitis |
| 26. <input type="checkbox"/> <input type="checkbox"/> | Asthma | 44. <input type="checkbox"/> <input type="checkbox"/> | Hay fever |
| 27. <input type="checkbox"/> <input type="checkbox"/> | High blood pressure | 45. <input type="checkbox"/> <input type="checkbox"/> | Typhoid fever |
| 28. <input type="checkbox"/> <input type="checkbox"/> | Heart murmur, heart disease | 46. <input type="checkbox"/> <input type="checkbox"/> | Scarlet fever |
| 29. <input type="checkbox"/> <input type="checkbox"/> | Rheumatic fever | 47. <input type="checkbox"/> <input type="checkbox"/> | Valley fever (coccidioidomycosis) |
| 30. <input type="checkbox"/> <input type="checkbox"/> | Encephalitis, meningitis | 48. <input type="checkbox"/> <input type="checkbox"/> | Histoplasmosis |
| 31. <input type="checkbox"/> <input type="checkbox"/> | Epilepsy, convulsions | 49. <input type="checkbox"/> <input type="checkbox"/> | Venereal disease (V.D., syphilis, gonorrhea) |
| 32. <input type="checkbox"/> <input type="checkbox"/> | Glaucoma | 50. <input type="checkbox"/> <input type="checkbox"/> | Cancer |
| 33. <input type="checkbox"/> <input type="checkbox"/> | Duodenal or stomach ulcer | 51. <input type="checkbox"/> <input type="checkbox"/> | Hyperthyroidism |
| 34. <input type="checkbox"/> <input type="checkbox"/> | Gall bladder trouble | 52. <input type="checkbox"/> <input type="checkbox"/> | Hypothyroidism |
| 35. <input type="checkbox"/> <input type="checkbox"/> | Liver trouble or hepatitis | 53. <input type="checkbox"/> <input type="checkbox"/> | Allergic rhinitis |
| 36. <input type="checkbox"/> <input type="checkbox"/> | Hiatal or diaphragmatic hernia | 54. <input type="checkbox"/> <input type="checkbox"/> | Other (explain below) _____ |
| 37. <input type="checkbox"/> <input type="checkbox"/> | Sickle cell disease | | _____ |
| 38. <input type="checkbox"/> <input type="checkbox"/> | Anemia | | _____ |
| 39. <input type="checkbox"/> <input type="checkbox"/> | Diabetes (sugar disease) | | _____ |

55. Have you gained or lost more than 10 lbs. in the past 2 years without trying to do so?
 56. Have you had any changes in your appetite in the past 6 months?
 57. Have you noticed unusual fatigue or weakness recently?
 58. Have you been told by a doctor that you had trouble with your thyroid gland?
 59. Have you noticed changes in your hair or skin color or texture?
 60. Have you had a change in size or color of a mole (dark growth) or wart in the past year?
 61. Do you have a skin rash, burning, itching or other skin sensitivity?
 62. Have you had any skin cancers removed?

63. Have you had bleeding gums in the past year?
 64. Do you have frequent nosebleeds for no apparent reason?
 65. Do you frequently have sinus trouble?
 66. Do you have colds more than twice a month?
 67. Have you ever coughed up blood?

Medical History Statement

	Yes	No	
68.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a chest x-ray in the past 2 years?
69.	<input type="checkbox"/>	<input type="checkbox"/>	Do you often cough up a large amount of mucus?
70.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a positive TB (tuberculosis) skin test?
71.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have unusual shortness of breath?
72.	<input type="checkbox"/>	<input type="checkbox"/>	Do your ankles or feet often swell?
73.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a feeling of pressure or tightness in your chest in the past year?
74.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had pain in your chest in the past year?
75.	<input type="checkbox"/>	<input type="checkbox"/>	Do you sometimes wake up at night short of breath?
76.	<input type="checkbox"/>	<input type="checkbox"/>	Do you get pains or cramps in the back of your legs while walking?
77.	<input type="checkbox"/>	<input type="checkbox"/>	Do you get pains or cramps in your legs at night?
78.	<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke cigarettes? How many per day? _____.
79.	<input type="checkbox"/>	<input type="checkbox"/>	Do you use any other forms of tobacco?
80.	<input type="checkbox"/>	<input type="checkbox"/>	Do you sometimes have severe soaking sweats at night?
81.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had an electrocardiogram (ECG, EKG) in the past 2 years?
82.	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from indigestion or heartburn?
83.	<input type="checkbox"/>	<input type="checkbox"/>	Is swallowing painful or difficult for you?
84.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have pain in your stomach or abdomen?
85.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently take antacid medications, such as Tums or Alka Seltzer?
86.	<input type="checkbox"/>	<input type="checkbox"/>	Have you vomited blood or coffee ground-like material?
87.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had jaundice?
88.	<input type="checkbox"/>	<input type="checkbox"/>	Are your bowel movements ever black or bloody?
89.	<input type="checkbox"/>	<input type="checkbox"/>	Are your bowel movements ever painful?
90.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had hemorrhoids?
91.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently get up at night to urinate (pass water)?
92.	<input type="checkbox"/>	<input type="checkbox"/>	Do you ever have difficulty stopping or starting urination?
93.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had pain or burning with urination?
94.	<input type="checkbox"/>	<input type="checkbox"/>	Has your urine ever been red, black, brown, or bloody?
95.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been told by a doctor that you had sugar or pus in your urine?
96.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a bladder or kidney infection?
97.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever passed kidney stones or gravel?
98.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a hernia (rupture)? If so, was it surgically repaired? _____.
99.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a minor back sprain? If "Yes", please answer the following: How many times have you had an attack of this condition? _____ How many days were you unable to work because of this condition? _____
100.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a severe back injury or an episode of severe back pain? If "Yes", please answer the following: How many times have you had an attack of this condition? _____ How many days were you unable to work because of this condition? _____
101.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had problems with low back pain?
102.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a problem with any bones or joints, including fractures, dislocations, limitation of movement, stiffness, or pain? If so, please describe the problem(s) _____
103.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any fainting spells or seizures?
104.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a skull fracture or a head injury which made you unconscious?
105.	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from migraine headaches or other bad headaches?
106.	<input type="checkbox"/>	<input type="checkbox"/>	When you have a headache is it relieved by aspirin?

APPENDIX B

MEDICAL EXAMINATION REPORT

Medical Examination Report

To be completed by a Licensed Physician

INSTRUCTIONS

A medical examination is required by the California Commission on Peace Officer Standards and Training prior to employment as a peace officer in a participating law enforcement agency. This form is designed to be used in conjunction with the Medical History Statement to evaluate an applicant's qualifications for the position of entry-level law enforcement officer which in most agencies consists of the patrol officer function. Both forms concentrate only on those areas which have been determined to be medically related to the requirements of the entry-level law enforcement officer position. Please review the Medical History Statement before examining the candidate.

Name (Last, First, Middle)									
Birthdate (Month, Day, Year)				Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Height (without shoes)		Weight (without shoes and coat)	
VITAL SIGNS									
Blood Pressure				Pulse		Resp.	Temp.	Tonometry	
RA:	Standing	Supine	LA:	Standing	Supine	Rate	Rhythm		
Checklist						Normal Abnormal		Detailed Description of Abnormal Findings	
HANDS/SKIN									
Hair									
Skin/Color/Texture (Lesions, Scars)									
Nails									
HEAD/EYES									
Configuration									
Lids									
Conj/Sclera									
Pupils/Equal/Light Reaction									
Fundi									
EOM									
EARS/NOSE/THROAT/MOUTH									
Pinna/Canals/TM									
Nasal Septum/Mucosa									
Teeth/Gums									
Tongue/Palate									
Tonsils/Pharynx									
NECK/NODES									
Bruit									
ROM									
Muscle Strength									
Thyroid									
Neck Nodes									
Inguinal/Axillary Nodes									
CHEST/LUNGS									
Shape/Symmetry/Diaphragmatic Excursion									
Percussion									
Auscultation									
Breasts (Discharge/Masses)									
CARDIOVASCULAR									
Carotids									
Neck Veins									
Pulses: Radial, Femoral, D. Pedis, P. Tibial									
Apex Impulse									
Heart Sounds (murmurs)									
Heart Size									
ABDOMEN									
Hernia									
Shape									
Bowel Sounds (Bruits)									
Liver/Kidney/Spleen									
Masses									

Medical Examination Report

Checklist	Normal	Abnormal	Detailed Description of Abnormal Findings
MUSCULO SKELETAL/EXTREMITIES Spinal Alignment Extremities (Edema/Varicosities) Joints ROM			
NERVOUS SYSTEM CN Motor Sensory Cerebellar Reflexes			
GENITALIA/RECTAL Male: Penis Scrotum/Testes (Hernia) Prostate Female: Perineum/Vagina Cervix/Uterus/Adnexa			
LABORATORY FINDINGS			
VISION			
A. <u>Visual Acuity</u> : (If applicant wears glasses, test and record acuity both with and without glasses)			B. Depth perception
	R20/	L20/	B20/
Without glasses			
	R20/	L20/	B20/
With glasses			
C. Color perception			
D. <u>Form Fields of Vision</u> (temporal)		Right eye	Left eye
(Record degrees of temporal fields obtained by confrontations in spaces and on diagram)		(Each eye on Zero Line)	
HEARING			
Right 15/	Left 15/	Hearing Aid Used	
		Yes	No
Summary of findings and comments pertinent to entry-level law enforcement officer requirements			
Signature of Licensed Examining Physician		Address	

