

STATE CONSTABLE EXAMINATION

Height _____

Weight _____

Blood Pressure _____

Pulse _____

Visual Acuity (R) _____ (L) _____ Without Correction

(R) _____ (L) _____ With Correction

Color Vision _____

	Normal	Abnormal	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	
Neck	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities			
Upper	<input type="checkbox"/>	<input type="checkbox"/>	
Lower	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	

U.A. pH _____ s.g. _____ Chemistry _____

TB Skin Test _____

- Medically **Suitable** for the SC State Constables Program
- Medically **Unsuitable** for the SC State Constables Program for the following reasons: _____

COMMENTS: _____

Date: _____

Physician's Signature _____