

INFORMATION FOR APPLICANTS

DEPUTY SHERIFF I DEPARTMENT OF JUSTICE

May, 2005

Note: This information package prepared by the Department of Justice is designed for individuals interested in pursuing a career as a Deputy Sheriff I. It is not a comprehensive description of the recruiting process, the training program or a position description.

DEPUTY SHERIFF I

The Deputy Sheriff I has an important role to play in today's court system. Under the direction of the High Sheriff, Manager of Court Security, and the direct supervision of the Deputy Sheriff II Supervisor, Court Security Division, the Deputy Sheriff I is involved in the provision of courtroom security, prisoner guard duties, serving and executing Warrants of Committal, and on request performs Bailiff related duties as required.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of a Deputy Sheriff I include the following:

1. Performing prisoner escorts and guard duties with respect to individuals in secure custody in all Courts and Court related holding facilities, including ensuring that reasonable precautions are taken to prevent escape, to protect the public, other officers and prisoner;
2. Monitoring prisoners in cells and ensuring the safe and hygienic operation of the Sheriff's Office holding unit;
3. Participating in the admission and release process of offenders by conducting thorough searches and ensuring all necessary legal documentation is completed;
4. Conducting accused persons criminal records check on CPIC;
5. Conducting searches of escort vehicles, prisoners, cells, interview rooms, common areas, prisoner elevators and Court facilities;
6. Performing escort and guard duties at Medical Facilities with prisoners requiring emergency medical attention;
7. Ensuring the safety and security of occupants of the courts, especially judges, juries, witnesses and prisoners, assist with security of exhibits;
8. Executing Warrants of Arrest issued by Unified Family court using power of arrest, if necessary, and executes other court documents;
9. Fulfilling any and all duties of a bailiff of the Sheriff's Office which may include the arrest of ships, seizure of property, evictions and the service of criminal and civil documents;
10. Assisting with the jury process as required;
11. Maintaining order in the Court and ensures that the dignity of the Court is upheld at all times;

12. Liaising with law enforcement agencies on an on-going basis to identify potential security problems;
13. Practicing promptness and dependability respecting duty assignments; ensuring that shift schedules, meal and lunch periods are complied with and that assigned Court attendance dates are strictly adhered to;
14. Exercising independent judgement and initiative without direct supervision where necessary in dealing with both routine and emergency situations;
15. Administering first-aid as required;
16. Observing acceptable standards of behaviour using courtesy and tact when dealing with the public;
17. Establishing and maintaining good working relationships with fellow workers and members of the general public;
18. Maintaining uniform meticulously and ensuring that personal hygiene is maintained and hair is worn in accordance with Departmental policy;
19. Responding appropriately to emergency i.e. Bomb, Gun Threat, Fire, and Hostage situations.

BENEFITS

NOTE: SALARIES AND BENEFITS ARE EFFECTIVE AS PER THE CURRENT GENERAL SERVICE COLLECTIVE AGREEMENT AND GOVERNMENT POLICIES

DEPUTY SHERIFF I COMPETITION

Recruitment for members of the Sheriff's Office is the responsibility of the Human Resources Division of the Department of Justice. All applications that are received in this office are treated as confidential and held on file pending the closing date of the advertised competition.

BASIC QUALIFICATIONS

To be eligible for the position of Deputy Sheriff I, the applicant must meet certain basic qualifications. The candidate must:

- (a) be a Canadian citizen or a landed immigrant;
- (b) be at least nineteen years of age upon completion of hiring in order to be sworn in as an officer of the court;
- (c) have successfully completed high school or equivalent; preference shown to post secondary graduates in police and/or secure custody training;
- (d) be eligible to obtain or hold a valid Class 4 driver's licence, clear abstract required;
- (e) meet required aptitude standard as determined by GATB (See Aptitude Assessment);
- (f) meet required PARE fitness standard
- (g) be certified by a medical doctor licensed under the laws of the Province of Newfoundland and Labrador to be in good physical and mental health and fit for duty as a Deputy Sheriff I;
- (h) meet the vision standards required to successfully perform the duties of the position;
- (i) must have a clean record, free of any criminal or serious charge;
- (j) must be of exemplary moral character and integrity;
- (k) Demonstrate a clear understanding of sound tactical principles per Use of Force Continuum Training.

