

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980

Medical Examination Report Addendum

Form F-2B
(Rev. 08-2025)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Additional Exam Notes

Certification

Meets Standards - Cleared

Does Not Meet Standards - Further Evaluation Required

Does Not Meet Standards - Disqualified

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

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Tuberculosis Questionnaire

Form F-2A
(Rev. 08-2025)

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Attach to Form F-2 (Medical Examination Report)

DO NOT mail form to Criminal Justice Standards Division

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Tuberculosis Risk Questions

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, or resided in jail or prison? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |
| 6) Have you ever done one of the following: worked or resided at a homeless shelter, worked in a jail or prison, worked as a healthcare worker (including in a hospital or clinic), or worked as an Emergency Medical Responder or Emergency Medical Technician? | Yes | No |

Tuberculosis Symptom Questions

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |