



TREATY THREE POLICE SERVICE

Employment Opportunity

Experienced Officer and Recruit Constable

Treaty Three Police Service is currently accepting applications for recruit constables and experienced officers to fill future positions within our police service. The positions are subject to the terms of the funding agreement between Her Majesty the Queen in Right of Canada, Her Majesty the Queen in Right of Ontario, Grand Council Treaty #3 and the Treaty Three Police Services Board.

PRE-REQUISITES:

Recruit:

- Minimum 18 years of age
- Must possess a high school diploma or equivalency
- Must possess a valid Class G Driver's License
- No criminal record for which a records suspension (pardon) has not been received or an absolute/conditional discharge that has not been sealed
- Pass credit, background and investigation checks
- Must be of good moral character
- Conversant in Ojibway will be an asset
- Be a Canadian citizen or permanent resident
- Knowledge and understanding of community languages, culture and traditions with a high sensitivity to Indigenous issues

Experienced Officer:

- Must meet the above-noted recruit pre-requisites
- Must have an Ontario Police College Certificate or equivalent recognized by the Ontario Police College
- Valid CPR or First Aid Certificate
- Disclose any McNeil Reports

All qualified applicants must submit a detailed cover letter, resume, medical, vision and Driver's Abstract along with a Treaty Three Police Service Application Package to the Treaty Three Police Service. Please contact the Treaty Three Police Service for an Application Package at **(807) 548-5474**.

Please ensure you submit all the documentation required in the [Mandatory Checklist](#) included in the Application Package. Incomplete applications will not be accepted and will be returned with instructions to re-apply with the mandatory documentation.

Completed Application Packages will only be accepted for consideration by emailing your documents and application as one PDF file with your name as the title and what position you are applying for to [hiring@t3ps.ca](mailto: hiring@t3ps.ca).

Treaty Three Police Service appreciates the interest of all applicants; however, only those who receive an interview will be contacted.



Checklist of **Mandatory** Information

Surname:
Maiden or Change of Name:
First Name:
Middle Name:

In the Order Listed Below: Please provide the following documents. Failure to include any of the requested documents will delay the processing of your application.

Check off Boxes:

- Application for the Position of Constable
- Cover Letter and Resume
- Copy of Accreditation from Ontario Police College or Other Accredited Police Training Facility Recognized by the Ontario Police College
- Copies of Certificates (if applicable)
- Checklist of Mandatory Information Form
- Copy of Driver's Licence and Birth Certificate. If Born Outside of Canada, Citizenship and/or Landed Immigrant Status
- Completed Authorization for Release of Information (Signed/Witnessed)
- Completed Medical and Vision Form
- Copy of Driver's Abstract
- Have you had a Psychological Assessment with a Police Service within the last year? (If yes, provide police service and date)
 No Yes _____

Police Service

Date (yyyy/mm/dd)

NOTE: Applicants who are new to Canada (a resident of Canada less than 5 years) must provide a security clearance letter from the Police or municipal office from that country and from their Embassy indicating that the applicant does not have a criminal record, ties to organized crime and is not a security risk to Canada.

Applicants who have resided outside of Canada (within the past 5 years) must provide a security clearance letter from the Police or municipal office of their international residence indicating that the applicant does not have a criminal record or have ties to organized crime.



Treaty Three Police Service Application for Engagement

Constable
 Recruit
 Other

Important: 1. Carefully review and follow application instructions issued with this application form.
 2. Please print clearly, complete fully, and use additional paper if space is insufficient.

I. Personal Information

| | | | | |
|--|----------------|----------------|-------------|----|
| Last Name | Given Name (1) | Given Name (2) | SIN # | |
| | | | | |
| Complete Address (including Number, Street, Apt. Number, Lot Concession, Rural Route#) | | | | |
| City or Town | | Province | Postal Code | |
| Business or Day Phone Number: () | | | | |
| Home or Evening Phone Number: () | | | | |
| Place of Birth | Date of Birth | | | |
| Are you legally eligible to work in Canada? | | | Yes | No |
| Are you a Canadian citizen or a permanent resident of Canada? | | | Yes | No |
| Do you possess a valid drivers' licence? | | | Yes | No |
| Drivers abstract required from the Ministry of Transportation: Attached | | | Yes | No |
| Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court) | | | Yes | No |
| If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of discharge related to finding of guilt, have the records been sealed by the R.C.M.P. | | | Yes | No |
| Do you possess a CPR certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.) | | | Yes | No |
| Do you possess a first-aid certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.) | | | Yes | No |