Candidates will be required to submit proof of age (birth certificate and/or citizenship certificate), high school graduation (including marks), certificates and transcripts of other courses or programs completed, and upon being offered a training course all candidates must submit a valid class 4 driver's licence.

APPLICANT SCREENING

After the closing date of the competition indicated in the job advertisement, the Selection Board will assess each application against the requirements of the position, as stated in the qualification requirements. The Board will select the most qualified applicants to progress to the next phase of the process. Those applicants will be required to participate in a series of evaluation phases to determine their suitability for the position of Deputy Sheriff I. At this time, the Sheriff's Office will consider all Policing and Secure Custody training which is provincially or nationally recognized, as acceptable training for the training/recruitment program for the position of Deputy Sheriff I. Employment standards not met at the time of application for a Deputy Sheriff I position will have to be assessed during the selection process. These evaluation phases will include an aptitude assessment, visual acuity examination, medical examination, physical ability

testing, skills demonstration, and a personal interview with the Selection Board. Candidates who do not meet the standard in any one phase will not be permitted to progress to the next phase and will be eliminated from the selection process.

APTITUDE ASSESSMENT

Applicants may be scheduled to write an Aptitude Assessment following the closing date of the competition. This entry level exam assesses the aptitudes considered important for Deputy Sheriff Is. Applicants who successfully demonstrate the required level of aptitudes will progress to the next phase of the competition. Applicants who do not meet the required level of aptitudes will not progress in the current competition but may be afforded the opportunity to re-write the exam after 12 months.

The Aptitude Assessment currently in use is the General Aptitude Testing Battery (G.A.T.B.), which is an internationally accepted and used measure of the aptitudes required to perform various job functions. Unlike exams that test a specific knowledge of a subject, you can not study directly for the G.A.T.B.

The G.A.T.B. is scored by the number of items completed correctly within specific time limits. There are several sub-tests with many questions and relatively short time limit: each test is purposely so long that you are not likely to finish all items in the time given, but the more you do correctly the better you will score. You may find that you are unable to complete the various sub-tests within the time allotted, do not let this disturb you most people do not complete the tests. To achieve your best score you must work at your top speed as accurately as possible during the time allowed. Do not spend too much time on any one item as all items are weighed equally.

It is therefore important to listen, read, and follow directions very closely. G.A.T.B. is not designed to trick you, and the persons administering the test are there to provide as much assistance as possible.

The test will be comprised of 7 sub-tests. Those sub-tests will be in the areas of Clerical Perception, Verbal Skills, Numerical Ability, Spatial Perception, Form Perception and General Learning Ability. Each candidate will be assessed based upon his/her standing relative to the general working population and the specific aptitudes required of a Deputy Sheriff I. Each candidate will be notified of his/her standing when scoring has been completed.

Candidates who are unsuccessful in the GATB will not be considered for re-testing for 12 months from the date of testing. Candidates who are successful will be notified of particulars of the next stage of the selection process. Note: GATB can only be written **twice**.

IF YOU HAVE PREVIOUSLY COMPLETED GATB TESTING, YOU MUST ENCLOSE CONFIRMATION OF RESULTS WITH YOUR APPLICATION

IMPORTANT NOTE: A physician's note stating 20/20 vision or an optometrist's report of the AIDED vision is required from those applicants with vision problems. The corrected visual acuity standard is 30/100 in the weaker eye. This report is to be brought to the GATB examination and submitted at that time. Visual acuity below standard will be cause for rejection from the competition.

Applicants who met vision standards but have undergone refractive surgery (Radial Keratotomy or photo laser refractive keratectomy) may be considered, subject to the following conditions:

1. Stable Vision: This must be confirmed by a one year follow up after the surgery.
2. Side Effects for the applicants such as glare and visual field defects must be absent.

