

THE UNITED STATES DEPARTMENT OF INTERIOR

**MEDICAL STANDARDS and REVIEW CRITERIA
FOR MEDICAL REVIEW OFFICERS**

THESE STANDARDS ARE APPLICABLE TO THE FOLLOWING POSITION:

**NATIONAL PARK SERVICE
COMMISSIONED LAW ENFORCEMENT OFFICERS**

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General Background

Under 5 CFR Part 339 Medical Qualifications Determinations, medical standards may be established for positions with duties that are arduous or hazardous in nature. The medical standards described in this section are established because of the arduous and hazardous occupational, functional and environmental requirements of the position covered by these standards. The medical standards, which establish minimum requirements for medical fitness that are considered necessary for the safe and efficient performance of the full range of essential functions of National Park Service Commissioned Law Enforcement Officers, are provided to aid the agency medical review officer (MRO), NPS Program Manager, and NPS officials in identifying those medical problems that may hinder an individual's ability to satisfactorily perform their job without undue risk to self or others. They also are to be used to ensure consistency and uniformity in the application of medical expectations upon applicants and incumbents. Executive Order 11478 (as amended) prohibits discrimination in federal employment because of race, color, religion, sex, national origin, handicap, age, or sexual orientation.

These standards and their application will be guided by the considerations set forth in 5 CFR Part 339, Medical Qualifications Determinations. Listed below are both minimal expectations and examples of medical conditions and/or physical impairments that may be disqualifying. No medical condition may be considered to be disqualifying automatically in its own right. Individualized assessments must be made on a case-by-case basis to determine an individual's ability to meet the requirements of the position covered by these standards and their ability to perform his or her duties in a safe and efficient manner, with or without reasonable accommodation, despite any medical condition that may be present. Final consideration of a medical qualification recommendation may require additional medical information and/or testing that is not routinely required during either the baseline or periodic medical examination.

These medical standards are intended to serve as a general guideline for the safe placement into and the continued working in a hazardous and arduous job position within the Department of Interior's law enforcement program. Each of the medical standards listed in this document is subject to clinical interpretation and application by the agency MRO who will incorporate into the review of each case his/her knowledge of the job

requirements and environmental conditions in which employees may be expected to work.

The medical standards in this document are not listed in order of importance. They are listed in an order that approximates the sequence in which an examination might be carried out, and the resulting pieces of medical information assembled and reviewed by the MRO, but their order is not pertinent. The only pertinent issues are the content of the standards and the context in which they are applied.

The standards and guidelines have been developed using many references and resources, including:

1. 5 CFR-339 Medical Qualifications Determinations
2. A review of existing Federal agency law enforcement medical guidelines and standards
3. Federal agency law enforcement scientific studies, including the U.S. Secret Service study on visual acuity, U. S. Treasury study on radial keratotomy, and U.S. Marshall study on hearing loss
4. State of California law enforcement medical guidelines (Peace Officer Standards and Training, POST), 2004
5. Onsite observation of the performance of law enforcement training and duties by DOI and U.S. Public Health Service personnel.
6. Executive Order 11478 (1969) as amended by Executive Order 13087 (1998).
7. November 10, 2005 DRAFT of DOI Directive 3200: Physical Readiness Program
8. National Park Service Director's Order 57 and Reference Manual 57, Part I and II, signed 3/1/99

Rationale for Medical Evaluation and Review of Law Enforcement Positions

The job requirements for law enforcement employees of the DOI are by their nature arduous and hazardous. These job requirements are performed under variable and unpredictable working conditions. Due to these job requirements and working conditions, the DOI has developed an occupational safety and health program that includes medical standards for law enforcement positions in order to insure the following:

1. DOI law enforcement personnel will be able to perform the full range of duties under the conditions under which those duties must be performed.

2. Existing/preexisting medical conditions of DOI law enforcement personnel will not be exacerbated, aggravated, or accelerated.
3. Adherence to DOI's strong commitment to public safety and to maintaining the integrity of mission accomplishment.

The implementation of the DOI occupational safety and health program insures the uniformity, consistency, and defensibility of the DOI medical personnel management decision-making process.

Periodicity of Medical Evaluations

Medical standards apply to all applicants and all incumbent NPS Commissioned LEOs on a 24 hour-a-day / 7 day-a-week basis. The generally recommended schedule for medical evaluations of applicants and incumbents in order periodically to assess compliance with these standards is as follows:

Applicants:

(Baseline exam)

Incumbents:

(Periodic exam)

- ages 39 and under: every 3 years
- ages 40 through 44 every 2 years
- ages 45 and above: every year

(Exit exam)

- Within a month prior to separation from a permanent LE position

In addition, the MRO may determine and recommend that, due to health or safety factors, the medical evaluation of an individual employee may require a different schedule, an increased frequency, or additional components for their exam in order to evaluate the medical fitness of the individual to perform the full range of functional requirements of the job.

Essential Functions and Work Conditions of a Commissioned Law Enforcement Officer

(Pages 4 & 5) – please see separate attachment located on InsideNPS under the DO/RM 57, 5CFR339, Fitness link.

Standard Medical Evaluation Components for NPS Commissioned Law Enforcement Officer Examinations

(Note: in response to NPS program requirements and operational efficiencies, these evaluation components have been coordinated with those for Structural Firefighters and Divers)

SERVICES, BY CATEGORY

« HISTORIES »

General Medical and Occupational History

« EXAMINATION ITEMS »

General Physical Examination

General Appearance and Vital Signs

Special Attention To:

Eyes, Ears, Nose, Mouth, and Throat

Central Nervous System

Peripheral Nervous System, including sensation, reflexes, and proprioception

Back & Musculoskeletal System, including strength, ROM, flexibility

Cardiovascular System

Genitourinary System

Gastrointestinal System

Respiratory System

Skin

Thyroid

Endocrine and Metabolic System

« DIAGNOSTIC TESTS/PROCEDURES »

Audiogram: 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz in both ears (done yearly for Firearms Instructors; recorded in decibels at each frequency)

Vision - Far Vision Acuity (uncorrected and corrected, each eye separately as well as both together, recorded in Snellen units)

Vision - Near Vision Acuity (best vision with both eyes, with or without correction)

Peripheral Vision (nasal and temporal, recorded in degrees; each eye measured separately)

Depth perception (recorded in seconds of arc, with a clinical assessment to confirm normal functional depth perception if stereopsis is less than 100 sec of arc)

Color Discrimination: Ishihara (minimum of 14 plates) or Farnsworth D-15, AND confirmed ability to distinguish red / green / yellow (amber)

Pulmonary Function Test/Spirometry

Chest X-Ray, PA and lateral (baseline only)

Electrocardiogram, Resting (baseline, periodic [age 40 and above], and exit exams)

TB (Mantoux) skin test (baseline and exit exams only)

« LABORATORY »

Lab Panel

Complete Blood Count (CBC)

Urinalysis

Chemistry panel, including liver function tests and lipid profile

Blood Lead (baseline for all; then yearly for Firearms Instructors)

Zinc Protoporphyrin (baseline for all; then yearly for Firearms Instructors)

Sickle cell prep (scuba diver only)

VISION STANDARDS

The applicant/incumbent must be able to see well enough to safely and efficiently carry out the requirements of the job. This requires binocular vision, far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:

