Lafourche Parish Sheriff's Office

Regional P.O.S.T. Academy Health Screening

TO BE COMPLETED BY PHYSICIAN:

Date: _____

Name/Badge#: _____ Race: _____ Sex: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Department/Agency: _____

PHYSICAL INFORMATION:

Drug Allergies: _____

_____

Last Doctor Visit: _____

Family Doctor: _____ Phone: _____

HISTORY OF ILLNESS:

Do you or have you ever suffered from any of the below illnesses?

					If you answered yes to any of these illnesses, please explain.
Diabetes	YES	☐	NO	☐	_____
Hypertension	YES	☐	NO	☐	_____
Asthma	YES	☐	NO	☐	_____
Hepatitis	YES	☐	NO	☐	_____
Cancer	YES	☐	NO	☐	_____
Tuberculosis	YES	☐	NO	☐	_____
Sickle Cell	YES	☐	NO	☐	_____
HIV	YES	☐	NO	☐	_____
Epilepsy	YES	☐	NO	☐	_____
Heart Condition	YES	☐	NO	☐	_____
Arthritis	YES	☐	NO	☐	_____
Back Problem	YES	☐	NO	☐	_____
Knee Problem	YES	☐	NO	☐	_____
Extremity Problem	YES	☐	NO	☐	_____
Hernia	YES	☐	NO	☐	_____
Hemorrhoids	YES	☐	NO	☐	_____
Varicose Veins	YES	☐	NO	☐	_____
Hearing	YES	☐	NO	☐	_____
Anxiety	YES	☐	NO	☐	_____
Psychiatric Disorder	YES	☐	NO	☐	_____

Do you have difficulty performing the following tasks?

					If you answered yes to any of these activities, please explain.
Bending	YES	☐	NO	☐	_____
Running	YES	☐	NO	☐	_____
Jumping	YES	☐	NO	☐	_____
Standing	YES	☐	NO	☐	_____
Lifting	YES	☐	NO	☐	_____
Stretching	YES	☐	NO	☐	_____

SMOKING HISTORY

Do you smoke cigarettes? YES ☐ NO ☐ If you answered yes, how many packs do you smoke per day? _____

BLOOD PRESSURE

At Rest Results: Systolic _____ Diastolic _____

Post Activity Results: Systolic _____ Diastolic _____

PHYSICAL ABILITY

Does the above listed person have any physical conditions which would preclude them from participating in any of the following strenuous physical activities during the P.O.S.T. Regional Basic Academy?

If you answered yes to any physical activity, please explain.

1.5 Mile Run	YES	☐	NO	☐	
Handcuffing Exercises	YES	☐	NO	☐	
Sit-ups	YES	☐	NO	☐	
Takedown/Handcuffing	YES	☐	NO	☐	
Push-ups	YES	☐	NO	☐	
Control Techniques	YES	☐	NO	☐	
Firearms Training	YES	☐	NO	☐	
Punch Blocking Exercises	YES	☐	NO	☐	
Aerobic Exercises	YES	☐	NO	☐	
Weapon Retention Techniques	YES	☐	NO	☐	
Kicking Exercises	YES	☐	NO	☐	
Ground Fighting Techniques	YES	☐	NO	☐	
Escape Exercises	YES	☐	NO	☐	
Other Strenuous	YES	☐	NO	☐	

BODY BUILD

Obese	YES	☐	NO	☐	
Robust	YES	☐	NO	☐	Height _____
Average	YES	☐	NO	☐	
Small	YES	☐	NO	☐	Weight _____

VISION

Corrective Lenses:					
Right Eye	YES	☐	NO	☐	
Left Eye	YES	☐	NO	☐	
Both Eyes	YES	☐	NO	☐	
Without Corrective Lenses:					
Right Eye	YES	☐	NO	☐	
Left Eye	YES	☐	NO	☐	
Both Eyes	YES	☐	NO	☐	
Do you wear glasses?	YES	☐	NO	☐	If yes, how long have you worn glasses? _____
Do you wear contact lenses?	YES	☐	NO	☐	If yes, how long have you worn corrective lenses? _____
Do you wear both?	YES	☐	NO	☐	If yes, how long have you worn both? _____

MEDICATION

List medication you are currently taking. _____

_____

_____

DEFORMITIES

List any deformities, (i.e. missing extremities) _____

REMARKS _____

_____

_____ _____

Patient Signature Physician's Signature

LA RS 40:3.1

§3.1. Confidentiality of public health investigations; prohibited disclosure and discovery; civil penalties

A. All records of interviews, questionnaires, reports, statements, notes, and memoranda procured by and prepared by employees or agents of the office of public health or by any other person, agency, or organization acting jointly with that office, including public or private colleges and universities, in connection with special morbidity and mortality studies and research investigations to determine any cause or condition of health, and any documents, records, or other information produced or given to the state health officer in response to a court order issued pursuant to R.S. 40:8, hereinafter referred to as "confidential data", are confidential and shall be used solely for statistical, scientific, and medical research purposes relating to the cause or condition of health, or for the purposes of furthering an investigation pursuant to R.S. 40:8, except as otherwise provided in this Section.

45 CFR Part 164 Subpart E - Privacy of Individually Identifiable Health Information

§ 164.512 Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required.

(f) Standard: disclosures for law enforcement purposes. A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met.