



PERSONAL DISCLOSURE FORM

PERSONAL DISCLOSURE FORM and TRUTH VERIFICATION

Before writing answers to the questions contained in this Personal Disclosure Form(PDF), Applicants are advised to:

- **carefully read all information and notices on Pages 1, 2, and 3;**
- **read and sign the Declaration, Acknowledgement and Consent on Page 4;**
- **follow the instructions listed on Page 5.**

Honesty, Integrity and Ethics are scrutinized closely in considering police officer applications. The PDF and Truth Verification are used to assist in determining an applicant's suitability for employment as a police officer with the Prince Albert Police Service.

The PDF pertains to your **ethics** and your **integrity**. You, as the applicant, must first complete the PDF by answering all questions accurately, completely, thoroughly and honestly. Minimizing, blaming, and failure to accept responsibility will be closely monitored. Should you be considered to continue in the process, your answers will be verified by a variety of methods including a detailed background investigation and Truth Verification.

Should you be successful at all preceding stages of the Recruiting process, you will be requested to participate in Truth Verification by means of a Pre-Employment Polygraph(PEP). The purpose of the PEP is to assist in verifying your truthfulness, and in verifying that you are the person you claim to be in your employment application forms, questionnaires, and interviews.

Be advised that deceit, dishonesty or non-disclosure concerning questions in any part of the application process will likely result in disqualifying you from this and any future employment competitions with the Prince Albert Police Service.

You are **not obliged** to provide any information that relates to a conviction for which a pardon has been received or a conviction that was processed pursuant to the *Young Offenders Act* (R.S.C., 1985, c. Y-1, now repealed) or the *Youth Criminal Justice Act* (S.C., 2002, c.1).

You are under **no obligation** to disclose any information regarding a crime where you were a victim.

Your decision to complete the PDF and to participate in the PEP must be voluntary, based on your desire to pursue a career as a police officer. You may withdraw or stop the application process at any time. You may refuse to provide answers to any or all of the questions contained in the PDF or at the PEP. Such a refusal may result in your disqualification from the Recruiting Process.

You may amend your response(s) to any question(s) in the PDF at any time prior to the scheduled date for your PEP, by contacting the Recruiting Unit.

PERSONAL DISCLOSURE FORM

The Police Service is collecting, on a voluntary basis, personal information on the Personal Disclosure Form (PDF) to assist in determining the suitability, eligibility and qualifications of the Applicant for employment as a police officer with the Police Service. The information requested is essential for making these employment determinations. Applicants who are **three (3) years clear** of any detected or undetected criminal activity will be preferred for employment as a police officer.

NOTICE REGARDING PRIOR SERIOUS CRIMINAL OFFENCES AND SERIOUS RISK TO THE SAFETY OF OTHERS

The information you provide during the Recruiting Process is collected by the Police Service for the purpose of an employment application. However, if an Applicant admits to having committed a serious and undetected criminal offence, or is deemed to pose a serious risk to the safety of others, the Police Service may use or disclose specific information for a law enforcement or public safety purpose. While cases of such use and disclosure outside of the Recruiting Process are rare and exceptional, the Police Service **strongly discourages** an Applicant from completing the PDF or attending the Pre-Employment Polygraph Examination (PEP) if you believe this Notice applies to you.

EXAMPLES OF SERIOUS CRIMINAL OFFENCES INCLUDE, BUT ARE NOT LIMITED TO:

- ❖ murder
- ❖ any crime involving children
- ❖ (includes physical or sexual abuse)
- ❖ impaired driving
- ❖ sexual assault
- ❖ crimes relating to domestic violence
- ❖ child pornography (includes accessing, possession, distribution, or the making of)
- ❖ offences contrary to the *Controlled Drugs and Substances Act*
- ❖ robbery
- ❖ arson resulting in loss of life or substantial damage
- ❖ treason or high treason
- ❖ crime committed with a facial covering and/or a weapon
- ❖ forcible confinement

Should you be uncertain if this Notice applies to you, please consult the Prince Albert Police Service Recruiting Office for clarification.

