STATE OF HAWAII

DEPARTMENT OF THE ATTORNEY GENERAL LAW ENFORCEMENT OFFICERS SAFETY ACT OF 2004

CERTIFICATE OF MEDICAL EXAMINATION

I.	NAME (<i>CAPS</i>) LAST - FIRST - MIDDLE	II. SEX	III. BIRTH DATE (Mo., Day, Year)	IV. SOCIAL SECURITY NO.			
V.	STREET ADDRESS AND APARTMENT NO.	VI. CITY, STATE AND ZIP CODE					
VII.	TYPE OF I.D. PRESENTED FOR IDENTIFICATION	XIV. APPLICANT SIGNATURE (Sign your name in INK as it appears on your application, in the presence of the examining physician, for identification purposes.)					
PH	YSICIAN: ALL of the following items (1-16, except item 8) must be co	ompleted. Before begir	nning the medical examination,	refer to items 8 and 9 to			
be i	informed of the physical requirements of the position for which applica	ant is being considered	. Sign this certificate upon com	pletion of the examination.			
1.	HEIGHT: FEET INCHES WEIGHT:	POUNDS					
2.	EYES: (A) DISTANT VISION (Snellen): WITHOUT GLASSES: RIGHT	20 20 LEFT	WITH GLASSES, IF USED:	RIGHT 20 LEFT 20			
	(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT W THE APPLICANT? TEST EACH EYE SEPARATELY. WITHOUT GLASSES:		IG SPECIMEN OF JAEGER NO LASSES, IF USED:). 2 TYPE CAN BE READ BY			
	(C) EVIDENCE OF DISEASE OR INJURY: RIGHT		LEFT				
-	(D) COLOR VISION: IS COLOR VISION NORMAL WHEN ISHIHA	ARA OR OTHER COLC	OR PLACE TEST IS USED?	Yes No			
	IF NOT, CAN APPLICANT PASS OTHER COMPARABLE TES	ST?					
3.	EARS: (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD)						
	ORDINARY CONVERSATION: RIGHT EAR LEFT EAR EVIDENCE 20 FT. 20 FT.	CE OF DISEASE OR II	NJURY: RIGHT EAR	LEFT EAR			
4	DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES,	ALLERGIES, DISEASI	ES, NOT INCLUDED ABOVE				
5.	SCARS OF SERIOUS INJURY OR DISEASE						
6.	MENTAL HEALTH: INCLUDE SYMPTOMS AND FULL HISTOR ADDITIONAL SHEETS OF PAPER AS NECESSARY).	RY OF ANY MENTAL, N	NERVOUS OR EMOTIONAL AE	NORMALITY (USE			
	(A) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS?						
	(B) WHERE? (NAME AND LOCATION OF HOSPITAL)						
	(C) DATE OR DATES OF HOSPITALIZATION:						
	(D) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS:						
7.	URINALYSIS (IF INDICATED):						
	SP. GR	ALBUMEN	SUGAF				
	CASTS	BLOOD	PUS				

8. OUTLINE OF WHAT POSITION ENTAILS. Applicant intends to carry a concealed firearm pursuant to the Law Enforcement Officers Safety Act of 2004 18 U.S.C. § 926 C. If applicant meets the requirements of 18 U.S.C. § 926 C and passes the State of Hawaii Firearm Certification, he/she will be allowed to carry a concealed firearm in the 50 United States.

TO BE COMPLETED BY EXAMINING PHYSICIAN:

PHYSICIAN: The items highlighted/bolded below indicate the physical requirements of the certification for which this individual is being considered. Indicate the individual's physical capacities for this certification by placing an "X" in the appropriate column opposite the number(s) highlighted. If the individual has any other physical limitation relating to physical requirements not highlighted or not covered by this form, indicate under "Remarks" on the next page. Whenever PARTIAL capacity is indicated, explain under "Remarks," giving specific quantities.

