Reset Form

APPLICATION FOR MEMBERSHIP

State Form 4928 (R12 / 4-15)

1977 POLICE OFFICERS' AND FIREFIGHTERS' PENSION AND DISABILITY FUND
1 North Capitol Avenue, Suite 001
Indianapolis, Indiana 46204-2014
Telephone: (888) 876-2707 (toll free)
Fax: (317) 974-1616
E-mail: eppa@inprs.in.gov
Website: www.in.gov/inprs

INSTRUCTIONS:
1. *Type or print using black ink.*
2. *Complete all candidate information as requested.*
3. *All signatures must be originals.*
4. ***Do not** leave any answer blank; **do not** use "N/A" to complete any answer.*
5. ***Drug test results must be originals.***
6. *Return the completed application to the Fund at the above address.*
7. *Any incomplete portion of the application will result in a delay in processing.*

Check here if you have 77 Fund service ☐

Name of candidate
Department applying to

IMPORTANT NOTICE

Transfers:
Active 1977 Fund members can separate from one 1977 Fund participating employer to become employed with another participating 1977 Fund employer. Age limitations and physical and mental requirements for admission are waived if reemployment occurs within 180 days after separation. The 180 day limitation does not apply to 1977 Fund members who are reinstated with a police or fire department following a layoff for financial reasons.

Indiana law forbids the initial hiring of a person as a public safety officer if the person is over thirty-five (35) years of age at the time of hire.
IC 36-8-8-7(a) provides as follows:

Section 7. (a) Except as provided in subsections (d), (e), (f), (g), (h), (k), (l), and (m):
(1) a police officer; or
(2) a firefighter
who is less than thirty-six (36) years of age and who passes the baseline statewide physical and mental examinations required under section 19 of this chapter shall be a member of the 1977 fund and is not a member of the 1925 fund, the 1937 fund, or the 1953 fund.

In addition, IC 36-8-3-21(b) provides that, "(a)n individual may not be employed by a unit after May 31, 1985, as a member of the unit's fire department or as a member of the unit's police department unless the individual meets the conditions for membership in the 1977 fund."

GIVING AN INDIVIDUAL A CONDITIONAL OFFER OF EMPLOYMENT PRIOR TO AGE THIRTY-SIX (36) DOES NOT CONSTITUTE COMPLIANCE WITH THESE STATUTES. THIS APPLICATION MUST BE RECEIVED AND FULLY APPROVED BY INPRS BEFORE THE APPLICANT MAY BE ACTUALLY HIRED BY THE DEPARTMENT. THE APPLICATION MUST BE RECEIVED BEFORE THE APPLICANT REACHES THE AGE OF THIRTY-SIX (36).

APPLICATION CHECKLIST

These items must be completed before any individual can become a member of the 1977 fund:

1. Aptitude test has been administered and passed.
2. Agility test has been administered and passed.
3. Conditional offer is extended and statement of understanding and authorization for release of medical information has been signed.
4. Appointing authority has certified that the candidate passed the physical agility exam.
5. The comprehensive medical history has been completed and the baseline statewide examination has been administered.
6. The baseline statewide examination (physical and mental) forms have been signed by a licensed physician indicating that the baseline statewide medical and any additional local standards have been met (mental exam must be interpreted by a licensed physician or PhD-trained psychologist.)
7. The appropriate specialist reports, if any, are identified and included in the application package.
8. A local pension board member, the pension secretary, and the appointing authority have signed the certification forms indicating the baseline and any local standards have been met.
9. The examination form, all medical testing results, and certification of successful completion of the physical agility, mental, and medical examinations must be forwarded to INPRS. INPRS must approve or deny the application with respect to the baseline physical standards. INPRS also determines if the applicant has any Class 3 excludable conditions.
10. INPRS either approves or denies the application and issues the appropriate determination letter. If the application is approved, the approval letter will also specify whether the applicant has any Class 3 excludable conditions.
11. If the applicant is approved by INPRS, an unconditional offer of employment is made and the effect of any Class 3 exclusions is explained.
12. If the applicant is approved, the department should begin the enrollment process in the Employer Reporting and Maintenance (ERM) system.
13. If the applicant is denied, the applicant may challenge the denial under the Indiana Administrative Orders and Procedures Act (IC 4-21.5). The administrative review process may also be used with respect to the determination that a Class 3 excludable condition exists.

PHYSICIAN'S NOTES

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NOTES

CONDITIONAL OFFER OF EMPLOYMENT
STATEMENT OF UNDERSTANDING

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_____, is applying for the position of
Name of candidate - last, first, middle

_____ with the _____.
Police officer or firefighter *City / town*

_____
Address of candidate - number and street, city, state and ZIP Code

I, _____, a candidate for a _____
Name of candidate *Name of position*

position on the _____ department, have received a conditional offer of employment for that position.
Police or fire

I understand that the offer is conditional on my successfully passing the statewide baseline medical examination and the statewide mental examination, as well as any local medical and mental examination requirements. If I do not pass these examinations and requirements, the offer of employment will be withdrawn.

I further understand that, as a result of tests and examinations, certain diseases or conditions may be identified. These diseases or conditions, if identified, will prevent me form receiving certain Class 3 impairment benefits for a period of four (4) years and will disqualify me from receiving disability benefits from the 1977 Police Officers' and Firefighters' Pension and Disability Fund throughout my employment if the disability is related in any way to the identified disease(s) or condition(s). I have reviewed INPRS Board rules 35 IAC 2-9 and 35 IAC 2-10 and the lists of diseases and conditions set forth herein. I affirm that I understand the effect the 35 IAC 2-9 and 35 IAC 2-10 may have on my eligibility for benefits in the 1977 Fund and also on my ability to qualify for Class 3 impairment benefits.