Any information provided in this PDF regarding serious criminal activity, or that indicates you may pose a serious threat to others, may be investigated by the Prince Albert Police Service or disclosed to entities with lawful authority to collect such information (e.g. police of jurisdiction or child protection agency).

Such disclosures could lead to an investigation, arrest, charge(s), criminal prosecution, conviction, and ultimately, imposition of a sentence.

Such disclosures may also lead to incident reports being entered into police databases, which could impact future employment or volunteering opportunities, or other activities that require security screening.

NOTICE FOR APPLICANTS WHO ARE CURRENTLY EMPLOYED BY THE PRINCE ALBERT POLICE SERVICE

If you are currently employed by the Prince Albert Police Service, please be advised that:

- deceit, dishonesty or non-disclosure concerning questions in this PDF, or
- disclosure of serious, recent or ongoing criminal or illegal activity

may result in discipline up to and including dismissal from your current employment with the Prince Albert Police Service.

NOTICE REGARDING FUTURE APPLICATIONS

If you apply for any other employment with, or at, the Police Service at any time in the future, deceit, dishonesty or non-disclosure concerning questions in this PDF, or disclosure of serious, recent, or ongoing criminal or illegal activity may be used to determine your suitability, eligibility and qualifications for employment. This may result in your disqualification from the employment process in question.

NOTICE REGARDING COLLECTION, USE AND DISCLOSURE OF INFORMATION

Personal information that is collected on this PDF will be used to determine your suitability, eligibility, and qualifications for employment with the Prince Albert Police Service. Questions about the collection, use or disclosure of this information may be directed to the NCO of Recruiting, Prince Albert Police Service, 45 15th Street West, Prince Albert, SK, S6V 3P4. Telephone No. (306) 953-4222.

DECLARATION, ACKNOWLEDGEMENT AND CONSENT

Should you have any questions concerning what you have read in the preceding pages, please contact the Recruiting Unit to clarify before proceeding any further.

I, the undersigned, have read and understand the information and notices on Pages 1, 2, and 3 of this PDF.

I complete this PDF voluntarily, based on my desire to pursue a career as a police officer.

I declare that I will provide, in this PDF, information that is up-to-date, accurate, complete, and honest, to the best of my knowledge and belief.

I understand that I may amend my answer(s) to any question(s) in the PDF at any time prior to the scheduled date for a PEP by contacting the Recruiting Unit.

I understand that I do not have to include any information in this PDF that relates to a conviction for which a pardon has been received, or a conviction that was processed pursuant to the *Young Offenders Act* or the *Youth Criminal Justice Act*.

I understand that the information provided in this PDF may affect my possibilities for any other employment with, or at, the Police Service at any time in the future, and/or where applicable, may affect my current employment with, or work at, the Prince Albert Police Service.

I understand that, if I admit in this PDF or at the PEP to having committed one or a number of serious criminal offence(s), actions may be taken which could lead, ultimately, to the imposition of a sentence.

I understand that if, in light of the answers provided in this PDF I am deemed to pose a serious risk to the safety of others, actions may be taken which could lead, ultimately, to the imposition of a sentence.

I consent to my personal information being collected, used and disclosed for the purposes identified on the foregoing pages 1, 2, 3 and 4 of this PDF

Name of Applicant (Print)

Signature of Applicant

Date

PERSONAL DISCLOSURE FORM

SURNAME:						
GIVEN NAME:				SECOND NAME:		
ADDRESS:				PROVINCE:		
CITY/TOWN:				POSTAL CODE:		
PHONE:	HOME:			WORK:		
					OTHER: (cell phone)	
SIGNATURE:						
DATE:						

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

1. Download and print this document in original format.
2. Answer all questions completely and provide **specific** information. Be thorough and do not assume an incident is too minor to include. The Recruiting Unit will review the document to make that determination.
3. Complete this document **in your own handwriting or printing**. If you make an error, place a single line through it and initial.
4. Use back of page or additional pages if more space is required.
5. Be completely **honest**.