9.	9. PHYSICAL REQUIREMENTS AND ENVIRONMENTAL FACTORS							
		CAPACITY		ΤΥ		(CAPACITY	
		Full	Partial	None		Full	Partial	None
1.	Outside				35. Straight pulling (hours)			
2.	Outside and inside				36. Pulling - hand-over hand (hours)			
3	Excessive heat				37. Pushing (hours)			
4.	Excessive cold				38. Reaching above shoulder			
5.	Excessive humidity				39. Use of fingers			
6.	Excessive dampness or chilling				40. Use of both hands			
7.	Day atmospheric conditions				41. Walking (hours)			
8.	Excessive noise, intermittent				42. Standing (hours)			
9.	Constant noise				43. Crawling (hours)			
10.	Dust				44. Kneeling (hours)			
11.	Silica, asbestos, etc.				45. Repeated bending (hours)			
12.	Fumes, smoke, or gases				46. Climbing - use of legs only (hours)			
13.	Solvents (degreasing agents)				47. Climbing - use of legs & arms (hours)			
14.	Greases and oils				48. Use of both legs			
15.	Radiant energy				49. Operation of crane, truck, tug, tractor, or motor vehicle			
16.	Electrical energy				50. Ability for rapid mental and muscular coordination simultaneously			
17.	Slippery or uneven walking surfaces				51. Ability to use and desirabilty of using firearms			
18.	Works around machinery with moving parts				52. Near vision correctable at 13 to 16 inches			
19.	Moving objects or vehicles				53. Far vision correctable to 20/20 to 20/40			
20.	Working on ladders or scaffolding				54. Far vision correctable to 20/50 to 20/100			
21.	Working below ground				55. Specific visual requirement (specify)			
22.	Unusual fatigue factors (Specify)				56. Use of both eyes			
23	Working with hands in water				57. Depth perception			
24.	Explosives				58. Ability to distinguish basic colors			
25.	Vibration				59. Ability to distinguish shades of colors			
26.	Working closely with others				60. Hearing (Aid permitted)			
27.	Works alone				61. Hearing without aid			
28.	Protracted or irregular hours of work				62. Specific hearing requirements (specify)			
29.	Heavy lifting - 45 pounds and over				63.			
30.	Moderate lifting - 15 - 44 pounds				64.			
31.	Light lifting - under 15 pounds				65.			
32.	Heavy carrying - 45 pounds and over				66.			
33.	Moderate carrying - 15 - 44 pounds				67.			
34.	Light carrying - under 15 pounds				68.			

IMPAIRMENT CODES

IIIII AIIIIIIIII OODEO							
00	NO REPORTABLE IMPAIRMENT						
10	AMPUTATION - ONE EXTREMITY						
11	AMPUTATION - TWO OR MORE EXTREMITIES						
20	DEFORMITY OR IMPAIRED FUNCTION - UPPER EXTREMITY						
21	DEFORMITY OR IMPAIRED FUNCTION - LOWER EXTREMITY OR BACK						
30	VISION - BEST CORRECTED VISION OF POORER EYE NOT MORE THAN 20/200						
31	VISION - BEST CORRECTED VISION OF BETTER EYE NOT MORE THAN 20/200						
40	HEARING - SOME IN ONE EAR, NONE IN OTHER						
41	HEARING - IN BOTH EARS AND MORE THAN 12/20 IN BETTER EAR WITHOUT AID						
42	HEARING - 0/20 IN EACH EAR, INCLUDING SPEECH MALFUNCTION						
50	TUBERCULOSIS - INACTIVE PULMONARY						
51	ORGANIC HEART DISEASE (Compensated) - VALVULAR, ARRHYTHMIA, ARTERIOSCLEROSIS, HEALED CORONARY LESIONS						
52	DIABETES - CONTROLLED						
53	EPILEPSY - ADEQUATELY CONTROLLED						
54	HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS REQUIRING SPECIAL PLACEMENT EFFORT						

IMPAIRMENT CODE INSTRUCTIONS

If the person examined has or had any impairment(s) listed above, enter the code of the ONE impairment which is MOST limiting in item 12.

If none of the impairments apply, enter the code "00."

	OTHER PROSTHETIC AID (specify)							
11.	IN YOUR OPINION, IS THIS INDIVIDUAL, IN HIS/HER CURRENT PHYSICAL CONDITION, CAPABLE OF CARRYING AND							
	USING A CONCEALED FIREARM? YES	NO						
	PROVIDE YOUR REMARKS AND RECOMMENDATIONS BELOW.							
12.	IMPAIRMENT CODE							
	(See attached codes.)							
13.	SIGNATURE OF PHYSICIAN OR EXAMINER	14. PHYSICIAN NAME (Type or print.)	29 . DATE					
15.	LICENSE NUMBER & TYPE OF LICENSE	16. ADDRESS OF EXAMINING PHYSICIAN (Type or print.)						

PROPERLY FITTED HEARING AID

PROPERLY FITTED EYEGLASSES/CONTACT LENSES

THIS PERSON SHOULD USE:

10.