Signature of candidate	Date *(mm/dd/yyyy)*

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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This information is for official and medically confidential use only and will not be released to unauthorized persons.
* This agency is requesting disclosure of your Social Security number in accordance with Internal Revenue Code 3405; disclosure is mandatory and this application cannot be processed without it.

_____, is applying for the position of
Name of candidate - last, first, middle

_____ with the _____.
Police officer or firefighter *City / town department*

_____
Address of candidate - number and street, city, state and ZIP Code

I, _____, a candidate for a position within the department, agree to assist and cooperate with the department, the administrators of the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund), and any representative thereof in obtaining the following personal information:

All written or printed information concerning any diagnosis, treatment, or prognosis regarding my physical or mental health; including, but not limited to, all mental and physical health records and alcohol and drug abuse records.

I hereby authorize and request all persons to whom this request (original or copy) is presented, having information relating to or concerning me, to furnish the above described information to any duly appointed administrator or representative of the 1977 Fund and any officer or individual of the department. I further authorize the department, or the administrators of the 1977 Fund to release this information, as well as the results of any physical examinations performed in connection with this form, to the appropriate local pension board.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law privileges. I understand that information released and complied pursuant to this authorization shall be treated in a confidential manner. Therefore, I expressly waive all privileges which may attach to such disclosure and shall hold no individual, organization(s), or corporation(s) liable for legal actions for disclosing any of the information herein to the department, a 1977 Fund representative, or a local pension board.

I am also aware that this authorization is subject to revocation at any time, except to the extent a person or institution has already legally acted in reliance on this authorization. If not previously revoked, this authorization will expire on the earlier of: the date I am extended an unconditional offer of employment to become a member of the department; or the date I am officially advised that I am ineligible for membership in the 1977 Fund.

I understand that this information is required to complete my application to become employed as a member of the department and that misrepresentation, falsification of information, or failure to assist and cooperate with the department or the administrators of the 1977 Fund in obtaining the requested information will be considered cause for disqualification from consideration.

Further, I authorize investigation of all statements contained in this form. I understand that omission of facts called for in this application form is also cause for disqualification from further consideration.

I have read the above, understand it, and certify that I will fully and truthfully answer all questions to the best of my knowledge.

Dated this _____, day of _____, 20_____.

Signature of candidate	Social Security number of candidate *

Subscribed and sworn to me this _____, day of _____, 20_____.

Signature of notary public (*must be an original signature - no rubber stamps*)	
Printed name of notary public	
Date commission expires (*mm/dd/yyyy*)	County of residence

NOTARY SEAL

GUIDELINES FOR PHYSICIANS

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This information is designed to help physicians complete the following forms. The medical conditions outlined in these forms may impact on an individual's ability to perform the essential functions of the job for a first class police officer or firefighter. The application of these guidelines requires a careful consideration of the job duties of a police officer or firefighter and the medical conditions that might affect a person's capability to conduct those duties.

Firefighting and emergency response are very difficult jobs. People in these jobs must perform functions that are physically and psychologically demanding. These functions must often be performed under very difficult conditions. Studies have shown that firefighting and police functions at times require working at near maximal heart rates for prolonged periods of time. Heavy protective equipment (including respirators) and the heat from fire also contribute to the physical load that firefighters must endure.

The available health data on firefighters and police officers is limited. Given the delay between exposure and onset of many occupational illnesses (i.e., latency), current or past health studies of firefighters and police officers may not reflect future health risks. However, it appears that firefighters and police officers have increased risk for injuries, pulmonary disease, cardiovascular disease, cancer, and noise-induced hearing loss. The increased risk for injuries is expected given the demands and circumstances for this work.

BASIC ESSENTIAL JOB FUNCTIONS

I. BASIC ESSENTIAL FUNCTIONS FOR POLICE OFFICERS

- Patrol assigned area on foot or drive a vehicle searching for suspicious activity or situations, or checking for persons in need of service.
- Monitor radio and other communication devices to receive assigned runs and to maintain awareness of activities in assigned areas or by other officers.
- Assist citizens with problems such as lost children, injured persons, animal bites, civil disputes, locked doors, vehicle inspections and verifications, or abandoned vehicles.
- Refer persons to appropriate social service agencies when situation warrants.
- Respond to assigned run by driving, walking, or running to specified location, assess situation, determine need for other assistance, and take appropriate action.
- Move people away from danger, including carrying unconscious people, and providing emergency aid to injured people.
- Investigate accidents, extract victims, provide emergency aid, gather evidence, record observations and statements of witnesses and victims, request assistance from other officers or agencies as needed, direct the removal of the vehicles involved, and ensure the area is clear.
- Search crime scenes, take prescribed actions to preserve and protect evidence, and record findings and observations.
- Interview victims, suspects, and witnesses, and record responses and observations.
- Pursue, apprehend, search, and arrest suspects using only necessary force, advise suspects of rights, and transport suspect to detention area.
- Using appropriate equipment and weapons, restrain people from physically striking or injuring others.
- Drive a vehicle at high speed when situation warrants due to nature of emergency.
- Stop drivers of vehicles when traffic violations are observed, verify license and registration data, advise driver of safe driving practices, and issue citations or make arrests as warranted.
- Direct vehicular and pedestrian traffic when congestion occurs or as directed.
- Report as directed to scenes of general emergencies and take appropriate action to protect life and property, such as directing traffic, quarantining an area, assisting individuals in leaving an area, preventing looting, and requesting appropriate assistance.
- Maintain visibility in the community by meeting and talking with citizens, provide information, visit local businesses, and make presentations to school, neighborhood, and civic organizations.
- Write reports and complete forms as required by operating procedure, and make oral reports to appropriate personnel.
- Testify in court, prepare for such testimony by reviewing reports and notes, meet with attorneys, and obtain appropriate evidence.
- Participate in training on law enforcement procedures, including firearms, criminal justice, and court procedure, emergency medical aid, and related subjects.
- Maintain uniforms, equipment, and weapons.
- Maintain personal physical fitness.
- Perform related duties as assigned.