1. Have you read the entire preface to this Personal Disclosure Form?
 No
 Yes

2. Do you understand the preface to this form?
 No
 Yes
If no, please contact recruiting at (306) 953-4222.

3. Do you understand that a criminal investigation may be launched into your past if you have committed any of the offences listed in the preface?
 No
 Yes

4. Do you understand that lying on this form, omitting information, or failing to provide full details will eliminate you from the application process?
 No
 Yes

5. Have you ever taken a pre-employment or Criminal (*Forensic*) Polygraph test or CVSA (*Computer Voice Stress Analyzer*)?
 No
 Yes
If yes, please provide details...

6. Have you ever been asked to take a Polygraph test or CVSA (*Computer Voice Stress Analyzer*)?
 No
 Yes
If yes, please provide details...

DRIVING:

7. Do you possess a valid driver's licence at this time? (*This does not include a Graduated Licence*)

No

Yes

If yes, from which province or territory?

*- List all traffic offences, including any photo enforcement offences, you have been charged with **since your driver's abstract was submitted.***

8. In the past, have you ever possessed a valid driver's licence from any other Canadian province or territory?

No

Yes

If yes, from which province or territory?

9. Has your current or any past driver's licence ever been suspended for alcohol-related offences, demerits, overdue fines, etc...?

No

Yes

If yes, provide specific details of each incident including:

- Was your licence suspended...? - Places, dates and times of each incident...?

- The reason for suspension...? - The name of the investigating police agency...?

10. Have you been involved in any motor vehicle accidents during the past five years?

No

Yes

If yes, provide specific details of the accident(s) including:

– Places, dates and times of each accident...? – Were you at fault...?

– The name of the investigating police agency...? – Were you charged...?

– Is there any outstanding litigation concerning these...?

11. Have you ever been a driver or passenger in a motor vehicle when it was involved in a hit and run accident, even when damage was minor?

No

Yes

If yes, provide specific details including:

– Places, dates and times of each incident...? – Any other relevant details...?

– The name of the investigating police agency...?

12. Have you ever driven a vehicle in a dangerous manner? i.e. *Excessive speed, street racing, intentional contact with other vehicles, sex acts while driving, etc.*

15. Have you ever been chased or pursued by the police, I.E., a foot or motor vehicle chase?

No

Yes

If yes, please explain...

16. (a) How many motor vehicle accidents have you been involved in as the driver of the vehicle?

(b) **Referring to question 16(a)**, in how many of those accidents were you impaired by a drug or alcohol? *If any, please provide dates, location and circumstances...*

Date	Location (City, Province/State, Country)	Circumstances

DRUG USE:

17. Have you ever used or experimented with any illegal drugs?

No

Yes

If yes, please provide requested information for each drug and explain circumstances of use below...

Drug Type	Used		Date of First Use	Date of Last Use	Total # of Times Used
	Yes	No			
Marijuana					
Hash					
Hash Oil					
Weed Oil					
Cocaine					
Crack/Rock/Powder					
Heroin					
Anabolic/growth hormone steroids					
Methamphetamine					
Mushrooms					
Acid/LSD					
PCP					
Crystal Meth					
Inhalants (glue, gasoline, paint)					
Mescaline					
Ketamine					
Designer (homemade)					
Date Rape (DMX, GHB, Rohyphonol)					
Ecstasy					
Other (specify) _____					
Other (specify) _____					
Other (specify) _____					

23. Have you ever imported or exported any illegal street or pharmaceutical drugs?

No

Yes

If yes, please provide specific details including dates, type of drug(s) and circumstances...

24. Do you associate with anyone who uses illegal drugs, *i.e., friends, girlfriends, boyfriends, relatives, coworkers etc...?*

No

Yes

If yes, please explain...

25. Have you ever been in a place where you knew illegal drugs were being used by someone else?

No

Yes

If yes, what was your reaction?

26. Have you ever transported, held or stored any illegal drugs?

No

Yes

If yes, please explain...

FINANCIAL / CREDIT

27. Have you ever declared bankruptcy?

No

Yes

If yes, please provide specific details including location, date(s) filed and discharge dates...

28. Has a collection agency ever been assigned to any of your outstanding debts?

No

Yes

If yes, please provide specific details including location, dates and amounts...

31. Are you currently having financial difficulties?

No

Yes

If yes, please provide specific details including dates and circumstances...