II. Education

| | | | |
|---|--|---|---------|
| Secondary School Attended | | Highest Grade or Level Completed (if applicable, attach equivalency certificate) | |
| Type of Certificate or Diploma Obtained | | | |
| Business, Trade or Technical School Attended | | | |
| Course Name | | Length of Course | |
| Licence, Certificate or Diploma Awarded | | | |
| Community College Attended | | | |
| Program Name | | Length of Program | |
| Licence, Certificate or Diploma Awarded | | | |
| University Attended | | | |
| Major Area of Study | | Length of Course | |
| Degree Awarded | | General | Honours |

III. Employment History

- Note:**
1. Beginning with your present or previous employer and continuing in reverse time order, **list and describe the last ten (10) positions, if applicable, every position held since the beginning of your work experience.** If you held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required)
 2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

| | |
|--|---------------------------------|
| Present or Previous Employer | |
| Telephone Number () | Date of Employment From: To: |
| Complete Mailing Address (include postal code) | |
| Supervisor's Name and Title | Position Title |
| Brief Description of Duties | |
| Reason For Leaving | |
| Present or Previous Employer | |
| Telephone Number () | Date of Employment From: To: |
| Complete Mailing Address (include postal code) | |
| Supervisor's Name and Title | Position Title |
| Brief Description of Duties | |
| Reason For Leaving | |

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| Reason For Leaving | |
| Present or Previous Employer | |
| Telephone Number () | Date of Employment From: To: |
| Complete Mailing Address (include postal code) | |
| Supervisor's Name and Title | Position Title |
| Brief Description of Duties | |
| Reason For Leaving | |

III. Employment History Continued

- Note:**
1. Beginning with your present or previous employer and continuing in reverse time order, **list and describe the last ten (10) positions, if applicable, every position held since the beginning of your work experience.** If you held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required)
 2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

| | |
|--|---------------------------------|
| Present or Previous Employer | |
| Telephone Number () | Date of Employment From: To: |
| Complete Mailing Address (include postal code) | |
| Supervisor's Name and Title | Position Title |
| Brief Description of Duties | |
| Reason For Leaving | |
| Present or Previous Employer | |
| Telephone Number () | Date of Employment From: To: |
| Complete Mailing Address (include postal code) | |
| Supervisor's Name and Title | Position Title |
| Brief Description of Duties | |
| Reason For Leaving | |

IV. References

Please do not include relatives or former employers.

1.

| | |
|-------------------|--------------------|
| Name | Years known |
| Address | Telephone |
| Occupation | |

2.

| | |
|-------------------|--------------------|
| Name | Years known |
| Address | Telephone |
| Occupation | |

3.

| | |
|-------------------|--------------------|
| Name | Years known |
| Address | Telephone |
| Occupation | |

V. Work Availability (Applicants for Peace Keepers do not complete)

| | | |
|--|-------|----|
| 1. If your application receives favourable consideration, when would you be able to start? | Date: | |
| 2. You may be required to move and live in the First Nation area. Are you willing? | Yes | No |
| 3. Do you have any objection to working overtime? | Yes | No |
| 4. Can you work overtime without prior notice? | Yes | No |
| 5. Can you work on Saturdays? | Yes | No |
| 6. Can you work on Sundays? | Yes | No |
| 7. Can you travel if required by this position | Yes | No |
| 8. You may be required to remain in the First Nation area on rest days. Are you willing? | Yes | No |

VI. Do you have any loans, debts (ie credit cards), garnishee, wage, assignments or judges pending against you? **No** **Yes** (please provide details)

| Name and Complete Address of Creditor | Type - Debt, Garnishee, Judgement, etc. | When Incurred | Original Amount | Pursuant Amount | Monthly Amount | Arrears Amount |
|---------------------------------------|---|---------------|-----------------|-----------------|----------------|----------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

| |
|---|
| <p>Have you ever been sued for non-payment of debt? No Yes (please provide details)</p> |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

APPLICANT CREDIT CHECK / CREDIT REPORT

Treaty Three Police Service requires all applicants to provide a credit check / credit report.
The following companies provide credit reports / credit checks to Canadian residents:

Equifax.ca
Transunion Canada

The following web sites are also available:

Canadian Credit Report for Canadian Residents
Free Credit Report Canada

Have you submitted Credit Check / Credit Report with your application?