II. BASIC ESSENTIAL FUNCTIONS FOR FIREFIGHTERS

- Respond to alarms by reporting to assigned vehicle, riding in or on assigned vehicle to the scene of the emergency or fire.
- Lift, carry, drag, lay, and connect hose lines from hydrants and equipment to scene. Carry resuscitators, tools, and other equipment from vehicle to scene.
- Raise and climb ladders, crawl and walk on roofs and floors, open holes and windows with axes, bars, or hooks for access or ventilation.
- Combat fires by holding nozzles and directing streams of fog, chemicals, or water and move into fire area, including into confined spaces and up stairs.
- Communicate by voice or radio with other firefighters and other emergency personnel to relay observations, equipment needs, and other relevant information.
- Move people away from danger, including carrying unconscious people or holding a life net.
- Provide emergency medical treatment to injured people.
- Remove objects from buildings, place protective covers over objects, and monitor assigned areas for signs of recurrence.
- Conduct fire drills, critique drill participants on emergency procedure, and instruct groups on such procedures.
- Participate in training on firefighting, emergency aid, emergency procedures, and related subjects.
- Maintain departmental equipment and structures, which includes cleaning and washing walls and floors, hanging and drying fire hose, cleaning equipment, and performing preventative maintenance on motorized equipment.
- Maintain personal physical fitness.
- Perform related duties as assigned.

ENVIRONMENTAL FACTORS THAT AFFECT JOB FUNCTIONS

I. ENVIRONMENTAL FACTORS FOR POLICE OFFICERS

The essential job functions for a police officer are performed in and affected by the following environmental factors. An officer must:

(1) Operate both as a member of a team and independently at incidents of uncertain duration.
(2) Face exposure to infectious agents such as hepatitis B or HIV.
(3) Perform complex tasks during life-threatening emergencies.
(4) Work for long periods of time, requiring sustained physical activity and intense concentration.
(5) Face life or death decisions during emergency conditions.
(6) Tolerate exposure to grotesque sights and smells associated with major trauma.
(7) Make rapid transitions from rest to near maximal exertion without warm-up periods.
(8) Use firearms, self-defense equipment and body armor.
(9) Be able to physically protect him/herself.
(10) Be able to communicate with people effectively.

II. ENVIRONMENTAL FACTORS FOR FIREFIGHTERS

The essential job functions for a firefighter are performed in and affected by the following environmental factors. A firefighter must:

(1) Operate both as a member of a team and independently at incidents of uncertain duration.
(2) Spend extensive time outside exposed to the elements.
(3) Experience frequent transition from hot to cold and from humid to dry atmospheres.
(4) Tolerate extreme fluctuations in temperature and perform physically demanding work in hot (up to 400° F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body cooling mechanisms.
(5) Work in wet, icy, or muddy areas.
(6) Perform a variety of tasks on slippery, hazardous surfaces such as on roof tops or from ladders.
(7) Work in areas where sustaining traumatic or thermal injury is possible.
(8) Face exposure to carcinogenic dusts such as asbestos, and toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact.
(9) Face exposure to infectious agents such as hepatitis B or HIV.
(10) Perform complex tasks during life-threatening emergencies.
(11) Work for long periods of time, requiring sustained physical activity and intense concentration.
(12) Face life or death decisions during emergency conditions.
(13) Tolerate exposure to grotesque sights and smells associated with major trauma and burn victims.
(14) Make rapid transitions from rest to near maximal exertion without warm-up periods.
(15) Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
(16) Use manual or power tools in the performance of duties.
(17) Rely on sense of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in confused, chaotic, and potentially life-threatening environments.
(18) Wear personal protective equipment that weighs approximately fifty (50) pounds while performing the essential functions of the job.
(19) Perform physically demanding work while wearing protective pressure breathing equipment with 1.5 inches water column resistance to exhalation at a flow of forty (40) liters per minute.
(20) Be able to communicate with people effectively.

Please do not leave any questions blank unless the form instructs you to skip questions.

COMPREHENSIVE MEDICAL HISTORY

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This section is to be completed by the candidate. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

Name of candidate				Home telephone number *(with area code)*
Date of birth *(mm/dd/yyyy)*	Age	Sex ☐ Male ☐ Female	What is your present health? ☐ Good ☐ Fair ☐ Poor	Are you having pain or discomfort at this time? ☐ Yes ☐ No
Occupation		Name of department		Business telephone number *(with area code)*

A. (1) PERSONAL HISTORY OF APPLICANT *(past medical history)*

Did you have any unusual, complicated, or prolonged **childhood** illnesses? *If so, please explain.*

HOSPITALIZATIONS *(for non-surgical reasons)*

Year	Nature of Problem	Name of Physician and City	Describe Any Long-lasting or Residual Effects

OPERATIONS / SURGERIES

Year	Type of Surgery	Name of Hospital	Name of Surgeon and City

SERIOUS INJURIES / ACCIDENTS *(no hospitalization required)*

Year	Nature of Injuries	Name of Physician and City	Describe Any Long-lasting or Residual Effects

COMPREHENSIVE MEDICAL HISTORY *(continued)*

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This section is to be completed by the candidate. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

A. (1) PERSONAL HISTORY OF APPLICANT *(past medical history) (continued)*

Have you traveled extensively or resided outside of the United States and Canada? ***If so, please explain.***

Military Service	Dates (*mm/dd/yyyy*)	Branch of Service	Any duty outside of the United States?