32. Please list all loans, mortgages, credit cards and lines of credit that you have.

LENDER	PURPOSE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENTS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTALS		\$	\$	\$

33. Do you contribute to the payment of loans, mortgages, credit cards or lines of credit in the name of any other person?

No

Yes

If yes, please provide details of to whom payments were made to and the time period...

SCHOOL & EMPLOYMENT HABITS:

34. Have you ever been suspended or formally reprimanded by an educational institution or have you ever engaged in any form of academic misconduct (cheating, plagiarism)?

- No
- Yes

If yes, please provide specific details including:

- What was the nature of the incident...? – When did it occur...?*
- What, if any, disciplinary action was taken...? – Where did it occur...?*

35. Other than for valid medical reasons, have you ever had problems with absenteeism or late attendance while you were a student or an employee?

- No
- Yes

If yes, please provide specific details including date, frequency and reason...

36. Apart from valid medical reasons, how many days have you been absent from work without proper authorization over the past 12 months?

	Days
--	------

Please provide an explanation for these days you were absent...

37. Other than for valid medical reasons or family related matters, have you been unemployed for any periods of time in excess of one (1) month?

- No
- Yes

If yes, please provide specific details explaining dates, reason, duration and what you did during your unemployment period...

38. Have you held any employment that you have not disclosed on your application for employment with this Police Service?

- No
- Yes

If yes, please provide specific details including dates, employer(s) and reason why...

39. Have you ever held any employment, or earned cash income, where you did not report this income as required by law or intentionally did not pay income taxes?

No

Yes

If yes, please provide specific details including dates, employer(s) and reason why...

40. (a) Have you ever been disciplined or documented for inappropriate behaviour at work?

No

Yes

If yes, please provide specific details explaining the behaviour and any action taken...

(b) If yes, please explain why you behaved inappropriately at work that caused you to be disciplined or documented for this behaviour.

(c) **In your opinion, was the action taken against you justified?** Why or why not?

41. Have you ever been dismissed or asked to resign from a job?

No

Yes

*If yes, **please provide specific details** including your position, the employer and the reason for your dismissal or resignation...*

42. Have you ever lied to an employer on a job-related matter?

No

Yes

If yes, please explain...

PROSTITUTION:

43. Have you ever communicated for the purpose of prostitution, or secured the sexual services of a prostitute or an escort, in Canada or elsewhere, *E.G., street prostitution, brothel, massage parlour, via the internet, etc...?*

- No
- Yes

If yes, please provide specific details including:

- How many times did it occur...? – When and where did this occur...?*
- Who was your employer at the time...?*

44. Have you ever obtained sexual services in exchange for payment, *E.G., at a strip club, live sex show, massage parlour, or other place?*

- No
- Yes

If yes, please provide specific details including:

- How many times did it occur...? – When and where did this occur...?*
- Who was your employer at the time...?*

ILLEGAL SEXUAL ACTIVITY

47. Have you ever had sexual contact / involvement with any person without their knowledge or consent, which includes persons who were unable to give consent due to a medical condition, mental health issue, alcohol or drug, or other reason?

- No
- Yes

If yes, please provide specific details including dates, location and circumstances...

NOTE:
Questions 48 and 49 do not include situations where ALL of the following apply:

- the other person was over the age of 12,
- you were less than two years older than the other person,
- you were not in a position of trust or authority towards that person, AND
- both parties consented to the activity.

48. Have you ever been involved in a sexual manner with a person under the age of 16, whether in person or via internet, email, chat-lines, etc.?

- No
- Yes

If yes, please provide specific details including dates, location, your age at the time, relationship to the person who was under 16, and circumstances...

49. Have you ever asked or persuaded a person under the age of 16 to participate in any sexual activity?

No

Yes

If yes, please provide specific details including dates, location, your age at the time, relationship to the person who was under 16, and circumstances...

50. Have you ever participated directly or indirectly in sexual activity with any person under the age of 18 years while being in a position of trust or authority over that person? A position of trust and authority over a person includes babysitter, coach, boss, etc.

No

Yes

If yes, please provide specific details including dates, location and circumstances...