APPENDIX C

MEDICAL DECISION-MAKING HANDBOOK

INTRODUCTION

In order to hire the best qualified applicants for law enforcement positions, standards of physical, mental, and moral fitness must be set. In the state of California, the Commission on Peace Officer Standards and Training (POST) has the responsibility for setting such standards. With regard to medical screening, section 1031(f) of the California Government Code requires that a peace officer applicant "...be found, after examination by a licensed physician and surgeon, to be free from any physical, emotional, or mental condition which might adversely affect his exercise of the power of a peace officer." Therefore, law enforcement agencies must establish strict medical standards.

However, the standards cannot be set arbitrarily high. In establishing medical standards, agencies should be aware of the fact that medically handicapped persons are protected by federal and state fair employment legislation. Such persons cannot be barred from employment on the basis of medical conditions which would not adversely affect the exercise of peace officer powers.

In response to the need to evaluate the relationship between common medical conditions and the requirements of the job of entry-level law enforcement officer, POST conducted a study concerned with medical decision-making. The result is a document entitled: Medical Screening Manual for California Law Enforcement.

There are over 300 medical conditions in the Manual which have been evaluated in terms of job-relatedness. The conditions were chosen on the basis of: (a) the prevalence of the disease or condition within the applicant population, (b) the problems encountered by law enforcement due to the incidence of the disease or condition among current employees, and (c) the fact that the disease or condition was actually being used as a disqualifier by a California law enforcement agency at the time the project began.

For each condition listed in the Manual, a decision has been made concerning whether or not the condition is disqualifying, under what circumstances, and for what reason. Therefore, the relationship between each condition and the requirements of the job has been established.

Although the list of conditions in the Manual is quite extensive, it was obviously impossible to include all the conditions and diseases which might be identified in the population of future law enforcement applicants.

Therefore, this Handbook was prepared as a guide to assist law enforcement agencies in the establishment of the job-relatedness of those conditions which are not mentioned in the Manual.

ESTABLISHING JOB-RELATED MEDICAL STANDARDS

In order to comply with merit selection principles and fair employment laws and guidelines, medical standards must be demonstrated to be related to the requirements of the job. Methods of establishing job-relatedness are described in a number of documents including:

Standards for Educational and Psychological Tests and Manuals published by the American Psychological Association.

Principles for the Validation and Use of Personnel Selection Procedures, developed by the Division of Industrial-Organizational Psychology of the American Psychological Association.

Guidelines on Employee Selection Procedures, issued by the Equal Employment Opportunity Commission.

Testing and Selecting Employees by Government Contractors, issued by the Office of Federal Contract Compliance Programs, U.S. Department of Labor.

Guidelines on Employee Selection Procedures, developed by the Technical Advisory Committee on Testing to the California Fair Employment Practices Commission.

The three basic methods of establishing job-relatedness are empirical validity, construct validity, and content validity.* Which method is appropriate for a particular selection technique depends on the nature of the inference one wishes to make about the relationship between the technique itself and the requirements of the job.

To do a criterion-related validity study of certain medical conditions and diseases, one would have to hire applicants with those conditions and diseases to empirically determine how the applicants would perform on the job. Obviously, it is not feasible to do this, nor is it necessary. Physicians do not have to make predictions about behavioral consequences of various diseases. In most cases, the consequences occur quite reliably and have been well substantiated and documented. Therefore, criterion-related validation must be rejected as being both inappropriate and unnecessary.

*A more detailed discussion of these three validation strategies appear in the POST publication, Medical Decision Making in Law Enforcement.

Construct validity is the appropriate strategy when an employer wishes to make use of a psychological construct. Medical conditions and diseases obviously are not psychological constructs; they are concrete and well-defined entities with specific behavioral implications. Construct validity must also be rejected as being inappropriate.