Any serious illnesses or injuries sustained while in military service should be listed on the previous page.

List any medications to which you are allergic or which you do not tolerate well.

List any non-medication allergies or sensitivities.

List any and all medications that you are currently taking or that you take on a regular basis.

Medication	Dosage	Reason for Medication	Prescribing Physician

Name of Personal Physician(s)	Address *(number and street, city, state, and ZIP Code)*	Telephone Number

Are you presently under a physician's care or the care of any other health care provider for any reason? ***If so, please explain.***

Do you have any impairment, disabilities, functional limitations, or restrictions on activities as a result of physical, medical or an emotional condition that may interfere with your ability to perform the essential functions of the job for which you are applying? The essential functions of the job are listed on page 4. ***If so, please explain.***

COMPREHENSIVE MEDICAL HISTORY *(continued)*

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This section is to be completed by the candidate. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

A. (2) REVIEW OF SYSTEMS

Have you had in the past or do you currently have any of the following conditions? ***(check each item)***

GENERAL	Yes	No
Feel too hot or too cold		
Tremors or shaking of hands		
Chills or night sweats		
Presently following a specific diet		
In the past year, had unexplained weight loss/gain		
Frequent or recurrent infections		
Any unexplained or excessive bleeding		
Use any type of braces, supports, or other orthopedic devices that may affect your ability to perform the essential functions of the job for which you are applying?		
SKIN		
Unusual growth on skin		
Change in color or size of mole		
Swelling or lump in neck, armpits, groin, or breasts		
HEENT		
Wear glasses or contacts		
Decreased vision not corrected by glasses/contacts		
Blurred vision		
Double vision		
Pain or inflammation in eyes		
Color blindness		
Decrease in hearing		
Frequent earaches or discharge from the ears		
Buzzing or ringing in the ears		
Attacks of dizziness, fainting, or loss of consciousness		
Frequent or severe nosebleeds		
Any significant nasal symptoms		
Persistent change or loss in sense of smell or taste		
Gums bleed easily		
Persistent sores on lips or tongue		
Frequent or severe sore throats		
Prolonged hoarseness		
RESPIRATORY		
Frequent colds		
Attacks of wheezing, whistling, or difficulty breathing		
Chronic cough		
Blood in sputum		
Short of breath during normal activities		
CARDIOVASCULAR		
Pressure, heaviness, or pain in chest		
Chest pain radiating to neck, jaw, or down either arm		
Irregular heartbeat (palpitation, heart flutter)		
Swelling of feet		
Pain in either leg on walking short distances		
Shortness of breath on lying flat		

GENITOURINARY	Yes	No
Get up at night more than two times to urinate		
Trouble starting or stopping your stream when you urinate		
Frequency, burning, or pain when you urinate		
Blood or pus in urine		
Swelling or lumps in your testicles (men)		
Sore on penis (men)		
Now pregnant (women)		
Lump in breasts (men and women)		
GASTROINTESTINAL		
Difficulty swallowing		
Frequent nausea or vomiting		
Abdominal pain		
Excessive gas, belching, or bloating		
Intolerance of fatty foods		
Recent change in bowel habits		
Diarrhea lasting more than one week		
Blood in stools		
Black or tarry stools		
MUSCULOSKELETAL		
Pain in muscles		
Pain or restriction of movement in joints		
Swelling of any joints		
Frequent backaches		
Radiating pain from spine into limbs		
HEMATOLOGICAL		
Bruise easily		
Bleed excessively after a cut or dental procedure		
Sickle cell anemia		
NEUROLOGICAL		
Persistent numbness, tingling, weakness, or paralysis in any body part		
Frequent headaches severe enough to limit activities		
Sensation of dizziness, lightheadedness, or imbalance		
Periods of unconsciousness or fainting		
Seizures/convulsions ("fits," "spells," or "falling out")		
Persistent drowsiness through the day		
Become suddenly sleepy or "sleep attacks" during the day		
Have episode of sudden muscle weakness during the day		
Tremors or other abnormal movements		

COMPREHENSIVE MEDICAL HISTORY *(continued)*

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This section is to be completed by the candidate. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

A. (2) REVIEW OF SYSTEMS *(continued)*

Please explain any affirmative responses to the questions in Section A. (2). *NOTE: If you wear contact lenses, please identify below the type of contact you wear (soft, hard) and how long you have worn contacts.*

Do you have the history of any other significant physical conditions, medical problems, or emotional disorders than those listed above? If so, please fully explain.