- Uncorrected far vision equal to or better than 20/100 in each eye
(Successful users of long-wear soft contact lenses who meet the corrected far vision standard are considered to have met the “uncorrected” vision guideline.)
; and
- Far vision that is correctable to 20/20 in each eye; and
- Near vision that is correctable to 20/30 with both eyes
(Contact lenses and glasses are acceptable for correction of both near and far vision acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment.
Orthokeratology, the temporary reduction in myopia by the programmed application of rigid gas-permeable contact lenses, is acceptable for meeting the corrected vision standard as long as individuals wear their lenses according their prescribed schedule and meet the above visual acuity requirements for corrected vision.)
; and
- Normal depth perception; and
- Peripheral vision that is normal (generally considered to be 70-85 degrees in the temporal direction in each eye); and
- Color vision that is sufficient to pass the Ishihara 14 plate series color vision test, or the Farnsworth D-15 color vision test (X-Chrome lenses are not acceptable as a means for correcting color deficiencies), and able to identify red, green, and amber (yellow); and
- Having no ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. Any **OPHTHALMOLOGIC CONDITIONS** which causes an individual to be particularly susceptible to environmental exposures, such as sunlight, dusts,

- fumes, and various volatile compounds.
2. **REFRACTIVE SURGICAL PROCEDURES (e.g., LASIK, Radial Keratotomy, Photorefractive surgery, Keratoplasty, etc.)**
 These operative procedures may be considered acceptable as long as the individual's vision meets the above standards post-operatively and the operation was performed **AT LEAST** 6 months (for radial keratotomy or photorefractive surgery) or 3 months (for LASIK) before performing in an LEO position. The individual must be free of post-operative complications. The results of an eye examination by a board-certified Ophthalmologist will be required to insure that vision is not impeded due to post-operative complications such as infection, glare, or contrast-sensitivity.
 3. **CHRONIC CONJUNCTIVITIS**
 Due to the possible visual impairment and/or increased susceptibility to environmental exposures which could interfere with the job performance, this condition may result in a medical disqualification.
 4. **CORNEAL ULCERS**
 This condition generally is disqualifying since essential duties of the position could further exacerbate the condition, in addition to the condition causing impairments of visual acuity. This condition must be treated and cleared by an Ophthalmologist before any further consideration is given.
 5. **KERATITIS**
 Any visual impairment associated with keratitis that is likely to interfere with job performance generally is disqualifying.
 6. **RETINAL DETACHMENT**
 This condition generally is disqualifying due to the serious visual obstruction and the risk of sudden incapacitation.
 7. **RETINITIS PIGMENTOSA**
 8. **GLAUCOMA**
 This condition, if confirmed by an ophthalmologist, generally is disqualifying if there is any impairment of peripheral vision.
 9. **NIGHT BLINDNESS**
 10. **OCULAR LENS IMPLANTATION** may be acceptable following an adequate post surgical recovery period and if visual acuity meets the Vision Standards.
 11. **ANY OTHER VISION CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated generally is disqualifying.

HEARING STANDARDS

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the requirements of the job (the use of a hearing aid or aids to meet these standards is **not** permitted). The standards require binaural hearing (to localize sounds) and auditory acuity, which may be demonstrated by:

- A current pure tone, air conduction audiogram, using equipment and a test setting which meet American National Standards Institute standards (see 29 CFR 1910.95); and
- Documentation of hearing thresholds of no greater than 30 dB at 500, 1000, and 2000 Hz in either ear; and
- Documentation of hearing thresholds of no greater than 40 dB at 3000 Hz in either ear; and
- No evidence by physical examination and medical history of ear conditions (external, middle, or internal) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **MENIERE’S DISEASE**
2. **VESTIBULAR NEURONITIS**
3. **VERTIGO & PAROXYSMAL POSITIONAL VERTIGO**
4. **ACOUSTIC NEUROMA**
5. **WEGENER S GRANULOMATOSIS**
6. **OTOSCLEROSIS**
7. **COCHLEAR IMPLANTATION**
8. Any **OTHER DISEASE OR DEFECT** of the ear which adversely affects hearing or equilibrium and which may interfere with the safe and efficient job performance generally is disqualifying.