Content validity is used most often when the selection technique requires an applicant to demonstrate the possession of a necessary job knowledge or skill. However, a person with a disqualifying medical disease is rejected because of an inability to perform a required activity. The connection between a medical disease or condition and the job requirements is not based on an evaluation of applicant performance, but on the rational judgments of experts who know the consequences of the disease or condition. The California Fair Employment Practices Commission Guidelines on Employee Selection Procedures lists such rational justification as a subcategory of content validity. Rational justification was chosen as the appropriate strategy for establishing the job-relatedness of medical conditions.

Although the California Fair Employment Practices Commission does not propose a particular approach to rational justification, the requirements of one such approach were developed for the POST Medical Decision Making project. The characteristics of this approach are as follows:

- The inference of job-relatedness is made by "job experts."
- Several job experts simultaneously but independently make judgments about the relatedness of selection information and job requirements.
- The importance placed on the experts' conclusions is based on the certainty which the experts have about the conclusions.
- The utility of the job experts' conclusions is based on the importance of the job requirement in question.
- The degree of certainty required of the experts depends in part on the tendency of a selection standard to produce adverse impact against those classes of applicants protected by fair employment legislation.
- The decision-making session is conducted under the guidance and direction of a "referee" who is completely familiar with the topics of fair employment, validation, and job-relatedness.

It is recommended that agencies employ such a procedure to establish the job-relatedness of conditions and diseases which are of concern to them and which are not mentioned in this Manual. The specific recommended steps in the procedure are described in the next section.

RECOMMENDED STEPS IN DEVELOPING JOB-RELATED MEDICAL STANDARDS

Step 1. Job-Analysis.

The physical demands of the job must be determined before medical standards can be established. This can only be done by means of a thorough job analysis. The position in question (e. g., entry-level law enforcement officer) must be studied to determine what the typical job incumbent does in the course of effectively performing the job. The activities should be systematically recorded, synthesized, and documented so they may be used as a basis for decisions concerning medical disqualifiers.

The following should be determined on the basis of the job analysis:

- . Standards of acceptable performance for the physical demands of the job.
- . Standards for acceptable versus unacceptable occupational time loss, such as based upon the standard number of sick leave days allowed by the agency.
- . The physical abilities which are required by virtue of the equipment which is used in the course of performing the job.
- . Environmental factors which a job incumbent must successfully endure in order to effectively perform the job.
- . The number of years which it takes the average job incumbent to reach satisfactory job effectiveness.

Since the job-relatedness of medical disqualifiers must be based upon these determinations, the job analytic results should be stated as specifically as possible.

Step 2. Identification of Decision Criteria.

A medical condition or disease can be the basis for disqualification if it results in, represents, or causes one or more of the following:

- Inability or difficulty in performing required job behaviors at an acceptable level of proficiency.

Inability to perform routine demands of the job such as riding in a car for extended periods or, walking required distances.

Inability to perform the more strenuous demands of the job such as lifting, carrying, balancing, crawling, running, jumping, pushing, pulling, dragging, or climbing.

Difficulty in performing job activities or meeting job responsibilities due to such things as reduced reaction time, reduced physical flexibility, inability to adjust to required schedules for sleeping and eating, or inability to respond to inflexible work schedules.

- Probability of time loss, such as a tendency toward absenteeism, lack of punctuality, necessity for frequent scheduled or unscheduled breaks in work routine, or unreasonable amount of sick leave.
- Unreasonable and extraordinary accommodations, such as extensive training programs, significant job restructuring, serious scheduling changes, or expensive modification of premises or equipment.
- Safety hazard to self or others, such as would result from contagious diseases or conditions which cause sudden, unexpected incapacitation.
- Adverse reaction to environmental factors encountered on the job, such as the inability to work effectively in different types of climate (i. e., hot, cold, dry, humid), undue loss of effectiveness on slippery or uneven surfaces, or when working at heights.
- Probability that disability retirement will occur within an unacceptably short period of time, thus interfering with the efficiency of the department.

These criteria should be reviewed and tailored to the specific requirements of each position and each agency based upon the results of the job analysis.

Step 3. Establishment of Decision-Making Panel.

The decision about the relationship between medical conditions and diseases and the above mentioned criteria must be made by job experts. It is recommended that five job experts be chosen for the decision-making panel: three licensed physicians and two individuals from the law enforcement agency and/or personnel department who are thoroughly aware of the physical demands of the job. Based upon POST's experience, it has been determined that this type of five-person panel can work together effectively and efficiently, and produce informed decisions.

Step 4. Training.

It is strongly recommended that after the panel members have been selected, a full day of training should be scheduled. The majority of training time should be spent reviewing the results of the job analysis so that all the panel members are equally well acquainted with the physical demands of the job. Other topics which should be addressed include: the criteria which can be used to establish medical disqualifiers, a full explanation of the job-relatedness strategy which is being employed, and a review of the relevant fair employment laws and guidelines.

