



**OFFICE OF THE MONROE COUNTY DISTRICT ATTORNEY  
CRIMINAL INVESTIGATIONS DIVISION - (CONSTABLE TASK FORCE)**

610 Monroe St., Suite 126  
Stroudsburg, Pennsylvania 18360  
[www.monroecountyda.com](http://www.monroecountyda.com)

**PHYSICAL EXAMINATION**

**CONSTABLE TASK FORCE & ACCREDITATION PROGRAM - APPLICANT INFORMATION**

LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS			CITY/BORO	STATE
SOCIAL SECURITY NUMBER		DATE OF BIRTH	GENDER	DATE OF EXAM

**NOTICE TO EXAMINING PHYSICIAN**

The intended purpose of this examination is for you to make a determination of the applicants overall physical ability to work in an environment where he/she:

- Will be required to carry a firearm, or other weapon calculated to produce serious bodily harm or death.
- May undergo high emotional stress.
- May be required to exercise significant physical strength.
- Will be vested in a position of public/private trust.

**PHYSICAL HISTORY**

**1. THE EXAMINING PHYSICIAN MUST PERSONALLY ASSESS THE APPLICANT TO DETERMINE RESPONSES TO THE FOLLOWING QUESTIONS. THE PHYSICIAN MAY USE THE REMARKS SECTION ON THE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS.**

- A. Does the applicant have any of the following conditions?
- |                              |                                                          |                                |                                                          |
|------------------------------|----------------------------------------------------------|--------------------------------|----------------------------------------------------------|
| Psychosis                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bipolar Disorder               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Seizure Disorder             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Post Traumatic Stress Disorder | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disturbance of Consciousness | Yes <input type="checkbox"/> No <input type="checkbox"/> | Chronic Pain Syndrome          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Substance Use Disorder       | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                |                                                          |
- B. Does the applicant suffer from any other significant physical defect or disorder which would impair his/her ability to handle a firearm or other weapon calculated to produce serious bodily harm or death?
- Yes  No
- C. Is the applicant prescribed any medication, that in your opinion would prevent him/her from appropriately handling a firearm or other weapon calculated to produce serious bodily harm or death?
- Yes  No
- D. Is the applicant's physical condition such that they can reasonably be expected to withstand significant cardiovascular stress?
- Yes  No
- E. Is the applicant free from the addictive or excessive use of alcohol or drugs?
- Yes  No

**PHYSICAL EXAMINATION**

**2. THE EXAMINING PHYSICIAN MUST OBTAIN THE FOLLOWING EXAMINATION INFORMATION**

A. **HEARING** – The applicant must be able to distinguish a normal whisper at a distance of fifteen (15) feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand.

LEFT	<input type="checkbox"/> NORMAL	RIGHT	<input type="checkbox"/> NORMAL
	<input type="checkbox"/> ABNORMAL		<input type="checkbox"/> ABNORMAL

**3. REMARKS**

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**4. PHYSICAL CERTIFICATION**

I HAVE PERSONALLY EXAMINED THE ABOVE-NAMED APPLICANT, AND IT IS WITHIN REASONABLE MEDICAL CERTAINTY THAT I BELIEVE THAT THIS PERSON IS PHYSICALLY:

FIT  UNFIT  TO HANDLE A LETHAL WEAPON AT THIS TIME.

**5. PHYSICAL VERIFICATION**

**FORM PROCESSING**

This examination form must be forwarded by the examining physician to the following address **within 15 days** of the date of examination, even if the applicant is found unfit.

**Office of the Monroe County District Attorney  
ATTN: Criminal Investigations Division - (Constable Task Force)  
610 Monroe Street, Suite 126  
Stroudsburg, PA 18360  
FAX: (570) 517-3863**

I hereby certify that the information and statements contained in this examination form are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes Code, Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
SIGNATURE OF DOCTOR (D.O. or M.D.)

\_\_\_\_\_  
DATE

NAME OF PENNSYLVANIA EXAMINING PHYSICIAN (Print Legibly)		TELEPHONE NUMBER	FAX NUMBER	LICENSE NO.
STREET ADDRESS		CITY/BORO	STATE	ZIP CODE

**6. RELEASE OF PHYSICAL INFORMATION**

Having applied for membership and accreditation with the Monroe County Constable Task Force & Accreditation Program,

I \_\_\_\_\_, have duly subjected myself to an examination by a licensed Doctor (D.O. or M.D.) as required by the program. I hereby grant release of the aforesaid information to the Office of the Monroe County District Attorney, or official designee thereof, for purposes consistent with the application process of the Constable Task Force, its corresponding regulations, and/or administration thereof.

\_\_\_\_\_  
SIGNATURE – APPLICANT

\_\_\_\_\_  
DATE