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD

The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including:
 - o normal flexion, extension, and rotation of the neck; and
 - o open nasal and oral airways; and
 - o unobstructed Eustachian tubes; and
 - o no structural abnormalities that would prevent the normal use of personal protective equipment, including eyewear; and
- Normal conversational speech; and
- No evidence by physical examination and medical history of head, nose, mouth, throat, or neck conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ANOSMIA**
2. **ARTIFICIAL LARYNX OR ESOPHAGEAL SPEECH**
3. **NECK MASSES, LYMPHADENOPATHY, OR TRACHEOSTOMY**
4. Any **OTHER CHRONIC DISEASE OR CONDITION** which significantly interferes with speech or breathing and bears the potential to render the person suddenly incapacitated is generally disqualifying.

THE DERMATOLOGIC STANDARD

The applicant/incumbent must have skin that is sufficient for the individual to safely and efficiently carry out the requirements of the function. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation; and
- No evidence by physical examination and medical history of dermatologic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ALBINISM**
2. **SKIN CANCER** (including melanoma and severe or poorly controlled basal cell or squamous cell carcinoma)
3. **KAPOSI'S SARCOMA**
4. **SEVERE CHRONIC DERMATITIS**
5. Any **OTHER DERMATOLOGIC CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

CENTRAL AND PERIPHERAL NERVOUS SYSTEMS STANDARD

The applicant/incumbent must have a nervous system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation, including:
 - o intact cranial nerves, I-XII; and
 - o normal vibratory sense in the hands and feet; and
 - o normal proprioception of the major joints; and
 - o normal sensation of hot and cold in the hands and feet; and
 - o normal sense of touch in the hands and feet; and
 - o normal reflexes of the upper and lower extremities; and
 - o normal balance (e.g., heel-toe walk; Romberg; balance on one foot); and

- Normal basic mental status evaluation (e.g., person, place, time, current events); and
- No evidence by physical examination and medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ATAXIA**
2. **CHOREOATHETOSIS**
3. **HUNTINGTON'S CHOREA**
4. **MULTIPLE SCLEROSIS**
5. **MUSCULAR DYSTROPHY**
6. **NARCOLEPSY**
7. **NEUROFIBROMATOSIS**
8. **PARKINSON S DISEASE**
9. **CEREBROVASCULAR ACCIDENT (STROKE)**
10. **TRANSIENT ISCHEMIC ATTACKS**
11. **SENSORY DYSFUNCTION** (smell, touch, taste).
12. **MIGRAINE CEPHALGIA**
13. Any **OTHER NERVOUS SYSTEM CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying
14. **SEIZURES OR EPILEPSY**
An individual with a history of one or more seizures must provide the following written information from a physician who is board certified in neurology. This information is to be provided on the physician's own letterhead, and must include:
 - 1) the physician's printed or typed name (i.e., legible), signature, and date;
 - 2) confirmation that the physician has reviewed and is familiar with the requirements of the job, as presented in the Essential Functions And Work Conditions Of A Commissioned NPS Law Enforcement Officer;
 - 3) a summary of all current medications, along with any known side effects experienced or expected to be experienced by the officer;
 - 4) the known or suspected triggers or factors that may lead to seizure activity for the officer;
 - 5) the results of the most recent diagnostic testing, such as an EEG
 - 6) the officer's overall medical prognosis, related to his/her seizure disorder; and
 - 7) the estimated risk or likelihood of future seizure activity the officer might experience, of any degree of severity.

PSYCHIATRIC / PSYCHOLOGICAL FUNCTION STANDARD

The applicant/incumbent must have judgment, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the

requirements of the job. This may be demonstrated by:

- No evidence by physical examination and medical history of psychiatric or psychological conditions (including alcohol or substance dependence) considered likely to interfere with efficient job performance, present a safety risk to the individual or others, or to worsen as a result of carrying out the essential functions of the job.

Disorders which affect safe and efficient job performance may be disqualifying, and consideration must be given to the individual's history of treatment and control of the condition(s). All diagnoses must be consistent with the diagnostic criteria as established by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), or subsequent revisions. Any condition not listed here shall be considered on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO:

1. **AXIS I DISORDERS**
2. **AXIS II DISORDERS**
3. Any **OTHER PSYCHIATRIC** or **PSYCHOLOGICAL CONDITION** which significantly or potentially interferes with normal function or bears the potential to render the person suddenly incapacitated.