A. (3) PERSONAL AND SOCIAL HISTORY

1. Have you ever smoked? *If no, go to question 4.* ☐ Yes ☐ No

2. Do you smoke now? *If yes, complete columns 3A and 3D. If no, complete columns 3B, 3C, and 3D.* ☐ Yes ☐ No

3. Complete the appropriate columns explaining your smoking history.

	3A Amount currently smoking *(number and frequency)*	3B Amount smoking when stopped *(number and frequency)*	3C Year you stopped smoking	3D Total years you smoked
Cigarettes				
Pipe				
Cigars				

4. How much of the following do you usually drink each day?

a. Cups of coffee _____ b. Cups of tea _____ c. Soft drinks _____

5. Have you ever drunk alcoholic beverages? *If no, go to question 11.* ☐ Yes ☐ No

6. Do you drink now? *If yes, complete columns 7A and 7D. If no, complete columns 7B, 7C, and 7D.* ☐ Yes ☐ No

7. Complete the appropriate columns explaining your drinking history.

	7A Amount currently drinking *(quantity and frequency)*	7B Amount drinking when stopped *(quantity and frequency)*	7C Year you stopped drinking	7D Total years you drank
Liquor				
Beer				
Wine				

8. Are you always able to stop drinking when you want to? ☐ Yes ☐ No

9. Has drinking ever created problems for you with your job, family, social life or other obligations? ☐ Yes ☐ No

10. Have you ever gone to anyone for help about your drinking? ☐ Yes ☐ No

11. Have you ever taken any illegal drugs? *If no, go to question 13.* ☐ Yes ☐ No

12. If yes, list any illegal drugs taken, the amount used, and the last year used.

13. Have you ever used smokeless tobacco? *If no, go to question 15.* ☐ Yes ☐ No

14. If yes, list type of smokeless tobacco, the amount used, and duration.

15. Describe your previous occupations.

16. Have you ever had any occupational illness, injury, or significant occupational exposure? If so, please explain.

I certify that I have reviewed the information and answered the questions set forth in Sections A (1), A (2), and A (3) of this application, and that I have answered truthfully and to the best of my ability.

Signature of candidate	Printed name of candidate	Date *(mm/dd/yyyy)*

PHYSICAL EXAMINATION

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This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

B. (1) GENERAL *(Check the appropriate column for each entry)*				
		Normal	**Abnormal**	**Number and describe abnormalities in detail.**
General appearance				
Skin				
Head and neck				
Eyes:	Conjunctiva			
	Pupils			
	Fundi			
Ear, nose, throat:	External ear			
	Tympanic membrane			
	Septum			
	Teeth, gums			
	Throat, tonsils, tongue			
	Trachea			
Lymph nodes				
Thyroid:	Size / nodules			
Breasts				
Chest:	Contour			
	Expansion			
Lungs:	Rales			
	Ronchi			
	Wheeze			
	Dullness on percussion			
Heart:	Rate			
	Rhythm			
	Palpitation			
	Sounds			
	Murmur			
Vessels:	Arterial pulses			
	Bruits, carotid and others			
	Varicosities			
Abdomen:	Scars			
	Tenderness			
	Masses			
	Hernia			
	Liver			
	Spleen			
Genitalia				
Pelvic (if indicated)				
Prostate (if indicated)				
Rectum (if indicated)				
Spine:	Mobility			
	Alignment / curvature			
	Tenderness			
Extremities:	Joints			
	Deformity			
	Edema			
Neurological:	Gait			
	Coordination			
	Reflexes			
	Sensory			
	Cranial nerves			
	Motor strength			
	Muscle strength			
	Tremors			
Other				

PHYSICAL EXAMINATION *(continued)*

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This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

B. (2) TESTS ***(Each of the following tests must be administered to the candidate. Test results should be recorded below or attached.)***

Vital signs

Blood pressure _____ Pulse _____ Respiration _____ Height (inches) _____ Weight (pounds) _____

Is the vision test included in the medical documentation?

☐ Yes ☐ No

Visual testing (using a Snellen chart or other comparable chart)

Visual acuity	Distant			Near		
uncorrected	___/___	___/___	___/___	___/___	___/___	___/___
	right	*left*	*both*	*right*	*left*	*both*
corrected	___/___	___/___	___/___	___/___	___/___	___/___
	right	*left*	*both*	*right*	*left*	*both*

Color vision (ability to identify red, green, and yellow colors) ☐ Yes ☐ No

Peripheral vision (at least 140° in the horizontal meridian of each eye without correction) ☐ Yes ☐ No

Audio testing - should be performed in an ANSI approved "soundproof" booth (ANSI S3.1-1991) with equipment calibrated to ANSI standards (ANSI S 3.6-1989). If a booth is unavailable, the test room sound pressure levels should not exceed those specified in the Federal OSHA noise regulations (29 CFR 1910.95); (July 1, 1992 Edition).

Pulmonary function testing - A minimum of three (3) acceptable Forced Vital Capacity (FVC) maneuvers must be performed and recorded. The best two (2) FVC maneuvers must reveal results that are within 5% of each other. The best Forced Expiratory Volume in One Second (FEVI) are recorded and the FEVI/FVC ratio is then calculated. Additional spirometric functions may be performed if desired or indicated.

Chest x-ray - Posterior-anterior / lateral views - with interpretation by a radiologist required. Other diagnostic imaging, if indicated.

12-lead ECG (resting) test - with interpretation by a cardiologist or other qualified physician. Other diagnostic testing, if indicated.

Laboratory testing (minimum)

- Complete blood count
- Blood chemistries - fasting glucose, BUN, creatinine
- Liver function - SGPT (ALT), SGOT (AST), GGT, LDH, alkaline phosphotase, total protein, albumin, bilirubin (total)
- Urinalysis - SG, blood, protein, glucose, ketones, bilirubin and nitrates required, microscopic evaluation required if any significant abnormalities above have resulted
- HIV testing - if screening test positive, confirm testing with Western Blot analysis HIV antigen
- Syphilis serology
- Urine drug screen - must test for at least marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, and barbiturates. Testing must be performed in accord with the acceptable standards within the field of forensic toxicology and should adhere to all proper chain of custody procedures.
- TBc skin test - applied and interpreted - not to be done if there is a past history of positive PPD or pulmonary TBc

I, _____, a licensed physician, certify that I have performed the above tests on
Name of physician

_____, candidate for appointment to the _____
Name of candidate *Police or fire*

department of _____.
Name of city / town

I further certify that I had administered or have had administered the above-listed test and examinations to appropriately complete this questionnaire, and that I further certify that I have attached hereto copies of the results of all of the tests identified herein.

