



# Wyoming Law Enforcement Academy

1556 Riverbend Drive, Douglas, Wyoming 82633  
Phone (307) 358-3617 Fax (307) 358-9603  
www.WLEAcademy.com



## STUDENT MEDICAL HISTORY FORM

Please Print!

I. **SCHOOL ATTENDING** (Check One):

\_\_\_\_\_ Peace Officer Basic # \_\_\_\_\_ Detention Officer Basic # \_\_\_\_\_  
\_\_\_\_\_ Special School, Titled \_\_\_\_\_

II. **STUDENT INFORMATION:**

Name (Last, First, MI) \_\_\_\_\_

III. **CURRENT HEALTH INFORMATION:**

A. Are you capable of performing vigorous physical activity?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Are you currently under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_

C. If yes, give doctor's name, address, and telephone number and list cause(s) of current treatment: \_\_\_\_\_  
\_\_\_\_\_

D. Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

E. If yes, list medication and reason for taking it: \_\_\_\_\_  
\_\_\_\_\_

IV. **EMERGENCY NOTIFICATION:**

A. Name \_\_\_\_\_

B. Relationship \_\_\_\_\_

C. Phone Number \_\_\_\_\_

OFFICE USE ONLY:

Rej: \_\_\_\_\_ Acpt: \_\_\_\_\_ # Assgn: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

V. **MEDICAL HISTORY:**

A. Have you ever had or do you now have any of the following:

	Yes	No	If yes, date it occurred	Does it affect you now?	
				Yes	No
1. Broken bones	___	___	_____	___	___
2. Operation	___	___	_____	___	___
3. Back injury or Sprain	___	___	_____	___	___
4. Hernia	___	___	_____	___	___
5. Joint injury or sprain	___	___	_____	___	___
6. Communicable disease	___	___	_____	___	___
7. Epilepsy	___	___	_____	___	___
8. Diabetes	___	___	_____	___	___
9. Cardiovascular disease	___	___	_____	___	___
10. Arthritis	___	___	_____	___	___
11. Amputation	___	___	_____	___	___
12. Loss of sight	___	___	_____	___	___
13. Hemophilia	___	___	_____	___	___
14. Ankylosis of joints	___	___	_____	___	___
15. Hyper insulinism	___	___	_____	___	___
16. Thrombophlebitis	___	___	_____	___	___
17. Varicose veins	___	___	_____	___	___
18. Pulmonary disease	___	___	_____	___	___
19. High blood pressure	___	___	_____	___	___

Provide details of any current medical problems, as listed above, which you believe will hinder or affect your participation in required physical training. \_\_\_\_\_

---



---

VI. **PARTICIPANT NOTIFICATION:**

This serves to notify the below signed participant that phases of the law enforcement training being offered by WLEA will be physically demanding and rigorous in nature. Participants should be in reasonably good physical condition to be successful in the goals of the training program.

In the event there are any changes in status or additional entries for the above list at the time of entry into the Basic, it is the officer's responsibility to notify the Academy with updated information.

VII. I certify that to the best of my knowledge, the above statements concerning my medical history are true and that I understand that my misrepresentation is sufficient cause for dismissal from offered training. I accept personal responsibility for any injury that might occur during the training, which is caused by a pre-existing medical condition.

\_\_\_\_\_  
Original Signature of Applicant Date

\_\_\_\_\_  
Countersigned by: Date  
(Applicants Administrator or Supervisor)