CARDIOVASCULAR SYSTEM STANDARD

The applicant/incumbent must have a cardiovascular system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
 - o blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic; and
 - o a normal electrocardiogram at each scheduled exam, as required (minor, asymptomatic arrhythmias may be acceptable); and
 - o no pitting edema in the lower extremities, and
 - o normal cardiac exam; and
- No evidence by physical examination and medical history of cardiovascular conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **PACEMAKERS**
2. **PROSTHETIC VALVES** or any other condition or post-surgical management

- that requires the use of Coumadin or other anti-coagulants may be disqualifying.
2. **CORONARY ARTERY DISEASE.**
 3. **HYPERTENSION** that requires the use of any medication to stabilize the blood pressure may be disqualifying.
 4. **LEFT BUNDLE BRANCH BLOCK.**
 5. **MYOCARDITIS/ ENDOCARDITIS/ PERICARDITIS** (Active or recently resolved cases). A past history of these diseases may require additional testing to determine the current capabilities.
 6. History of **MYOCARDIAL INFARCTION.**
 7. History of **CARDIAC SURGERY** (depending on the procedure and when it was performed).
 8. **VALVULAR HEART DISEASE** such as mitral valve stenosis, mitral valve regurgitation, aortic stenosis, mitral valve prolapse, etc.
 9. **DYSRHYTHMIAS** such as ventricular tachycardia or fibrillation, Wolff-Parkinson-White syndrome, Paroxysmal Atrial Tachycardia with or without block.
 10. **ANGINA PECTORIS** or chest pain of unknown etiology.
 11. **CARDIOMYOPATHY** from any cause.
 12. **CONGESTIVE HEART FAILURE**
 13. **MARFAN'S SYNDROME**
 14. **CONGENITAL ANOMALIES**
 15. **PACEMAKERS** or **PROSTHETIC VALVES** are generally disqualifying. Any other condition or post-surgical management that requires the use of Coumadin or other anti-coagulants generally is disqualifying.
 16. **IMPLANTED CARDIAC DEFIBRILLATORS**, devices that may, as a result either of their normal operation or a malfunction, render the individual suddenly or subtly incapacitated, generally are disqualifying.
 17. Any **OTHER CARDIAC DISEASE OR CONDITION** which significantly interferes with normal cardiac function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

PERIPHERAL VASCULAR SYSTEM STANDARD

The peripheral vascular system involves the veins and arteries of the extremities. The applicant/incumbent must have a vascular system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
 - o no evidence of phlebitis or thrombosis; and
 - o no evidence of venous stasis or edema; and
 - o no evidence of arterial insufficiency; and
- No evidence by physical examination and medical history of peripheral vasculature conditions likely to present a safety risk or to worsen as a result of carrying out the

essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **CHRONIC VENOUS INSUFFICIENCY**
2. **DEEP VEIN THROMBOSIS**
3. **CHRONIC THROMBOPHLEBITIS**
4. Any **OTHER CHRONIC DISEASE OR CONDITION** which significantly compromises the vascular system and bears the potential to render the person suddenly incapacitated generally is disqualifying.

CHEST AND RESPIRATORY SYSTEM STANDARD

The applicant/incumbent must have a respiratory system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the respiratory system that is within the range of normal variation; and
- A pulmonary function test (PFT) showing:
 - o forced vital capacity (FVC) of at least 70% of the predicted value; and
 - o forced expiratory volume at 1 second (FEV₁) of at least 70% of the predicted value; and
 - o the ratio FEV₁/FVC of at least 70%; and
- No evidence by physical examination and medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **SIGNIFICANT OBSTRUCTIVE OR RESTRICTIVE DISORDER.**
2. **ASTHMA** after the age of 12 years must be considered on a case-by-case basis. A person may be requested to submit documentation of a diagnostic assessment prior to making final recommendations.
3. **ACTIVE PULMONARY TUBERCULOSIS (TB):** A history of confirmed TB that has been treated for longer than 6 months is acceptable provided that documentation supports the treatment history, confirms that the person has been rendered non-communicable, and the other provisions of the Chest and Respiratory System Standard have been met.
4. **HISTORY OF CHRONIC BRONCHITIS ASSOCIATED WITH DECREASED PFT RESULTS.**
5. **LUNG ABSCESS**
6. **PULMONARY EMBOLISM** (within the past six months or if there is a