Signature of licensed physician *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*

Note to physician completing the medical examination:

Please do not leave any questions in your examination blank. Answer all of the questions and include all of the original testing results with this examination form. Thank you.

PHYSICIAN IDENTIFYING INFORMATION ***(please print)***

Name of physician	
Address (*number and street, city, state, and ZIP Code*)	
Telephone number *(with area code)*	Number issued by Medical Licensing Board

STATEWIDE BASELINE STANDARDS

Part of State Form 4928 (R12 / 4-15)

This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

Based on the foregoing tests and examinations, I have determined that _____ either does or does not have the following conditions as indicated:
Name of candidate

(Check each item)	YES	NO
1. **Vision testing as follows:**		
a. Far vision acuity		
(1) Corrected binocular vision worse than 20/30;	☐	☐
(2) Corrected vision of the worse eye worse than 20/50; or	☐	☐
(3) Uncorrected binocular vision worse than 20/100, with the exception that long-term successful users of soft contact lenses do not have to meet this uncorrected standard.	☐	☐
b. Color vision - an inability to identify red, green, and yellow colors.	☐	☐
c. Peripheral vision - uncorrected field-of-vision less than one hundred forty degrees (140°) in the horizontal meridian in each eye.	☐	☐
2. **Hearing deficits** - A hearing deficit in the pure tonal thresholds (five hundred (500) Hertz, one thousand (1,000) Hertz, two thousand (2,000) Hertz, and three thousand (3,000) Hertz) in the unaided worst ear:		
a. of more than twenty-five (25) decibels in three (3) of the four (4) frequencies;	☐	☐
b. of more than thirty (30) decibels in any one of the first three (3) frequencies; or	☐	☐
c. an average loss within the four (4) frequencies of more than thirty (30) decibels.	☐	☐
3. **Communicable diseases:** Any communicable disease or condition that poses a significant risk of substantial harm to the health and safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment.	☐	☐
4. **Suddenly incapacitating diseases or condition:** Any disease or condition (physical or mental) that could incapacitate the candidate without sufficient warning to allow the candidate to take preventive measures, thereby imposing a significant risk of substantial harm to the health or safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment (unless such disease or condition can be controlled by medication and the candidate affirms he or she takes the appropriate medication).	☐	☐
5. **Alcoholism or illegal use of drugs as follows:**		
a. Any history of alcoholism, unless the candidate has successfully rehabilitated for a period of at least one (1) year, successfully passes an examination for alcohol usage, and the candidate affirms he or she is no longer engaging in the use of alcohol and has successfully rehabilitated for a period of at least one (1) year preceding his or her application for employment.	☐	☐
b. Any history of illegal drug use or evidence of drug abuse, unless the candidate has successfully rehabilitated for a period of at least one (1) year, successfully passes an examination for the use of drugs or drug abuse, and the candidate affirms he or she is no longer engaging in drug abuse and has successfully rehabilitated for a period of at least one (1) year preceding his or her application for employment.	☐	☐

The determination of whether a candidate's condition poses a significant risk of substantial harm will be based on an objective individualized assessment of this applicant's present ability to safely perform the essential functions of the job considering reasonable accommodations to the extent required under the Americans with Disabilities Act. Factors to be considered include the following:

1. The duration of the risk,
2. The nature and severity of the potential harm,
3. The likelihood that the potential harm will occur,
4. The imminence of the potential harm.

Relevant evidence may include input from the applicant, the experience of the applicant in previous similar positions, opinions of medical doctors, rehabilitation counselors, or physical therapists who have expertise in the disability involved, or direct knowledge of the applicant.

Signature of licensed physician *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*

PHYSICIAN'S EXPLANATION OF STATEWIDE BASELINE STANDARDS AND CANDIDATE'S AFFIRMATIONS

Part of State Form 4928 (R12 / 4-15)

Complete this section only if answered "yes" on the previous page. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

Communicable diseases

Physician's explanation: *(Identify the communicable disease or condition and describe its risk to the health and safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment.)*

Suddenly incapacitating diseases or conditions

Physician's explanation: *(Identify the suddenly incapacitating disease or condition and describe the risk to the health or safety of the candidate, co-workers, or members of the public with whom the candidate will come in contact during the course of employment; indicate if disease or condition can be successfully controlled by medication and identify the medication.)*

Candidate's Affirmation

I, _____, affirm that I take the appropriate medication, as identified above, to control the above described suddenly incapacitating disease or condition.

Signature of candidate	Date *(mm/dd/yyyy)*

Alcoholism

Physician's explanation: *(Determine and describe whether the candidate has successfully rehabilitated for a period of at least one (1) year and successfully passes an examination for alcohol usage [attach examination results].)*

Candidate's Affirmation

I, _____, affirm that I am no longer engaging in the use of alcohol and have been successfully rehabilitated for a period of at least one (1) year preceding the date of my application for employment.

Signature of candidate	Date *(mm/dd/yyyy)*

Illegal use of drugs

Physician's explanation: *(Determine and describe whether the candidate has successfully rehabilitated for a period of at least one (1) year and successfully passes an examination for the use of drugs or drug abuse [attach examination results].)*

Candidate's Affirmation

I, _____, affirm that I am no longer engaging in drug abuse and have been successfully rehabilitated for a period of at least one (1) year preceding the date of my application for employment.

