

# MEDICAL STATEMENT

## Sergeant Assigned As A Special Weapons And Tactics (SWAT) Team Member Chicago Police Department

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All members seeking assignment as a Sergeant assigned as a Special Weapons and Tactics (SWAT) Team Member must be able to safely participate in testing and training to successfully reach a minimum level of proficiency. No member may participate further in the selection process who, for any reason, is not able to function as a Sergeant assigned as a Special Weapons and Tactics (SWAT) Team Member, or participate in the relevant training. Any member assigned as a Sergeant assigned as a Special Weapons and Tactics (SWAT) Team Member as a result of this selection process who, for any reason, is no longer able to function will be reassigned. Your completion of this form is required to participate in the selection process.

Answer all of the questions below. A positive response to a question does not automatically disqualify you. A positive response means that there is a pre-existing condition that may affect your safety and ability to carry out the training and functions. Therefore, you **must** seek the advice and approval of your physician/nurse practitioner and have them complete the **Medical Consent Form** prior to engaging in any related activities. Even if you answer **no** to all questions, you must still seek your physician/nurse practitioner's approval and have them complete the **Medical Consent Form** to ensure that you have no recent medical conditions that, unbeknownst to you, may prevent you from engaging in any training and/or activities. If you suffer from substance abuse, alcohol or drug, you must discuss this condition with your physician/nurse practitioner and seek and follow your physician/nurse practitioner's advice with regard to determining your suitability to participate in SWAT training and/or activities. A drug screening will be administered to all candidates selected for the training program. Failure to comply with any part of the application process will result in an applicant's immediate disqualification.

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Are you pregnant ?	YES	NO
With the exception of birth control or anti-malarial, do you take prescription medication(s)?	YES	NO
Do you have, or have you had:		
1. A heart attack or stroke?	YES	NO
2. A family history of heart attack or stroke?	YES	NO
3. High blood pressure?	YES	NO
4. An abnormal cholesterol level?	YES	NO
5. Diabetes mellitus, even if controlled by diet alone?	YES	NO
6. Asthma, or wheezing with breathing, or wheezing with exercise?	YES	NO
7. Frequent or severe attacks of hayfever or allergy?	YES	NO
8. Frequent colds, sinusitis, or bronchitis?	YES	NO
9. Any form of lung disease?	YES	NO
10. Pneumothorax (collapsed lung)?	YES	NO
11. Other chest disease or chest surgery?	YES	NO
12. Behavioral health, or mental, or psychological problems? (e.g., panic attack, fear of closed or open spaces)	YES	NO
13. Epilepsy, seizures, convulsions or take medication to prevent them?	YES	NO

14. Recurring complicated migraine headaches or take medication to prevent them?	YES	NO
15. Blackouts or fainting? (Includes full/partial loss of consciousness)	YES	NO
16. An inability to perform moderate exercise?	YES	NO
17. Head injury with loss of consciousness, or concussion in the past 5 years?	YES	NO
18. Recurrent back problems?	YES	NO
19. Back or spinal surgery?	YES	NO
20. Back, arm, or leg problems following surgery, injury, or fracture?	YES	NO
21. Knee problems?	YES	NO
22. Knee surgery?	YES	NO
23. Joint problems, or any joint surgery?	YES	NO
24. Heart disease?	YES	NO
25. Ear disease or surgery, hearing loss, or problems with balance?	YES	NO
26. Recurrent ear/inner ear problems?	YES	NO
27. Bleeding or other blood disorders?	YES	NO
28. A hernia?	YES	NO
29. Ulcers or ulcer surgery?	YES	NO
30. Colostomy or ileostomy?	YES	NO

**The information provided about my medical history is accurate to the best of my knowledge. I understand that this is an official Chicago Police Department document and that purposeful or negligent misrepresentations will result in my disqualification from the application process and subject me to Departmental disciplinary action. I further agree to accept responsibility to hold harmless the instructors/training staff for any injury I may sustain during testing and training.**

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Applicant's Full Name

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Star Number

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Applicant's Signature

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Date