- recurrent history or use of anticoagulants)
7. **SPONTANEOUS PNEUMOTHORAX** (if recurrent, or recent)
 8. **EMPHYSEMA**
 9. **SARCOIDOSIS** (if associated with an impaired pulmonary function)
 10. **PULMONARY INFARCTION**
 11. **TUMORS OF THE LUNG**
 12. **PNEUMONECTOMY** (if FEV₁ less than 70%)
 13. Any **OTHER RESPIRATORY DISEASE OR CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

Note: The requirement to use an inhaler (such as for asthma) requires agency review, and further information may be required related to the individual's history, the causes of bronchospastic episodes or exacerbations, and the response to medications.

GASTROINTESTINAL SYSTEM STANDARD

The applicant/incumbent must have a gastrointestinal tract that is sufficient for the individual to safely and efficiently carry out the requirements of the job. The gastrointestinal (GI) tract should be considered normal from the mouth to the anus by the examining physician. The standard may be demonstrated by:

- A physical exam and evaluation of the mouth, abdomen, anus, and rectum that is within the range of normal variation; and
- Normal liver function and blood chemistry laboratory tests; and
- No evidence by physical examination (including laboratory testing) and medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ACUTE AND CHRONIC ACTIVE HEPATITIS**
2. **CROHN'S DISEASE / ULCERATIVE COLITIS / REGIONAL ENTERITIS or IRRITABLE BOWEL SYNDROME** (Satisfactory control or management of these conditions with surgical and/or medical treatments will be considered on a case-by-case basis.)
3. **COLOSTOMIES**
4. **ILEITIS** (recurrent or chronic)
5. **CHOLECYSTITIS or CHOLELITHIASIS** (symptomatic or asymptomatic)
6. **DIVERTICULITIS** (symptomatic)
7. **DYSPHAGIA** from any cause. Severity, treatment, and current status of these conditions will be reviewed on a case-by-case basis.
8. **CIRRHOSIS OF THE LIVER** (depending upon the degree of severity, the etiology, and the prognosis)

9. **INTESTINAL OBSTRUCTION** from any cause, until the condition has fully resolved
10. **PANCREATITIS**
11. **ACTIVE GASTRIC OR DUODENAL ULCER**
12. **GASTRIC OR BOWEL RESECTION**, if there is any evidence (historical or physical) of pain, hemorrhages, fainting episodes or dietary restrictions that could interfere with the performance of the job.
13. An **UNTREATED (and clinically-significant) INGUINAL, INCISIONAL, or VENTRAL HERNIA.**
14. Any **OTHER GASTROINTESTINAL DISEASE OR CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

GENITOURINARY SYSTEM STANDARD

In general, any dysfunction of the genitourinary or reproductive system that has the capability of interfering with the required tasks or rendering the person suddenly incapacitated may be considered disqualifying. The applicant/incumbent must have a genitourinary system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. Compliance with the standard may be demonstrated by:

- A normal clean catch urinalysis; and
- No evidence by physical examination and medical history of genitourinary conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **POLYCYSTIC KIDNEY DISEASE**
2. **ACUTE or CHRONIC RENAL FAILURE**
3. **NEPHROTIC SYNDROME**
4. **SYMPTOMATIC URINARY CALCULI**
5. **NEUROGENIC BLADDER**
6. **BERGER'S DISEASE**
7. **HISTORY OF RENAL VEIN THROMBOSIS**
8. **UNCORRECTED OBSTRUCTIVE UROPATHIES**
9. **RENAL TOXICITY**
10. **RENAL TRANSPLANTATION** may be considered disqualifying unless the applicant is not taking immunosuppressive drugs and is cleared medically by the surgeon who performed the operation (or the successor surgical consultant for the individual) to participate in strenuous activities, and to withstand blunt trauma to his/her flanks without a greater than normal risk of harm.
11. Any **OTHER GENITOURINARY DISEASE OR CONDITION** which significantly interferes with normal function and bears the potential to render the

person suddenly incapacitated is generally disqualifying.

