



WOODS CROSS CITY



POLICE DEPARTMENT



WOODS CROSS POLICE DEPARTMENT - BOUNTIFUL POLICE DEPARTMENT  
 NORTH SALT LAKE POLICE DEPARTMENT - CENTERVILLE POLICE DEPARTMENT  
 DAVIS COUNTY SHERIFF'S OFFICE  
 CITIZEN POLICE ACADEMY  
 MEDICAL SCREENING FORM  
 (Please Print legibly and accurately)

Individual's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Individuals under consideration for attendance at the Citizen Police Academy must complete this medical screening questionnaire.

1. Do you now or have you previously been treated for or experienced: (Please Circle)

Heart Disease or Condition	Yes	No	Seizure or Epilepsy	Yes	No
Chest Pain	Yes	No	Diabetes	Yes	No
Frequent Fainting	Yes	No	Heat Injury(last 12 months)	Yes	No
Asthma	Yes	No	Hyperventilation	Yes	No
Emphysema	Yes	No	Claustrophobia	Yes	No
Chronic Bronchitis	Yes	No	Taking Narcotic Medication	Yes	No
Other Lung or Chest Problems	Yes	No	Have an Open Wound or Sutures	Yes	No
Perforated Eardrum	Yes	No	High Blood Pressure	Yes	No

2. Any question with a YES answer requires the individual to have medical screening by a licensed physician certifying the individual is in appropriate health to perform tasks such as: Arrest Control Techniques, Participating with Live Firearms, Volunteering for Pepper Spray, and Simulator Machines. NOTE: If pregnant, it is suggested the individual participate in a future class. Pregnancy disqualifies individuals from certain activities.
3. Medical Screening Form and Physician Certification (if required) must be attached to application form.