Yes No

If No please explain?

VII. Have you ever applied to any other police service(s)? **Yes** **No**

If **Yes**, complete the following:

| Name of Service(s) | Date(s) | Is your application currently active? | |
|--------------------|---------|---------------------------------------|----|
| 1. | | Yes | No |
| 2. | | Yes | No |
| 3. | | Yes | No |
| 4. | | Yes | No |

IV. List any qualifications you have which you believe are relevant to this position

| |
|--|
| |
|--|

Declaration

I hereby declare that the following information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for engagement or result in dismissal. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Applicant's Signature

Date



CONSTABLE SELECTION SYSTEM

CONSENT AND RELEASE OF LIABILITY FORM

_____ / _____ / _____
Last Name, First Name (*Please Print*)

3rd/6th/9th digits of SIN Number

Home Address: _____

Please read the following form carefully.

Parts A and B of this form is authorize police services and other individuals and entities noted below to **collect, use and disclose personal information** about you for the purpose of assessing your abilities to be a police constable under the Ontario Constable Selection System, and for related research, information and statistical tracking.

Part C of this form **releases any of the individuals and/or entities named in this form from liability** that might arise from the collection, use, or disclosure of your personal information in accordance with parts A and B. **A. CONSENT TO ASSESSMENT**

I hereby authorize any police service in Ontario to which I have submitted an application to be hired as a constable, and all other licensed members of the Constable Selection System, to collect my personal information as set out in Page 2 from any or all of the following individuals and entities:

- The Ontario Association of Chiefs of Police (“OACP”), which is licensed by the Ontario Government to operate the Constable Selection System, stores personal information belonging to police constable applicants in a secure electronic database, and uses this information to track demographic data and assessment results;
- The OACP Constable Selection System-licensed assessment firm 2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, (“TNT”), which provides assessment services on behalf of the OACP and RCMP, and which collects assessment results as well as the personal information required for Constable Selection System registration;



CONSTABLE SELECTION SYSTEM

- The Ontario Ministry of Solicitor General responsible for the Community Safety and Correctional Services, which is the licensor of the Constable Selection System, and which conducts research using personal information to support the validity and reliability of the Constable Selection System;
- The Ontario and National Sex Offender Registries;
- The Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- All Ontario police service or law enforcement agency, which may hold personal information about me;
- The Canadian Police Information Centre, which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- All health care practitioners (including without limitation, doctors, nurses, psychologists and their agents) who have provided me with health care treatment, either as part of this constable selection process or otherwise;
- All previous employers who may hold personal information about me;
- One or more consumer reporting agencies, which maintains credit or other personal information about a consumer; and,
- Any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results.

I irrevocably authorize the above-noted individuals and entities to collect personal information about me from sources other than myself and I consent to their using and disclosing this information as they require and/or as is described above and/or in the www.oacpcertificate.ca privacy policy.

I further consent to the disclosure of such personal information to a police service that is a licensed member of the Constable Selection System and to whom I have applied for employment as a police officer.



CONSTABLE SELECTION SYSTEM

I **acknowledge** that any of the above-noted individuals and entities may disclose to the requesting police service to which I have submitted an application which may include any or all of the following records, including any parts of the following record:

- | | |
|--|---|
| <ul style="list-style-type: none">• Academic records and transcripts; Employment records (Police Service and other), including performance evaluation / reviews, reference, discipline, complaint and attendance information;• Police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;• Police service applications;• Medical information;• Information from background and security checks (including CPIC, NCIC, Interpol, Vulnerable checks, NICHE, CBSA, YCJA & YOA records etc.); | <ul style="list-style-type: none">• Financial information, including credit bureau check;• Driving record;• Physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 - questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;• Pre-Screening Test Scores• Applicant survey information; and,• Training record.• Social networking websites, blogs, chatrooms, email or other online content. |
|--|---|

B. CONSENT TO RESEARCH

I understand that my personal information as described herein may be required occasionally for research and analytics purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the Constable Selection System. I hereby consent to any or all of the personal information collected about me, pursuant to this form or at any point while I am being trained to be a constable, to be used and/or disclosed to a researcher or to the OACP/RCMP/Ministry/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), for these purposes. I understand that in providing this consent that my personal information shall never be published in a publication that is available to the general public, unless in accordance with applicable laws or in connection with a legal proceeding.