PHYSICAL ABILITY ASSESSMENT

PHYSICAL ABILITIES REQUIREMENT EVALUATION (PARE) GUIDELINES FOR APPLICANTS

As an applicant for the Deputy Sheriff I position, you will undergo a number of screening tests to help determine your suitability for this type of work. One of these tests, the Physical Abilities Requirement Evaluation (PARE), will be administered to assess your capacity to meet the physical demands typically encountered in Deputy Sheriff I duties.

These guidelines are provided to help you prepare for taking the PARE. Please read them so that you will have a clear understanding of why your PARE performance is an important selection criterion, as well as what you can do to improve your chances of meeting the selection standard.

What is the PARE?

The PARE is a physical abilities test that measures the capacity to perform physical tasks often encountered in work as a Deputy Sheriff I, namely:

- Walking
- Running
- Jumping
- Vaulting
- Carrying
- Pushing
- Pulling
- Climbing (stairs, hills)
- Lifting

The test simulates a scenario where a Deputy Sheriff I must:

- Get to the site of a problem or incident
- Physically resolve the problem
- Remove a person or material from the problem site

These three components are represented in the PARE in the form of a six-lap obstacle course, a pushing and pulling task involving a 32 Kilogram (80 lb) weight and the carrying of a 45.5 Kilogram (100 lbs.) torso bag over a 15 meter distance (50 feet).

What is the PARE Standard?

Applicants must complete the obstacle course and the pushing and pulling task within a 4 minute time period to be eligible for selection.

The torso bag carry requires you to execute a controlled carry of the bag without resting or setting it down over the 15 meter distance (50 feet). This will be un-timed and scored on a PASS/NO PASS basis. Deputy Sheriff I's are expected to maintain a fitness level to handle a torso bag of 45.5 kg. (100 lbs.)

What is the PARE like?

The three stages of the PARE are illustrated in the following diagram. The test begins with a six lap obstacle course that involves running and direction changes; jumping across a five foot distance; ascending and descending steps; jumping over knee high obstacles; vaulting over a three foot barrier; and falling to one's front and back and getting back up.

The second stage involves a pushing and pulling task and requires that a 32 kg. (80 lb.) weight, be pushed or pulled through six, 180 degree arcs without it dropping. Between the push and pull tasks, four controlled falls must be performed – two to your front and two to your back. The third and final stage – the torso bag carry is then attempted after a 30 second rest.

Preparing to take the PARE

There are several administrative requirements that must be met before you can take the PARE.

1. You must have a Medical Clearance Form signed and dated by a physician. This clearance is valid for six months unless there has been a known change in your medical status.
2. You must complete an Informed Consent Form at the test site.

In addition to the above, you are encouraged to strive for a reasonable level of fitness prior to taking the PARE. As PARE is physically demanding you should be able to answer yes to the following six statements before presenting yourself for testing:

YES NO

_____ I am able to perform at least five continuous minutes of moderately vigorous physical activity without feeling exhausted or over stressed.

_____ I can lift and carry 45.5 kg. (100 lbs.) with control over a distance of 15 meters (50 feet).

- _____ I can broad jump at least five feet.
- _____ I can perform 15-20 push-ups (full length, pivoting from the toes) without stopping.
- _____ I can vault (using my hands and feet for assistance) over a 3 foot (1 meter) high barrier.
- _____ I participate in moderate to vigorous physical activity at least two to three times a week.

While answering yes or no to any of these statements will not predict your success or failure on the PARE, it will help you to decide whether some pre-PARE conditioning should be undertaken. If you are doubtful about your ability at this point, consider a minimum three to six week conditioning program before scheduling your PARE, should that scheduling flexibility be available. If you need assistance, please consult with a physical activity professional in your community for sensible training tips and guidance.

TIPS FOR TAKING THE PARE

The following suggestions may be helpful:

1. Wear comfortable activity clothing that will not restrict your freedom to move or “weigh you down”. Wear running shoes with soles that grip well so that slippage on the push and pull task is minimized.
2. Warm-up for the PARE by doing five to ten minutes of stretching and other large muscle activity.
3. Familiarize yourself with the apparatus used for the PARE. Experiment with the jump and vault obstacles as well as the push and pull station. Do your learning before the test.
4. Pace yourself. A moderate jogging speed is adequate for the six-lap obstacle course. Avoid going too fast. A pace of 25 seconds per lap is adequate.
5. Think positive. PARE is demanding, but it is reasonable. Most people will be tired, BUT NOT EXHAUSTED, at the end of the test. Put yourself in a positive state of mind that will give you the inner motivation to be successful.

