

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

Last Name - First Name - Middle Name		Social Security Number		
Purpose of examination		Date of Examination		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race	Date of Birth	

Statement of examinee's present health and current medication:

Drug Allergies?

PPD Results: _____ mm			Chest X-Ray Results:					
Height	Weight	Blood Pressure		Temp.		Resp. Rate	Pulse Rate	
Distant Vision		W/O Corr. Lenses		With Corr. Lenses		Color Vision (Test used)		
		Right 20/ Left 20/		Right 20/ Left 20/				
Hearing	250	500	1000	2000	3000	4000	5000	6000
Right								
Left								

Head/Eyes/Ears/Nose/Throat/Neck

Chest

Heart

Abdomen

Extremities

Vascular

Neurologic

Skin

Back (Describe any limitations)

Other

Summary/Conclusions/Findings

Notes

Typed or Printed name of Examiner	Signature	Date	Institution
Type or Printed name of Physician	Signature	Date	

**PRE-TRAINING MEDICAL ASSESMENT** (Complete this page for new employee only)

Last Name - First Name - Middle Name	Social Security Number
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1. Are you or do you believe you are pregnant? Yes \_\_\_ No \_\_\_ N/A \_\_\_
2. Have you been injured recently? Yes \_\_\_ No \_\_\_
3. Have you had any illness or surgery recently? Yes \_\_\_ No \_\_\_
4. Do you feel you are able to fully participate in the physical ability test as shown in the film when you were interviewed? Yes \_\_\_ No \_\_\_

I certify that the above statement are true.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The BP-S630.060 Medical History Report and BP-S631.060 Post Conditional Offer of Employment Physical Exam have been completed any are available if needed.

Height	Weight	B/P
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Does examinee have any Medical/Mental health condition that would preclude them from safely completing the physical abilities testing, firearms, or self defense?

1. Firearms Testing Yes \_\_\_ No \_\_\_
2. Self Defense Yes \_\_\_ No \_\_\_
3. Dummy Drag Yes \_\_\_ No \_\_\_
4. Ladder Climb Yes \_\_\_ No \_\_\_
5. Obstacle Course Yes \_\_\_ No \_\_\_
6. 1/4 Mile Run and Cuff Yes \_\_\_ No \_\_\_
7. Stair Climb Yes \_\_\_ No \_\_\_

I recommend this examinee for continued employment Yes \_\_\_ No \_\_\_  
 I do not recommend this examinee for continued employment Yes \_\_\_ No \_\_\_

Typed or Printed name of Examiner	Signature	Date	Institution
Typed or Printed name of Physician	Signature	Date	

FINAL SCREENING

NOTE: Ordinarily, applicants who pass the initial medical screening at the hiring site, shall be sent to Glynco to participate in the ICTP within 60 days after entrance on duty. However, a cursory screening by a medical professional, WITHIN 30 DAYS OF DEPARTURE, shall be required for final clearance to ensure there are no acute conditions present which would preclude participation in the physical components.

Final Screening completed by: \_\_\_\_\_  
Typed/Printed Name Signature

Date: \_\_\_\_\_