51. Have you ever committed incest? (***Not including your own victimization...***)

No

Yes

If yes, please explain...

52. Have you ever engaged in bestiality, *I.E., sexual contact with an animal?*

No

Yes

If yes, please explain...

53. Have you ever given anyone some type of drug or substance, without their knowledge, prior to engaging in sexual activity?

No

Yes

If yes, please explain...

54. Have you ever made anonymous or unwanted sexual phone calls?

No

Yes

If yes, please explain...

55. Have you ever observed, videotaped, or photographed sexual acts of another person without their knowledge?

No

Yes

If yes, please explain...

56. Have you deliberately exposed yourself to anyone in public?

No

Yes

If yes, please explain...

61. Have you ever been physically violent toward a child?

No

Yes

If yes, please provide specific details including dates, location and circumstances...

62. Have you ever resisted, assaulted, been in a fight with, or acted aggressively toward a Police Officer?

No

Yes

If yes, please explain...

63. Have you ever been verbally abusive, or threatened anyone, *I.E., intimidation, bullying, road rage, etc...?*

No

Yes

If yes, please explain...

64. Have you ever used a weapon or firearm to intimidate or threaten another person?

No

Yes

If yes, please explain...

65. Have you ever injured yourself or someone else with a firearm or weapon?

No

Yes

If yes, please explain...

66. Have you ever carried a concealed weapon?

No

Yes

If yes, please explain...

69. Have you ever purchased anything or were given anything you thought or knew was stolen or obtained from a crime?

No

Yes

If yes, please provide specific details including dates, type of property, how you obtained it and if you are still in possession of this property...

70. Are you currently in possession of any stolen property?

No

Yes

If yes, provide specific details including what property and where/how it was obtained...

NOTE:

Possession of stolen property may be of concern. These situations will be examined on a case-by-case basis.

73. Have you ever hacked, or attempted to hack, or gained unauthorized access into any computer system, *I.E., government, business or private*, without permission?

No

Yes

If yes, please provide specific details – including dates...

74. Have you ever configured or used wireless technology for the purpose of gaining unauthorized access to a non-public wireless network?

No

Yes

If yes, please provide specific details – including dates...

79. Have you ever written, compiled or otherwise created, or knowingly distributed, a computer virus, worm or Trojan, via the internet or through e-mail?

No

Yes

If yes, please provide specific details – including dates...

80. Have you ever crafted or distributed a mass-mailing message, *I.E.*, *SPAM*, over the internet or through e-mail?

No

Yes

If yes, please provide specific details including dates...

81. Have you ever used the internet for the purpose of committing fraud or any other Criminal Code offence?

No

Yes

If yes, please provide specific details including dates...

OTHER CRIMINAL ACTIVITY:

82. What is the most serious undetected crime you have ever been involved in?

83. Have you ever committed perjury while giving testimony under oath as a witness, victim or accused, or ever affirmed or sworn to a false document?

No

Yes

Please provide specific details including dates...

85. Have you ever been involved in any type of fraud, *E.G., insurance fraud, price tag switching, vehicle odometer rollback, Income Tax fraud, Employment Insurance, WCB, etc...?*

No

Yes

Please provide specific details including dates...

86. Have you ever deliberately falsified any official documents, *E.G., Income Tax, Customs, Employment Insurance, WCB, student loans, credit applications, bank documents, insurance claims, etc...?*

No

Yes

Please provide specific details including dates...

93. Have you ever been refused security clearance or bond?

No

Yes

Please provide specific details including dates and circumstances...

94. Have you ever impersonated a police officer?

No

Yes

If yes, please explain...

95. Have you ever lied to a police officer during an investigation?

No

Yes

If yes, please explain...

FIREARMS:

98. Do you own or possess any firearms?

No

Yes

If yes, please describe product...

99. If you own or possess a firearm, have you applied for or do you have a firearms licence?

No

Yes

Not applicable

Please provide circumstances if applicable...

100. If you own a firearm, is it stored in accordance with current legislation?

No

Yes

Not applicable

If no, please describe how the firearm is stored...

101. Have you ever been refused a firearms license?

No

Yes

If yes, please provide specific details...