BEYOND PARE: THE BIGGER PICTURE

Because physical ability to meet the demands of Deputy Sheriff I work is ongoing, it is recommended that you maintain a lifestyle to meet the PARE standard throughout your career with the Sheriff’s Office.

Although current members of the Deputy Sheriff I group do not have to meet the PARE standard to “keep their job” they may be exposed to the PARE and other health promotion efforts designed to maintain or enhance their “fitness for work”.

The Sheriff’s Office believes in employing fit and able Deputy Sheriff Is. Achieving and maintaining the PARE standard reflects your personal fitness and commitment to personal health management. Your health and fitness are valuable resources in both your personal life as well as your future career as a member of the Sheriff’s Office.

Good Luck on the PARE!!

Those candidates who are able to demonstrate an acceptable level of fitness progress to the next stage of the process – a skills demonstration.

SKILLS DEMONSTRATION

Applicants must have prior Use of Force Continuum training/experience and be able to demonstrate a clear understanding of sound tactical principles including pertinent sections (more especially Sections 25 and 26, 27 and 28) of the Criminal Code and the use of restraints. Those candidates who are able to demonstrate a clear understanding of sound tactical principles progress to the next stage of the process – a personal interview.

PERSONAL INTERVIEW

This stage of the process is an in-depth personal interview by the Selection Board, which is comprised of representatives of the Sheriff's Office and the Human Resources Division of the Department of Justice. The purpose of the interview is to assess the candidates skills, abilities and personal suitability for work as a Deputy Sheriff I and will include a written component.

BACKGROUND CHECKS/REFERENCES

The assessment of candidates includes background checks and references which are carried out by members of the recruiting team. These are used as an independent measure of the candidate's past performance and to help construct a comprehensive personal profile. Criminal and other serious charges will be a cause for rejection from this selection process; references which indicate other than exemplary personal character will diminish an individual's chance of success.

MEDICAL ASSESSMENT

Prior to a candidate being accepted, a medical assessment must be carried out to ensure there are no medical problems which would compromise effective job performance. Candidates shall bear the total cost of this assessment.

**COMPLETE THIS FORM AND RETURN SAME TO
THE PARE TESTER
AT THE TIME OF PARE TESTING**

STATEMENT OF APPLICANT

(AN ACKNOWLEDGMENT OF UNDERSTANDING OF TEST REQUIREMENTS)

The tests described in the attached information are administered to determine that you have the basic supportive physical abilities (aerobics/anaerobic fitness, muscular strength and endurance, as well as motor skills) to learn, to develop and to apply the skills necessary to perform your potentially future duties. These tests should not be performed if you have any medical condition which may be adversely affected by vigorous and strenuous exercise (work). Examples may include, but are not limited to any of the following conditions: heart disease; frequent unexplained pains in your chest area; fainting or spells of severe dizziness; high blood pressure; serious concerns over physical ability to perform strenuous work; etc. Prior to being accepted as a test candidate, you must deliver a medical doctor's signed statement indicating that you are medically fit to perform this level of physical work.

The test you are intending to perform will be demonstrated and explained in detail prior to your performance. Further, you will be given practice prior to completing the test.

Statement of Test Applicant:

I (name) _____, acknowledge that I understand the information provided to me concerning these tests. Further, it is my understanding that I will likely be working to my maximal physical abilities while performing these tests which will cause my cardiovascular (heart and blood vessels) and respiratory systems to respond maximally. I have no known medical problems which may place me at risk during or following the performance of these tests.

