



**Calcasieu Parish Regional Law
Enforcement Training Academy
FULL BASIC PHYSICAL EXAMINATION FORM**

P. O. Box 3722, Lake Charles, Louisiana 70602

Phone: (337) 491-3850

Fax: (337) 494-1136

Must be completed and returned with registration form

Full Basic

151 Basic Transition

169 Trans. Correctional

**Refresher cadet only does not need a physical examination*

CADET INFORMATION						
Last Name (Please Print or Type)		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Marital Status (Circle One) Single / Mar / Div. / Sep. / Wid.	
Is This Your Legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Maiden Name)	Birthdate / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address		City	State	Zip Code	Home Phone No. ()	Do You Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Are you currently taking medication? what kind? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so,	Are you currently involved in a physical activity program? (Jogging, stretching, weight training, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your level of Physical Activity (check one) <input type="checkbox"/> Very Active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Occasionally Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other						
History of Hospitalization: If any item number is checked, please note item number and explain. 1 <input type="checkbox"/> Allergies 2 <input type="checkbox"/> Injuries 3 <input type="checkbox"/> Operations 4 <input type="checkbox"/> Asthma 5 <input type="checkbox"/> Diabetes 6 <input type="checkbox"/> Other						
Past and Present Health History <input type="checkbox"/> 1. Stroke <input type="checkbox"/> 2. Epilepsy <input type="checkbox"/> 3. Orthopedic or muscular problems <input type="checkbox"/> 4. High Blood Pressure <input type="checkbox"/> 5. Cancer <input type="checkbox"/> 6. Heart & arterial diseases <input type="checkbox"/> 7. Anemia <input type="checkbox"/> 8. Abnormal chest x-ray <input type="checkbox"/> 9. Chest pain: <input type="checkbox"/> 10. Other						
If any item number is checked, please note item number and explain.						
Any Previous Work. Comp. Injuries Or Claims:		NO	YES	To What Area	Year	
COMPLETE BY PHYSICIAN (To be completed by Physician ONLY)						
Blood Pressure Reading Systolic / Diastolic		Pulse Rate		Note any further information or recommendations on cadet's medical status		

From your examination, do you consider this cadet to be in good physical condition and capable of performing sustained physical activity and defensive tactics, such as push-ups, sit-ups, sit and reach, 1.5 mile run, 300 meter run, and obstacle course that includes a pull/drag 185 pound dummy. Besides the physical activities, cadets are required to participate in all defensive tactics training which includes punching, kicking, blocking drills, takedowns, and firearms training.

Please check one: DO Recommend DO NOT Recommend

If not recommended please explain: _____

PHYSICIAN SIGNATURE

This examination and resulting information applied to the foregoing questions truly depicts the physical condition of this applicant on this day.

X _____
PHYSICIAN SIGNATURE DATE

Please place your business stamp or print in box below.