102. Do you possess any unlicensed firearms?

No

Yes

Please provide product information and circumstances if applicable...

103. Do you possess or own any prohibited weapons, *E.G., brass knuckles, crossbow, morning star, spike wristband, switch blade, Nunchaku sticks, etc...?*

No

Yes

If yes, please provide specific details...

TELECOMMUNICATIONS:

104. Do you possess or own an illegal (grey market) satellite receiver system or have illegal cable/internet access?

- No
- Yes

If yes, please describe product and circumstances if applicable...

BACKGROUND:

NOTE:

A background check is part of the selection process. It involves a detailed and thorough investigation of your history.

105. Are you aware of any reasons that may disqualify you from becoming a Police Officer with the Police Service?

- No
- Yes

Please provide specific details...

FOR PREVIOUS LAW ENFORCEMENT EXPERIENCE ONLY

NOTE:

The following section is intended for candidates with previous law enforcement experience and addresses issues reflective of their ethics and integrity.

“Law enforcement” includes police officer, peace officer, special constable, sheriff, corrections officer, bylaw officer or military police officer.

*Criminal activity, detected or undetected, may be of concern;
however, it will be examined on a case-by-case basis.*

109. Where and when did you receive your law enforcement recruit training?
Please provide specific details...

110. How many years of law enforcement experience have you accumulated?
Please provide circumstances if applicable...

111. Presently, what rank do you hold? *If promoted, please identify when this occurred?*

112. Have you been, or are you now, the subject of civil litigation as a result of your duties as a law enforcement officer?

No

Yes

Please provide specific details if applicable...

113. Have you been, or are you now, the subject of an internal or external investigation as a result of your duties as a law enforcement officer?

No

Yes

Please provide specific details if applicable...

114. Were you ever disciplined for inappropriate conduct or unauthorized conduct while employed as a law enforcement officer?

No

Yes

Please provide specific details if applicable...

115. Were you ever absent from duty for any extended periods of time other than for authorized purposes or medical reasons?

No

Yes

Please provide specific details if applicable...

DECLARATION – NOTICE TO APPLICANT

1. Deceit, dishonesty or non-disclosure concerning questions in this Personal Disclosure Form will result in your disqualification from this employment competition and any future employment competitions with the Prince Albert Police Service.
2. If you are currently employed by the Prince Albert Police Service:
 - deceit, dishonesty or non-disclosure concerning questions in this Personal Disclosure Form, or
 - disclosure of serious, recent or ongoing criminal activity, may result in discipline up to and including dismissal from your current employment with the Prince Albert Police Service.
3. The information provided in this Personal Disclosure Form will be verified by a detailed background investigation and a Polygraph examination.
4. Any information provided in this Personal Disclosure Form regarding serious, recent or ongoing criminal activity may be investigated by the Prince Albert Police Service and/or disclosed to another law enforcement agency, and could result in arrest and criminal charges.
5. Any information provided in this Personal Disclosure Form regarding unlawful activity may be disclosed by the Prince Albert Police Service as required by law.
6. You may amend your response(s) to any question(s) in this Personal Disclosure Form at any time prior to the scheduled date for your Polygraph examination, by contacting the Recruiting Unit.

DECLARATION:

I, _____, hereby declare as follows:

The information that I have provided in this Personal Disclosure Form is complete, honest, and accurate. I have read and fully understood this Notice to Applicant.

Applicant's Signature: _____

Applicant's Name: _____

Date: _____

Witnessed by: _____



Prince Albert Police Service

Vision Examination of Applicant

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____

Province _____ Phone Number _____ D.O.B. _____

Declaration: I declare that the statements made to the Ophthalmologist/Optometrist are complete and correct to the best of my knowledge and that I have not withheld any relevant information or made any misleading statements. I also agree that the cost of this examination is my responsibility.

Signature of applicant _____ Date _____

Visual Acuity and Refraction

Minimum acceptable acuity 20/60 binocularly or 20/40 in one eye and 20/100 in other eye. Must be correctable to not less than 20/30 binocularly.