SIGNATURE OF APPLICANT:

DATE:

THIS PORTION TO BE COMPLETED BY TESTER ON DATE OF PHYSICAL TEST

Test Time: _____ Heart Rate (10 sec. X 6): _____

Pass: _____ Fail: _____ Problem Areas (exercises): _____

Tester Comments:

Candidate Informed: Yes _____ No _____

Signature of Tester

Date

STATEMENT OF MEDICAL DOCTOR
To be Returned at the time of the PARE Testing

Name: _____ is applying to participate in the Physical Abilities Requirement Evaluation (P.A.R.E.). This information describes the construction of the P.A.R.E. and the level of expected physiological performance. It is requested that your medical examination of this person include the recognition of the level of work that the person will be expected to perform.

P.A.R.E. is designed in a circuit type format wherein the participant will complete one exercise station and then move directly onto the next until all exercise stations have been completed. The exercises and activities comprising the circuit reflect, as closely as possible, a Deputy Sheriff I's response to a critical incident involving an alleged offender, usually the most physical part of the duties of a Deputy Sheriff I. A cursory explanation of each of the exercises is provided. The P.A.R.E. is designed to, and has been found to place the participant under maximal cardiovascular stress.

STATION 1. (Mobility/Agility Run)

This station requires the participant to run ¼ mile as quickly as possible, and during the run he/she must complete a 5-foot running broad jump, run up and down a set of 5 stairs, make sharp turns (changes in direction), jump over low obstacles (18 inches) several times, and vault a 3-foot high rail followed by a modified squat thrust and stand. The usual duration of the run is approximately 2 minutes and 20 seconds. Those persons having poor “aerobic” fitness and leg power usually experience difficulty while performing this station. The person should be free of debilitating ambulatory problems/limitations such as recurrent joint problems. Any such problems should be identified and commented on with respect to any limitations and/or liability.

During the mobility/agility run the participant will be required to complete a modified squat thrust and stand activity with rail vault. This activity usually elicits a maximal heart rate within the participant. It involves the persons completing 6 squat thrust and stands, 3 of which are to the front (requiring a push-up and functional ranges of flexibility) and 3 to the back (requiring a sit-up and functional ranges of flexibility). Each squat thrust and stand is interrupted by requiring the participant to vault a 3-foot rail. All activities are performed on a resilient mat. Those who have a poor level of anaerobic work capacity experience difficulty in completing this station. Additionally, those who have poor lower back strength and leg power show an inability to lift their buttocks high enough to vault the 3-foot rail even with the support of their arms. Those persons who are obese generally have difficulty in working through functional ranges in getting both down to the mat safely and getting back onto their feet quickly enough to complete the timed portion of the test satisfactorily.

STATION 2 (Pull Activity – 80 lbs.)(36 kgs.)

This station immediately follows the ¼ mile run and the participant is required to grasp a large handle (simulating a wrist) to which an 80 lbs. weight has been attached. He/she is required to pull weight off the floor and move around a fixed point (the weight) in an arc with radius of 4 feet, 6 times as quickly as possible. During this activity the person is moving dynamically throughout the arc and potential to apply control over a person resisting the officer by pulling away from his/her grasp. Persons having poor elbow flexor and back shoulder girdle strength experience difficulty with this activity.

STATION 3 (Push Activity – 80 lbs.)(36 kgs.)

This activity station is performed in the same manner as the pull station except that the participant is pushing on the weight as opposed to pulling on the weight. Those having poor elbow extensor and front shoulder girdle strength experience difficulty with this activity.

All of the activities to the completion of this activity are timed and are usually completed by the candidate as quickly as possible – the time limit for successful performance is 4 minutes. This time truly reflects the time under which the person will be performing at his/her maximal work ability.

STATION 4 (Weight Carry – 100 lbs.)(45 kgs.)

Following station 3 the candidate's heart rate is recorded along with his/her performance time and this break of approximately 30 seconds allows for a degree of physiological recovery. The candidate is then required to pick up a "torso sack" weighing 100 lbs. He/she is given ample time to perform the activity safely and instructions are reinforced to use clinically safe procedures to pick the weight up to pelvic girdle height and carry it a distance of 50 feet while holding it in front of their body using both hands/arms.

This completes the P.A.R.E.



