

GARNER POLICE DEPARTMENT
EMPLOYEE MEDICAL EVALUATION
INSTRUCTIONS FOR THE EVALUATING PHYSICIAN



Employee: _____ Date: _____

The aforementioned Garner Police Department employee has indicated that they have an illness or injury that prohibits them from successfully completing the North Carolina Police Officer Physical Agility Test (POPAT). You are being asked to evaluate their illness / injury for the following:

- 1) Whether or not the illness / injury prohibits the employee from participating in POPAT testing; and
- 2) Whether or not the illness / injury prohibits the employee from meeting the physical requirements of a Garner Police Officer.

In accordance with the Genetic Information Non-discrimination Act (GINA), the examining health care providers shall not collect any genetic information (which under federal regulations includes family medical history) as a part of the examinations. This prohibition is set forth in 29 CFR 1635.8(d).

Included with this form to assist you in this evaluation are the following:

- A description of the North Carolina POPAT use utilized by the Garner Police Department, and
- The job description, including physical requirements, for a Garner Police Officer.

After completing the evaluation, please document your professional opinion regarding the employee's illness / injury by completing the reverse side of this form.

When you have completed this form:

- Inform the employee regarding the evaluation results and any follow up needed;
- Give a copy of the completed form to the employee; and
- Send a copy of all evaluation results and records to:

Garner Police Department
Personnel and Training Sergeant
900 Seventh Avenue
Garner, NC 27529

Please note the envelope as: **** CONFIDENTIAL – MEDICAL EVALUATION ****

These copies will be maintained as part of the employee's confidential medical record.

Should you have any questions regarding this request, please contact the Personnel and Training Sergeant at (919) 772-8810.

Employee Name: _____

Date of Birth: _____

Physician's Name: _____

Date of Exam: _____

Office Phone: _____

Employee's primary complaint of illness / injury:

Physician's relevant medical findings (e.g., diagnosis):

Based on my evaluation of the employee, my professional opinion regarding the employee's ability to perform the POPAT test is:

- The employee is medically cleared to perform the POPAT at this time.
- The employee is not medically cleared to perform the POPAT at this time.

My current prognosis is that the employee will be medically cleared to perform the POPAT in approximately _____ days / weeks / months.

Based on my evaluation of the employee, my professional opinion regarding the employee's ability to perform the physical duties of a Garner Police Officer is:

- The employee is medically cleared to perform the physical duties of a Garner Police Officer at this time.
- The employee is not medically cleared to perform the physical duties of a Garner Police Officer at this time.

My current prognosis is that the employee will be medically cleared to return to duty in approximately _____ days / weeks / months.

Physician's Signature: _____