Signature of candidate	Date *(mm/dd/yyyy)*

EXCLUDABLE CONDITIONS

Part of State Form 4928 (R12 / 4-15)

This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

I have determined that, based upon the above test and examinations, _____ either
Name of candidate

does or does not have the conditions as indicated. *(Check each item and explain all affirmative responses to each item on Addendum A.)*

CARDIOVASCULAR SYSTEM	Yes	No
1. A history of myocardial infarction.		
2. Angina pectoris or other evidence of coronary artery disease.		
3. Congenital heart disease.		
4. Hypertrophy or dilation of the heart as evidenced by examination.		
5. Pericarditis, endocarditis, or myocarditis unless the examining physician determines that the condition is now stable and unlikely to recur.		
6. Arrhythmias.		
7. High blood pressure, evidenced by any of the following:		
a. Any blood pressure reading above one hundred fifty (150) millimeters mercury (for systolic).		
b. Any blood pressure reading above ninety (90) millimeters mercury (for diastolic).		
c. Use of antihypertensive medication. However, if systolic and diastolic readings without medication are produced at levels lower than one hundred fifty (150) millimeters mercury (for systolic) and ninety (90) millimeters mercury (for diastolic) on three (3) consecutive days, high blood pressure shall not be an excludable condition.		
8. Aneurysm and arteriovenous malformation.		
9. Peripheral atherosclerosis or arteriosclerosis, including any of the following peripheral vascular diseases:		
a. Intermittent claudication.		
b. Buerger's disease.		
c. A phenomenon of repeated thrombophlebitis.		
10. Heart bypass surgery within the preceding ten (10) years.		
11. Primary pulmonary hypertension.		
12. Pacemaker implant.		
PULMONARY SYSTEM		
13. Bronchiectasis.		
14. Bronchial asthma.		
15. Emphysema or chronic obstructive pulmonary disease.		
16. Pulmonary fibrosis.		
17. Pleurisy with effusion or empyema.		
18. Any spontaneous pneumothorax unless the examining physician determines that the condition is not likely to persist or recur.		
19. Any evidence or history of tuberculosis, sarcoidosis, or congenital cystic disease of the lung, active histoplasmosis, or any other lung pathology unless the examining physician determines that the condition is now stable and unlikely to recur.		
20. Tumor or cyst of the lung, pleura, or mediastinal.		
RENAL SYSTEM		
21. Evidence of existing renal calculus or ureterovesical calculus, if symptomatic.		
22. A history of kidney stones. If there is a history of kidney stones, urological consultation must be sought in order to provide an estimate of the likelihood of the recurrence of long term incapacitating symptoms. A candidate exhibiting a high likelihood of recurrence must be considered to have an excludable condition.		
23. A person who has had a nephrectomy but with a functional remaining kidney will not be considered to have an excludable condition, provided there is no evidence of reduced renal function in the remaining kidney.		

RENAL SYSTEM *(continued)*	Yes	No
24. Any chronic nephritis or nephrosis, hydronephrosis, pyelonephrosis, pyelitis, pyelonephritis, or polycystic disease of the kidneys.		
25. Urinary tract disease, whether or not the urinary tract has any significant abnormalities at this time, or whether any organic disease is present, or other related disorders adversely affecting the kidneys, excluding urinary tract infections.		
26. Any proteinuria which is a result of renal disease.		
27. Any malformation of the urinary tract organs, congenital or acquired.		
28. Polycystic kidney.		
NEUROLOGICAL SYSTEM		
29. Any history of subarachnoid hemorrhage, cerebral aneurysm, or any cerebral vascular disease including any previous stroke within the preceding ten (10) years.		
30. Hydrocephalus.		
31. Abnormalities from recent head injury, such as severe cerebral concussion or contusion.		
32. Neurofibromatosis.		
33. Neuropathy or neuralgia, including sciatica.		
34. Any seizure disorder within the preceding ten (10) years.		
35. Parkinsonism.		
36. Huntington's disease (chorea).		
37. Multiple sclerosis.		
38. Amyotrophic lateral sclerosis (Lou Gehrig's disease).		
GASTROINTESTINAL SYSTEM		
39. Pancreatitis.		
40. A history of a chronic bowel disorder such as Crohn's disease and ulcerative colitis. A candidate with a history of a bowel obstruction within the preceding ten (10) years shall be considered to have an excludable condition unless the candidate is able to obtain a letter from the treating physician to the examining physician explaining the nature of the obstruction and what was done to cure it.		
41. Any hepatitis, chronic or acute, with impairment of liver function.		
42. Cirrhosis or varices.		
43. Inguinal or femoral hernia, hiatal hernia, if symptomatic, or ventral hernia, if symptomatic.		
44. Interabdominal tumor or mass.		
45. Any previous gastric resection unless there is sound x-ray evidence provided that there is little chance of recurrence of the condition which caused the first surgery.		
46. Active gastric or duodenal ulcer unless the candidate is able to provide x-ray evidence that the ulcer is currently healed. A history of a gastric or duodenal ulcer shall be treated the same as any such active ulcer unless the candidate is able to provide x-ray evidence that the ulcer is currently healed.		
47. Any evidence of rectal or prostatic malignancy.		
48. Anorexia nervosa or bulimia within three (3) years.		
EYE / EAR / NOSE / THROAT (EENT) SYSTEM		
49. Any acute or chronic pathological condition in either eye or the adnexa of the eye		

EXCLUDABLE CONDITIONS *(conditions)*

Part of State Form 4928 (R12 / 4-15)