CONSTABLE SELECTION SYSTEM

C. WAIVER AND RELEASE OF LIABILITY

FOR GOOD AND VALUABLE CONSIDERATION, including the opportunity to submit my application for consideration to a police service, I, on my own behalf and on behalf of my assigns, insurers, personal representatives, agents, attorneys, estate, and heirs, release and forever discharge, Her Majesty the Queen in Right of Ontario, Her Majesty the Queen in Right of Canada, the OACP/RCMP/2588232 Ontario Inc., operating under the business name, TNT Justice Consultants, ("TNT"), and any Ontario police services board, and their respective assigns, insurers, licensees, representatives, agents, employees, subcontractors, attorneys, partners, subsidiaries, officers, directors, shareholders, associates, and affiliates (hereinafter collectively referred to as the "Releasee") from any and all actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever which I have ever had, now have or may hereinafter have against the Releasee, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

I AGREE AND UNDERTAKE:

- (a) That if I makes any claim, demand or complaint or take any action or proceeding whatsoever against the Releasee arising out of the matters described above in this Release shall be deemed to be a complete defence and bar to any such claim, demand, complaint, action or proceeding;
- (b) Not to make any claim or take any proceeding against any other person or entity which might result in a claim for contribution or indemnity being made against the Releasee;
- (c) To indemnify and save harmless the Releasee from any costs, expenses, losses or damages whatsoever incurred by the Releasee in connection with or in any way related to defending or responding to any action or other proceeding brought by any other person or entity against the Releasee for contribution or indemnity or any other claim over as a result of any action or other proceeding brought by me.



CONSTABLE SELECTION SYSTEM

I have read all five pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read the information in this form thoroughly, that I fully understand it, and that by signing below, I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

The information provided is collected under the authority of Section 11 of the *Private Security and Investigative Services Act, 2005* for the purpose of issuing a licence under the Act.

Candidate's Name (Please Print)

Name of Witness (Please Print)

Candidate's Signature

Signature of Witness

Date of Candidate Signature

Date of Witness Signature

Personal information obtained through the completion of this form is collected pursuant to section 43 of the Police Service Act 1990 for the purpose of assessing qualifications and suitability for employment as a police officer. Information collected may be disclosed for the purpose for which it was obtained or for a consistent purpose. Questions concerning the collection or disclosure of this information should be addressed to OACP-TNT Justice Consultants Administrator.



TREATY THREE POLICE SERVICE EMPLOYMENT VISION REPORT

APPLICANT NAME: _____

VISION REQUIREMENTS:

Uncorrected Visual Acuity - At least 20/40 (6/12) with both eyes open

Corrected Visual Activity - At least 20/20 (6/6) with both eyes open

Farsightedness - The amount of hyperopia must not be greater than +2.00 D, spherioequivalent in the least hyperopic eye.

Depth Perception - Stereo acuity of 80 seconds of arc or better

Lateral Phoria "Far" - In excess of 5 eso or 5 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments

Lateral Phoria "Near" - In excess of 6 eso or 10 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments

Colour Vision - Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses

Peripheral Vision - Peripheral visual field limits with a 5 mm white target at 33 cm (or a target with similar angular size with respect to the candidate's viewing distance) should be no less than the limits given below. In addition, no blind spots should be present within these limits other than the physiological blind spot.

Limits for the various meridians are:

| | | |
|-------------------|-----------------|-----|
| Temporal | (0° meridian) | 75° |
| Superior-temporal | (45° meridian) | 40° |
| Superior | (90° meridian) | 35° |
| Superior-nasal | (135° meridian) | 35° |
| Nasal | (180° meridian) | 45° |
| Nasal-inferior | (225° meridian) | 35° |
| Inferior | (270° meridian) | 55° |
| Inferior-temporal | (315° meridian) | 70° |

PARTICULARS OF EXAMINER

NAME: _____ PHONE: _____

ADDRESS: _____

QUALIFICATIONS: _____

I certify that the above named applicant meets or exceeds all of the above vision requirements.