Uncorrected O.D. 20/ or 6/ Corrected O.D. 20/ or 6/
 O.S. 20/ or 6/ O.S. 20/ or 6/

Corrected by eyeglasses
 Corrected by contact lenses RGP Soft
 Can contact lenses be worn for more than 12 continuous hours Yes No

Refractive Error O.D. Binocular Vision Normal Abnormal
 O.S. Stereo acuity 80 sec arc or better

Refractive Surgery None PRK Lasik Date of Surgery _____

Colour Vision

Pseudo-isochromatic Plates Pass Fail Test Used _____
 If applicant fails plates, do they pass Farnsworth D-15 Yes No

Visual Fields

Confrontation Fields 120 degrees or greater in horizontal plane O.D. Pass Fail
 Central Electronic Fields Normal Abnormal Test Used _____

Ocular Health

Please list any other problems either acute or chronic with the function or health of the eyes and adnexa that may impact on the present or future function of the eyes or visual system.

Name of Ophthalmologist/Optometrist _____

Address _____ City or town _____

License Number _____ Phone _____

Date _____

DOES THIS APPLICANT MEET THE MINIMUM EYE REQUIRMENTS

Yes No Temporary Rejection

Signature of Ophthalmologist/Optometrist _____



Medical Examination Form for Police Applicants

Police Department: _____

Examined by: _____ Date: _____

Address: _____ Phone: _____

Applicant:

Surname: _____ Christian Names: _____

Address: _____ DOB: _____ Sex: _____
(Street)

(City or Town) _____ (Province) _____ (Postal Code) _____

Name of Family Physician: _____ Phone: _____

Health History

Have you ever had or are you suffering from

	Yes	No		Yes	No		Yes	No
1. Illness or injuries since previous exam	<input type="checkbox"/>	<input type="checkbox"/>	12. Lung disease or chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	23. Back injuries and/or back problems	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	13. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	24. Broken bones	<input type="checkbox"/>	<input type="checkbox"/>
3. Ear trouble or deafness	<input type="checkbox"/>	<input type="checkbox"/>	14. Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	25. Foot troubles	<input type="checkbox"/>	<input type="checkbox"/>
4. Nose or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	15. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	26. Rheumatism or joint trouble	<input type="checkbox"/>	<input type="checkbox"/>
5. Hay fever – Asthma – Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	16. Rupture	<input type="checkbox"/>	<input type="checkbox"/>	27. Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>
6. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	17. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	28. Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>
7. Head injuries	<input type="checkbox"/>	<input type="checkbox"/>	18. Kidney and/or bladder trouble	<input type="checkbox"/>	<input type="checkbox"/>	29. Used alcoholic beverages to excess	<input type="checkbox"/>	<input type="checkbox"/>
8. Fainting spells – Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	19. Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>	30. Operations	<input type="checkbox"/>	<input type="checkbox"/>
9. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	31. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
10. Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	21. Tropical diseases	<input type="checkbox"/>	<input type="checkbox"/>	32. Drug allergies	<input type="checkbox"/>	<input type="checkbox"/>
11. Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	22. Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	33. On any medication	<input type="checkbox"/>	<input type="checkbox"/>
34. Other: _____								

Details of Positive Health History

Height _____ Weight _____ Physique _____

Complexion _____ Skin disease(degree) _____ Hair colour _____ Eye colour _____

Chest measurements (male only)
(a) Full inspiration _____ In. (b) Forced expiration _____ In.

Vision without aids Vision with aids
R L R L
Glasses Yes _____ If "Yes" are present Yes _____ Colour vision (City University or
Required? No _____ ones satisfactory? No _____ Farnsworth D15 test)

Physical Examination

Blood Pressure		Pulse	
Systolic	Diastolic	Irregular <input type="checkbox"/>	Regular <input type="checkbox"/>
	Normal	Abnormal	
1. Lymphatic System	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hearing (cv)			
R	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ear (drums)			
R	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	
4. Head	<input type="checkbox"/>	<input type="checkbox"/>	
5. Nose (passages)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Mouth (teeth)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Throat (tonsils)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Chest	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
10. Heart	<input type="checkbox"/>	<input type="checkbox"/>	
11. Spine	<input type="checkbox"/>	<input type="checkbox"/>	
12. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
13. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
14. Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	
15. Varicocele	<input type="checkbox"/>	<input type="checkbox"/>	
16. Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	
17. Extremities			
(a) Hands	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Feet	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	
18. Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	

Females Only

Breast Examination — to determine presence of nodules or tumors.