The final topic covered during the training meeting should be the proposed list of medical conditions and diseases which will be evaluated at the decision-making meeting. This list should contain conditions and diseases which are of concern to the local agency and which were not dealt with in the POST study (or which were in the POST study but, in the opinion of the agency, should be re-evaluated.) The list will be the basis for discussion at the decision-making meeting.

Step 5. Decision-Making Meeting.

In order to maximize the quality of the decisions it is necessary that the meeting be carried out in a predetermined and very formal way. The meeting should be presided over by a "referee" who is thoroughly versed in the topics of job-relatedness and fair employment. It is recommended that the meeting be conducted in the following manner:

- (a) The meeting referee announces the first condition to be discussed. The first task of the physicians is to make sure that the phraseology and spelling of the condition are correct, and to determine whether additions or changes should be made. The final statement of the condition should be written on a form such as the Medical Examination Project-Decision Response Form, which appears on the following page.

MEDICAL EXAMINATION PROJECT
DECISION RESPONSE FORM

State of California Department of Justice
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
7100 Bowling Drive, Sacramento, CA 95823

Medical Condi- tion or Disease	Qualifying Statements - Related or Additional Circumstances	Rationale for Decision: Job Behavior or Criterion Affected

- (b) When the physicians are satisfied that the statement of the condition is in a proper form, they should explain to the non-physicians at the meeting the nature of the disease or condition and the behavioral consequences.
- (c) One important factor to be considered is the potential adverse impact against classes of individuals protected by fair employment legislation which would result from the use of a selection standard. For conditions which have adverse impact, the decision-makers must possess a high degree of certainty concerning when the condition is disqualifying. Therefore, the physicians should indicate whether a condition would have adverse impact, and against which protected classes (e.g., based upon sex, race, and physical handicap).
- (d) The next issue is job-relatedness. The physicians should be given several minutes to consider their decision. Preparatory to the discussion, each physician should fill out the "Qualifying Statements-Related or Additional Circumstances" portion of the Decision Response Form. They should state whether the disease is job-related, and under what conditions it would be disqualifying (e.g., degree of severity or when accompanied by other complicating factors).
- (e) Having made the decision, each physician should write the "Rationale for the Decision." They should justify their decisions by stating how the disease would adversely affect performance as it relates to one of the defined criteria.
- (f) Next, the physicians should be asked to discuss their decisions and rationales. Discussion should continue until consensus is reached. The agreed upon qualifying statements and the rationale for the decisions are then recorded by the meeting secretary.
- (g) This is not the end of the decision-making process. No final decision can be made without the concurrence of the two physical-demands experts. Based on their knowledge of the job, they are in a position to evaluate the rationale for the decision. For example, if the physical demands-experts decide that the stated behavioral consequence of a proposed disqualifier will not have important implications for the job, they can veto the job-relatedness decision. If such a veto does occur, full panel discussion should

begin again until all five panel members are in agreement. Such agreement constitutes a final decision.

- (h) The role of the referee is very important in this job-relatedness strategy. Throughout the procedure, the person who is assigned the role of referee should monitor the discussion to ensure that the formal procedure is adhered to and that the rationale for each decision is based solely on the relevant job criteria.
- (i) The results of the meeting should be written up in the form of an agency policy statement. A recommended format for such statements appear in POST's Medical Screening Manual.

Step 6. Update Based on Subsequent Research

Records should be kept to determine causes of medically-based performance deficits, and medically-based occupational time loss and disabilities. Periodic review of such records should indicate whether or not the established medical standards are accurately identifying those applicants who are physically fit for the job. In this way, medical standards can be periodically revised to ensure the selection of the best qualified candidates.

CONCLUSION

The proposed process described in this Handbook is the result of POST's experience with a year-long medical standards project. It has been demonstrated to be an effective and efficient means of establishing medical standards, and is therefore recommended for use by local agencies.

Individual agencies may want to establish their own procedures for making such medical decisions based upon local needs and resources. Agencies choosing to do this should take care to ensure that their decision procedures are job-analytic based, rational, and well documented.

Whatever process or procedure is chosen, agencies should convene the medical decision-making panel regularly (e.g., every six months to a year) to review, revise and update the medical standards used in their agency. This is necessary to maintain the job-relatedness of medical standards, to avoid violation of fair employment principles, and to hire only those applicants into law enforcement who are physically fit to do the job.

END

7/10/1944