Phone Number: _____

**OFFICE OF THE HIGH SHERIFF OF NEWFOUNDLAND & LABRADOR
AUTHORIZATION FOR RELEASE
OF INFORMATION**

I, _____, the undersigned, hereby authorize any person, employer, organization or physician to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for employment with the Office of the High Sheriff of Newfoundland and Labrador and any subsequent training.

Personal information about me will be used to assess my qualifications and suitability in relation to my application as a Deputy Sheriff. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Office of the High Sheriff.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me.

Applicant's Signature

Date

Witness Signature

Date



**OFFICE OF THE HIGH SHERIFF
OF NEWFOUNDLAND & LABRADOR
ACKNOWLEDGMENT AND DECLARATION**

In making application for the position of Deputy Sheriff with the Office of the High Sheriff of Newfoundland and Labrador I hereby acknowledge that:

1. The Office of the High Sheriff will seek to obtain any and all information pertaining to any criminal conviction and/or criminal findings of guilt in relation to me and will seek detailed information regarding my personal and credit history, my family and associates, and I consent to the collection of same.
2. I may have to attend at the Identification Section of the Royal Newfoundland Constabulary for fingerprint confirmation and agree to do so as required.
3. Honesty, integrity and ethics are matters important to and closely scrutinized by the Office of the High Sheriff when considering applicants for the position of Deputy Sheriff. I undertake to answer all questions pertaining to these matters accurately, completely and honestly and I understand that my answers to these questions will be verified by a variety of means including a detailed background investigation.
4. Deceit, dishonesty and non-disclosure concerning questions in this application will result in disqualification of me from this and any further competitions with the Office of the High Sheriff.
5. All information contained in my resume is true and complete.
6. A person who by false certificates, false representations or by concealment of a fact, is to be employed, or is employed, by the Office of the High Sheriff shall upon discovery of those false certificates or representations or that concealment be refused training/employment by the Office of the High Sheriff or dismissed from the training program/employment and that person may be denied pay, gratuity or pension.
7. I am involved in a competitive selection process and I may be declined at any stage of the process.
8. The terms of this Acknowledgment and Declaration Form are fully understood by me.

I further agree to absolutely release, discharge and absolve the Office of the High Sheriff of Newfoundland and Labrador and Her Majesty in Right of Newfoundland and Labrador and it's employees from all claims, losses or damages including indirect consequential, occasioned by me during, or as a result of, any investigation in relation to my personal history including any criminal conviction and/or criminal finding of guilt associated to my name.

Applicant's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Note : Unless Otherwise Directed,
Please mail the original medical
examination report to:



Department of
Government Services and Lands

MOTOR REGISTRATION DIVISION
P.O. Box 8710
St. John's, NF
A1B 4J5

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

MEDICAL EXAMINATION REPORT

CONCERNING A PERSON'S FITNESS TO DRIVE A MOTOR VEHICLE

| | | | |
|-------------------------------|--|---------------------|---------------------|
| IDENTITY OF THE DRIVER | | | |
| Name: | | D.L. #. | Class: |
| Address: | | Date of Birth | Yr. Mo. Day |
| | | Telephone no.(home) | Telephone no.(work) |

Reason For Examination : ___ Age Related ___ Class of Licence

MEDICAL HISTORY AND PHYSICAL EXAMINATION An affirmative indication below must state particulars in the space provided for "Functional Limitations" and "Comments"

The examination must concern previous and current conditions which could affect ability to safely operate a motor vehicle. (see reverse)