Gynaecological History — with pelvic examination including pap smear.

Laboratory Examination

Blood Wassermann	Haemoglobin	E.S.R.	Blood group	Rh.
Urinalysis				
Albumen	Sugar		Microscopic	
Chest X-Ray (if necessary in physician's opinion)				
Film No.	Where taken			
Report:				
ECG — after age 39 years				
Other studies as deemed necessary				

Is applicant physically fit for employment as a Police Officer? Yes No Temporary Rejection

Guide for Medical Examiners

- **Blood Pressure:** Must be reasonably normal. Extremely high blood pressure should be considered cause for rejection unless controllable by medication but, if the deviation from normal is considered of a temporary nature only, the Medical Examination may, at his discretion, suggest to the applicant to return for a re-check. In such cases a notation should be made on the form.
- **Body Development:** The muscular system must be well developed; contraction or deformity of joints or abnormal curvature of the spine are causes for rejection.
- **Body Marks:** Distinctive marks and any peculiar physical features are to be noted for identification purposes.
- **Chest:** Contraction or deformity of the chest is cause for rejection.
- **Diabetes:** Dependency on insulin would be cause for rejection.
- **Feet:** Must be free from defect, amputation or deformity.
- **Hands:** Must be free from defect, amputation or deformity. The amputation of all of a finger or thumb may be cause for rejection. In all cases particulars as to the joint or joints amputated are to be noted. If the condition will not prove to be a handicap in the use of a typewriter or firearms or the performance of any other duty which a member might be called on to perform, the applicant may be accepted.
- **Hay Fever:** A candidate who shows evidence of or discloses a past history of hay fever during initial or final examination shall be referred to a specialist or consultant for examination and assessment as to suitability.
- **Hearing:** Perforated ear drums is cause for rejection. If hearing is impaired referral should be made to an Ear, Nose and Throat specialist.
- **Heart:** Must be devoid of disease, or as far as can be judged, tendency to disease. In doubtful cases it is cause for rejection.
 - ◀ **Note:** Applicants rejected for this cause may, if they wish, consult a cardiologist at their own expense and submit his recommendations for consideration.
- **Hemorrhoids:** Cause for rejection.
- **Hernia:** Cause for rejection.
- **Lungs:** Must be devoid of disease or, as far as can be ascertained, tendency to disease.
- **Nasal Passages:** Must be unobstructed and no growth of nasal polypi present.
- **Observations:** Any tendency to nervous instability is to be noted on the form.
- **Skin Disease:** Acute acne or other skin disease of a serious nature is cause for rejection. Show the degree if applicant has evidence of this condition.
- **Throat:** Must be healthy.
- **Tonsils:** Must be healthy, simple enlargement of tonsils will not be a cause of rejection unless there is a history of frequent sore throat and evidence of acute or chronic disease present in the tonsils.
- **Urinalysis:** Must be free of abnormal conditions; i.e., the presence of albumen or blood or sugar on repeated tests is a cause of rejection.
- **Varicose Veins:** A marked condition is cause for rejection.
- **Vision:** Visual acuity--applicants must have not poorer than 20/60 in both eyes, or 20/40 in one eye and 20/100 in the other eye, correctable to 20/30 in both eyes.
 - ◀ **Colour Vision:** All candidates must pass the City University Test or the Farnsworth D15 Test.
 - ◀ **Visual Fields:** All candidates must undergo a full to confrontation test in each eye.
- **Weight:** Well proportioned according to height.
- **Additional Causes For Rejection:** Any form of tuberculosis, syphilis or gonorrhoea; addiction to the use of opium or other drugs, or the inordinate use of alcohol or constitutional impairment due to previous indulgence; pronounced speech impediment; history of rheumatism, epilepsy, nervous instability, mental disease, gastric or duodenal ulcers, haemoptysis, asthma or sinusitis unless controllable by medication.