MUSCULOSKELETAL SYSTEM STANDARD

The applicant/incumbent must have a musculoskeletal system that is sufficient for the individual to safely and efficiently carry out the functional requirements of the job. Any condition that adversely impacts an individual's movement, range of motion, agility, flexibility, strength, dexterity, coordination or the ability to accelerate, decelerate and change directions quickly and easily may be considered disqualifying. A healthy musculoskeletal system may be demonstrated by:

- A physical exam of the upper and lower extremities (including all digits), neck, and back that is within the range of normal variation, including strength, flexibility, range of motion, and joint stability; and
- No evidence by physical examination and medical history of musculoskeletal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ARTHRITIS** (any etiology) if there is limited joint motion and/or pain.
2. **AMPUTATIONS** of one or more digits if it directly affects the ability to grip and handle weapons or other required equipment and tools efficiently.
3. **AMPUTATIONS OF ANY EXTREMITY.**
4. **ANKYLOSING SPONDYLITIS.**
5. **SCOLIOSIS**, if the lateral curve is 20 degrees or more, or if there is any demonstrable loss of normal and pain-free function.
6. **MUSCULAR DYSTROPHY**
7. **LUMBOSACRAL INSTABILITY**, including pain or limitations of flexibility and strength that limits the individual's ability to stand, bend, stoop, carry heavy objects or sit for long periods of time.
8. **DEGENERATIVE DISC DISEASE** that is symptomatic.
9. **FIXED LORDOSIS OR KYPHOSIS** which limits mobility and skeletal strength.
10. **FRACTURES:** these may require orthopedic evaluation to determine whether functional limitations currently exist. A recent fracture that requires immobilization (or for which limb immobilization is indicated, such as casting, bracing, etc.), and that prevents the safe and efficient performance of the full range of law enforcement duties, will require deferment of the clearance until the injury has healed sufficiently for the treating physician to be able to document that immobilization is no longer required, that no physical limitations are present, and no restrictions are required.
11. **SCIATICA OR OTHER NEUROPATHIES**
12. **CHRONIC LOW BACK PAIN** (by medical history), with or without demonstrable pathology, may be considered disqualifying. Each case will be reviewed in the context of the etiology, the response to therapeutic regimens,

- frequency of recurrence, exacerbating factors, and lengths of disability associated with the recurrences, combined with the current clinical presentation.
13. A history of a **CHRONIC SPRAIN OR STRAIN OF THE NECK** that limits mobility or causes recurring cephalgia (headaches) may be disqualifying.
 14. Evidence of a **CERVICAL RIB, SUBLUXATION, TORTICOLLIS, SYMPTOMATIC THORACIC OUTLET SYNDROME** or a **BRACHIAL CLEFT CYST**
 15. Any evidence of a **CERVICAL NEUROPATHY**, including numbness, tingling or loss of motor strength in the upper extremities, may be disqualifying.
 16. Any medical condition, congenital or acquired, which interferes with agility, dexterity, the lifting of heavy objects, or the ability to perform the full range of law enforcement duties may be disqualifying.
 17. A condition may be disqualifying if there is evidence that the general body symmetry may directly interfere with the safe utilization of issued standard and specialty equipment, including but not limited to handguns, shotguns, handcuffs, motor vehicles, personal protective equipment, etc.