SIGNATURE _____



TREATY THREE POLICE SERVICE HEALTH EXAMINATION REPORT

| | |
|--|---|
| POSITION APPLIED FOR: | TODAYS DATE Year: _____ Month: _____ Day: _____ |
| Sex: <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> | DATE OF BIRTH Year: _____ Month: _____ Day: _____ |

Applicant Information:

| | | |
|--------------------|-----------------------|--------------------|
| GIVEN NAMES | MIDDLE NAME(S) | FAMILY NAME |
|--------------------|-----------------------|--------------------|

Applicant Address:

| | | | |
|----------------|------------------|--------------------|------------------|
| STREET: | CITY/TOWN | PROVINCE | TELEPHONE |
| | | POSTAL CODE | HOME: |
| | | | CELL: |

| | | |
|----------------------|----------------|------------------|
| FAMILY DOCTOR | ADDRESS | TELEPHONE |
|----------------------|----------------|------------------|

CONSENT

I, _____, hereby consent to the release of the information gathered in respect of this medical examination to the Treaty Three Police Service to be used for the purpose of assisting in determining suitability for employment.

Date: _____

Witness: _____

Signature: _____

Personal History

Spouse _____

Children (Number and State of Health) _____

Military Services: Yes No

Disability Pension: Yes No

Immunization: _____

| | | | | | |
|---|----------------------------|-----------------|---|----------------------------|-----------------|
| TB Skin Yes <input type="radio"/> No <input type="radio"/> | Date of Last Test _____ | Result _____ | Chest X-Ray Yes <input type="radio"/> No <input type="radio"/> | Date of Last Test _____ | Reason _____ |
|---|----------------------------|-----------------|---|----------------------------|-----------------|

Past Illness: (including Childhood Illnesses, High Blood Pressure, Heart Disease, Thyroid Disease, Cancer): _____

Operations: _____

Accidents: _____

Hospitalizations: _____

Allergies: _____

Medications (Prescription – Other): _____

Habits

| | Yes | No | Quantity |
|----------------------|-----|----|----------|
| Cigarettes – Tobacco | | | |
| Hard Drugs | | | |
| Alcohol | | | |
| Coffee/Tea | | | |

Family History

| | Mother | Father | Other | | Mother | Father | Other | | Mother | Father | Other |
|-------------------|--------|--------|-------|-----------------|--------|--------|-------|---------------------|--------|--------|-------|
| Tuberculosis | | | | Epilepsy | | | | Skin Disorder | | | |
| Diabetes | | | | Blood Disorders | | | | Kidney Diseases | | | |
| Cancer | | | | Asthma | | | | High Blood Pressure | | | |
| Nervous Disorders | | | | Hay Fever | | | | Heart Disease | | | |
| Glaucoma | | | | Alcoholism | | | | | | | |

Other Details (include other Diseases): _____

Health History (Continued) Functional Enquiry

A. Current Health Status

Good Bad

B. Are you suffering from or under treatment for any disease now?

Name: _____

C. Do you have a pre-existing illness or injury that would prevent you from doing the essential duties of the job?

Yes No

D. Do you now or have ever suffered from any of the following

| | YES | NO | | YES | NO | | YES | NO |
|---------------------------------|-----|----|-----------------------------------|-----|----|---|-----|----|
| Ear Aches or Infections | | | Bronchitis, Emphysema | | | Pain - Burning Discharge | | |
| Ear Noises or Deafness | | | Shortness of Breath | | | Foot Problems | | |
| Epilepsy or Convulsions | | | Chronic Cough | | | Kidney or Bladder Trouble | | |
| Eye Irritation or Infection | | | Palpitations | | | Neck or Back injury or Pain | | |
| Fainting Spells or Dizziness | | | Night Sweats | | | Hernia or Rupture | | |
| Frequent Colds/Sore Throats | | | Indigestion - Nausea - Vomiting | | | Urine - Bloody or Discolored | | |
| Frequent Headaches | | | Coughing - Mucus or Blood | | | Infections or Stones | | |
| Frequent Nose Bleeds | | | Rheumatic or Scarlet Fever | | | Rheumatism or Arthritis | | |
| Head Injury or Concussion | | | Breast Problems - Lumps | | | Haemorrhoids | | |
| Hives - Hay Fever-Asthma | | | Bowel Trouble | | | Frequently Passing Water | | |
| Bloody or Black Bowel Movement | | | Lung Disease i.e.. TB, Pneumonia | | | Have you any restriction on Physical Activity | | |
| Nose or Throat Problems | | | Swelling of the Ankles | | | Numbness or Tingling | | |
| Recent Change in Weight | | | Allergy to Drugs | | | Constipation - Diarrhea | | |
| Vision Problems | | | Anemia - Blood Conditions | | | Migraine | | |
| Serious Eye Problems | | | Heart Trouble | | | Low Back Pain | | |
| Sinus Trouble | | | Ulcers - Stomach Trouble | | | Varicose Veins - Phlebitis | | |
| Skin - Moles - Tumor | | | Abdominal Pain | | | Menstrual Problems | | |
| Skin Rashes; Itchiness, Burning | | | Chest Pain - Pressure - Tightness | | | Nervous Trouble Breakdowns | | |
| Tooth or Gum Trouble | | | Vomiting Blood | | | Problems Sleeping | | |
| Recent Fatigue or Weakness | | | Liver Trouble - Jaundice | | | Other Joint or Muscle Problems | | |