| | | | | | | | | | | | | | |
|---|--|------|-------------|------|--|---------------|----|----|-------------|--|----|----|-----------|
| <p>1 Cardiac (Atherosclerotic or cardiovascular disease, angina, infarct, arrhythmia, surgery, dilation, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, circle functional class (N.Y.H.A.) I II III IV</p> <p>2 Vascular (Aneurysm, Buerger's disease, arteriosclerosis, embolism, TIA etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3 Aneurysm of the aorta: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Requiring surgery: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5 cm or more: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4 Epilepsy: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yr. Mo. Day Yr. Mo. Day Date of first seizure Date of last seizure</p> <p>Type and dosage of medications _____</p> <p>5 Other neurological (C.V.A., Parkinson's, T.I.A., Paralysis, Alzheimer's, Narcolepsy, Non-Epileptic Convulsions, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6 Diabetes mellitus: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Age at onset _____</p> <p>Oral hypoglycemic: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Insulin: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Under Control: _____</p> <p>Type and dosage of insulin _____</p> <p>Severe Hypoglycemic (requiring intervention by an outsider) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Retinopathy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7 Other metabolic or Endocrine disorders: (Hypoglycemia, thyroid, adrenal diseases, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8 Diagnosis of chronic abuse, or dependence on, alcohol or other substances Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Alcoholism: Yes <input type="checkbox"/> No <input type="checkbox"/> Yr. Mo. Day</p> <p>Subject is sober since..... Yr. Mo. Day</p> <p>Other Addiction: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>To your knowledge is that patient taking any drugs that would cause impairment of driving ability. If "yes" to the above question, please name drug(s): _____</p> | <p>9 Hearing Loss: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Right ear: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Left ear: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10 Respiratory Insufficiency: (Asthma, severe dyspnea, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, circle functional class: I II III IV</p> <p>11 Visual Problems: (glaucoma, cataracts, retinitis, etc.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:12.5%; text-align:center;">right</td> <td style="width:12.5%; text-align:center;">left</td> <td style="width:50%;"></td> </tr> <tr> <td>Visual acuity</td> <td style="text-align:center;">6/</td> <td style="text-align:center;">6/</td> <td style="text-align:center;">uncorrected</td> </tr> <tr> <td></td> <td style="text-align:center;">6/</td> <td style="text-align:center;">6/</td> <td style="text-align:center;">corrected</td> </tr> </table> <p>Horizontal Visual Field (Confrontation) Right Eye _____ degrees, Left Eye _____ degrees</p> <p>Deficient colour vision: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Deficient binocular vision: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12 Musculo-skeletal disorders: (Functional limitation due to arthritis, amputation, ankylosis, deformities, other physical handicaps, motor disorders, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13 Hypertension: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Under control: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Usual B.P. (several readings) /</p> <p>Today's B.P. /</p> <p>14 Other disorders affecting ability to drive: (Vertigo, hypotension, loss of consciousness, fainting, cachexia, senility, side-effects of medication, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15 Mental illness: (Psychosis, personality disorders, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Estimate of Emotional Stability _____</p> <p>16 Should the driver be restricted? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Indicate restriction: _____</p> <p>17 Is a second medical opinion required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>18 If "yes" to above question, will you make arrangements with consultant of choice? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>19 If you would like the reassessment earlier than that indicated on the medical recall table, the recall should be 6 mos <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 3 yr <input type="checkbox"/></p> <p>20 Is examining physician the family doctor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21 How long has this patient been under your care? _____</p> | | right | left | | Visual acuity | 6/ | 6/ | uncorrected | | 6/ | 6/ | corrected |
| | right | left | | | | | | | | | | | |
| Visual acuity | 6/ | 6/ | uncorrected | | | | | | | | | | |
| | 6/ | 6/ | corrected | | | | | | | | | | |

COMMENTS (USE A SEPARATE SHEET IF NECESSARY)
A full description of functional restriction in relation to safe driving is essential:

| | |
|--|--|
| <p>PHYSICIAN'S CERTIFICATION</p> <p>To the best of my knowledge this patient _____ is fit / _____ is not fit to safely operate a class _____ motor vehicle.</p> <p>Name and address of physician (in block letters) _____ _____ _____</p> <p>Date of Examination: Yr. Mo. Day _____ _____ _____</p> | <p>Driver's signature authorising release of information and certifying information provided to physician as correct</p> <p>Signature _____</p> <p>Telephone (Office) _____</p> <p>FOR DEPARTMENTAL USE ONLY:</p> <p>More Information <input type="checkbox"/></p> <p>Second Opinion <input type="checkbox"/></p> <p>Fit <input type="checkbox"/></p> <p>Unfit <input type="checkbox"/></p> <p>Accept with condition <input type="checkbox"/></p> <p>Recall <input type="checkbox"/></p> |
|--|--|

MRD APPROVAL _____