ENDOCRINE AND METABOLIC SYSTEMS STANDARD

Any excess or deficiency in hoMROne production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the skin, thyroid, and eyes that is within the range of normal variation; and
- Normal fasting blood sugar level; and
- Normal blood chemistry results; and
- No evidence by physical examination (including laboratory testing) and history of endocrine/metabolic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ADRENAL DYSFUNCTION** (such as Addison's Disease or Cushing's Syndrome).
2. **THYROID DISEASE** that is uncontrolled or associated with complications. Hypothyroidism adequately controlled by hoMROne replacement may be considered acceptable.
3. **PITUITARY DYSFUNCTION**
4. **DIABETES MELLITUS**
5. **HYPERGLYCEMIA**

6. **DIABETES INSIPIDUS**
7. Any **OTHER ENDOCRINE CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated generally is disqualifying.

HEMATOPOETIC SYSTEM STANDARD

The applicant/incumbent must have a hematopoietic (blood and blood-producing) system that is sufficient for the individual to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation; and
- A complete blood count (including at least hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range; and
- No evidence by physical examination (including laboratory testing) and medical history of hematopoietic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ANEMIA**
2. **INHERITED CLOTTING DISORDERS (ex. HEMOPHILIA)** generally are disqualifying
3. **CHRONIC LYMPHANGITIS**
4. **THROMBOCYTOPENIA OR CLOTTING DISORDER**
5. **SICKLE CELL ANEMIA**
6. **SPLENOMEGALY**
7. Any **OTHER HEMATOPOETIC CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD

The presence or history of organ transplantation or use of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the requirements of the job despite these factors. This may be demonstrated by:

- No evidence by physical examination and medical history that the transplant, the prosthesis, the implant, or the conditions that led to the need for these treatments are likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

Note: For individuals with transplants, prosthetics, or implanted pumps or electrical devices, the examinee will be required to provide for agency review satisfactory documentation from his/her surgeon or physician that the individual (and, if applicable, his/her prosthetic or implanted device) is considered to be fully cleared and compatible with the specified functional requirements of the job.

INFECTIOUS DISEASE / IMMUNE SYSTEM / ALLERGIC DISORDERS STANDARDS

The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the requirements of the job. This may be demonstrated by:

- A general physical exam of all major body systems that is within the range of normal variation, including:
 - o no evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the requirements of the job; and
 - o no evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public; and
- Normal complete blood count, including white blood count and differential; and
- No evidence by physical examination and medical history of infectious disease, immune system, or allergy conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **HEREDITARY ANGIOEDEMA**
2. **GOODPASTURE'S SYNDROME**
3. **AUTOIMMUNE HEMOLYTIC ANEMIA**
4. **VASCULITIS**
5. **HASHIMOTO'S THYROIDITIS**
6. **MYASTHENIA GRAVIS**

7. **SYSTEMIC LUPUS ERYTHEMATOSUS**
8. **STINGING INSECT ALLERGY**
9. Any **OTHER INFECTIOUS DISEASE, IMMUNE SYSTEM, OR ALLERGIC CONDITION** which significantly interferes with normal function and bears the potential to render the person suddenly incapacitated is generally disqualifying.

MEDICATION STANDARD

The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function and attention due to medications that are likely to present a safety risk or to worsen as a result of carrying out the specified functional requirements. Each of the following points should be considered:

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| 1. Medication(s) (type and dosage requirements) | 2. Potential drug side effects |
| 3. Drug-drug interactions | 4. Adverse drug reactions |
| 5. Drug toxicity or medical complications from long term use | 6. Drug-environmental interactions |
| 7. Drug-food interactions | 8. History of patient compliance |

All medication requirements will be evaluated to ensure that safe and efficient job performance will not be affected adversely by their use. Medications such as narcotics, sedative hypnotics, barbiturates, amphetamines, or any drug with the potential for addiction or a reduction in attentiveness that are taken for extended periods of time (usually beyond 10 days) or are prescribed for a persistent or recurring underlying condition generally would be considered disqualifying. Cases will be reviewed on a case-by-case basis.