Explain "Yes" Answers

PHYSICIAN'S EXAMINATION

| | | | | | |
|--|-----------------------------|--------------------|--|--------------------------|-----------------|
| APPLICANT NAME: | | | DATE: | | |
| General | Appearance | | LABORATORY | Haemoglobin | |
| | Mental Status | | | Urine (Dip Stick) | Alb. Sugar |
| | Height | cm | | Other Tests if Indicated | |
| | Weight | Usual Present | CHEST X-RAY | Date: _____ | |
| | T.P.R. | T. P. R. | Pulmonary Function Test (if indicated) Date: _____ | | |
| EYES | Reaction | Accom. Light | ECG (if appropriate) | | |
| | Pupils | Equal Unequal | Health Education (Specify) | | |
| | Fundi | | | | |
| | Fields of Vision | | | | |
| Color (Test Used) | | | | | |
| VISION | | Near Far | Immunization Given (Specify) | | |
| | Without Glasses | R / L / R / L | | | |
| | With Glasses | | | | |
| EARS | Hearing | R L | THIS SPACE FOR ADDITIONAL INFORMATION AND REMARKS | | |
| | Drums | R L | | | |
| | Other | R L | | | |
| MOUTH TONGUE | Gums | | | | |
| | Dental/Hygiene | | | | |
| | Other | | | | |
| THROAT-TONSILS | | | | | |
| NECK | Movement | | | | |
| | Pain-Tenderness | | | | |
| | Other | | | | |
| THYROID | | | | | |
| LYMPH NODES | | | | | |
| BREASTS | | | | | |
| HEART | Size | | | | |
| | Rhythm | | | | |
| | Murmurs | | | | |
| | Carolid Bruits | | | | |
| BLOOD PRESSURE | | | | | |
| EXCERISE AS APPROPRIATE (ESPECIALLY POLICE APPLICANTS) | Heart Rate Resting | | | | |
| | After Exercise | | | | |
| | 1 Minute After | | | | |
| | 2 Minutes After | | | | |
| | Exercise (e.g. 20 step ups) | Time EGG. | | | |
| Chest | Type | | | | |
| | Resonance | | | | |
| | Activenitious Sounds | | | | |
| | Bowel Sounds | | | | |
| ABDOMEN | Appearance – Scars | | | | |
| | Tenderness | | | | |
| | Masses/Organs | | | | |
| | Bowel Sounds | | | | |
| HERNIA | Inguinal | | | | |
| | Femoral | | | | |
| | Other | | | | |
| RECTAL | | | | | |
| HEMORRHOIDS | | | | | |
| PROSTATE/PELVIC | If Appropriate | | | | |
| DEFORMITIES | | | | | |
| EXTREMITIES | Arms/Hands | | | | |
| | Legs/Feet | | | | |
| | Varicose Veins | | | | |
| JOINTS | Upper (Espec. Shoulders) | | | | |
| | Lower (Espec. Knees) | | | | |
| SKIN | | | | | |
| SPINE | Mobility | | | | |
| | Pain | | | | |
| | Deformity | | | | |
| NERVOUS SYSTEM | General | | | | |
| | Tendon Reflexes | | | | |
| | | | Impressions: Healthy <input type="radio"/> Health Problems <input type="radio"/> | | |
| | | | Fit for Job <input type="radio"/> Fit with Limitations <input type="radio"/> Unfit <input type="radio"/> | | |
| | | | Please describe problems/limitations: | | |
| | | | Examining physician (please print name): | | |
| | | | Phone: | | |
| | | | ADDRESS: | | |
| | | | SIGNATURE: _____ | | |