This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

EYE / EAR / NOSE / THROAT (EENT) SYSTEM *(continued)*	Yes	No
50. Nystagmus of the eye, uncorrected strabismus, glaucoma, and aphakia, whether it is unilateral or bilateral, and active chorioretinitis should be considered for further examination by a qualified eye specialist to determine the likelihood and degree of future impairment		
51. Cataract, retinitis pigmentosa, and any papilledema or tumor		
52. Any retinal exudate, hemorrhage or edema, or detachment of the retina		
53. Inflammatory disease of the retina, the globe, or the other structures within the globe		
54. Heterophoria, hyperphoria, esophoria, or exophoria should be considered for further examination by a qualified eye specialist to determine the likelihood and degree of future impairment.		
HEMATOLOGY / ONCOLOGY		
55. Any disease of the blood forming organs or of the blood.		
56. Anemia with the hemoglobin lower than twelve (12) grams per hundred cubic centimeters		
57. Polycythemia, leukemia, or any other progressive diseases of the blood system		
58. Hemophilia or other bleeding disorders		
59. Malignant melanoma or, if it had been removed, any evidence of metastatic disease		
60. Hodgkin's disease, lymphadenopathy, lymphomas, or lymphosarcomas		
61. Any malignant tumor of any type unless completely eradicated for at least ten (10) years		
MUSCULOSKELETAL SYSTEM		
62. Any active disease of bones and joints, including active arthritis, osteomyelitis, or marked deformity of the spinal column, including, but not limited to, the following:		
a. History of laminectomy		
b. Amputation or deformity of a joint or limb		
c. Joint reconstruction		
d. Ligamentous instability		
e. Joint replacement		
63. Herniation of an intervertebral disk		
64. Ankylosing rheumatoid spondylitis		
65. Muscular dystrophy		
METABOLIC / ENDOCRINE SYSTEM		
66. Diabetes requiring insulin or oral hypoglycemics. An individual with diabetes whose condition is effectively controlled by diet alone would not be considered to have an excludable condition. A candidate with a history of hyperglycemia glucosuria or albuminuria must be considered to have an excludable condition unless a report from the physician that treated the candidate can be obtained which assures the absence of diabetes mellitus.		

METABOLIC / ENDOCRINE SYSTEM *(continued)*	Yes	No
67. Addison's disease, splenomegaly, or adenopathy secondary to systemic disease or metastasis		
68. Disease of the adrenal gland, pituitary gland, parathyroid gland, or thyroid gland of clinical significance		
69. Nutritional deficiency disease or metabolic disorder		
MISCELLANEOUS		
70. Any current fistula, either congenital or acquired, including tracheostomy		
71. If peripheral edema is present, the cause shall be determined and the disqualifying disorder identified		
72. Recurrent syncope		
73. Alcohol or drug abuse within five (5) years		
74. Auto immune disorders, including, but not limited to, the following:		
a. Rheumatoid arthritis and myasthenia gravis		
b. Dermatomyositis		
c. Scleroderma		
75. Lupus erythematosus.		
76. Obesity of such a degree so as to interfere with normal activities, including respiration		
77. Acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) positive, as determined by a blood test		
78. Sexually transmitted diseases should be considered for further examination by a qualified medical specialist to determine the likelihood and degree of future impairment		
79. Narcolepsy or hypersomnolence due to any cause		
80. Organ transplant		
81. Sleep apnea syndrome		
82. Anxiety disorder		
83. Panic disorder		
84. Obsessive compulsive disorder		
85. Post-traumatic stress disorder		
86. Attention deficit/hyperactivity disorder		
87. Tourette syndrome		
88. Depressive disorder		
89. Bipolar disorder		
90. Personality disorder		
91. Substance abuse disorder		
92. Schizophrenia and other psychotic disorders		
93. Anorexia nervosa		
94. Miscellaneous or other significant psychiatric disorder		
95. Any disqualifying condition under 35 IAC 2-9-6 that has been accommodated by the local appointing authority		
96. Any other significant disease/disorder		

Signature of licensed physician *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*

PHYSICIAN IDENTIFYING INFORMATION *(please print)*

Name of physician	
Address (*number and street, city, state, and ZIP Code*)	
Telephone number *(with area code)*	Number issued by Medical Licensing Board

EXCLUDABLE CONDITIONS - ADDENDUM A

Part of State Form 4928 (R12 / 4-15)

This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

Please record explanations below for all affirmative responses to items listed as an excludable condition. Please print or type. Attach additional sheets, if necessary.

ITEM NUMBER	EXPLANATION

EXCLUDABLE CONDITIONS - SPECIALIST'S INFORMATION

Part of State Form 4928 (R12 / 4-15)

This section is to be completed by the examining physician. ***DO NOT ANSWER ANY QUESTION WITH "N/A".***

If any items are answered affirmatively, has the appropriate specialist's report been obtained and included in the candidate's application package? *(Please complete the following for each of the items answered affirmatively.)*

Specialist's report included? Yes	No	Item number of excludable condition	Name and address *(number and street, city, state, and ZIP Code)* of specialist

CERTIFICATION - BASELINE STATEWIDE MENTAL EXAMINATION

Part of State Form 4928 (R12 / 4-15)

Indiana law mandates administering a mental examination to all candidates to determine if the candidate is mentally suitable to be a member of the department. The mental examination prescribed is the Minnesota Multiphasic Personality Inventory (MMPI-II). *(This section is required to be completed before INPRS can process the candidate's application; copies of the results of the mental examination are not required to be sent to INPRS.)* Excludable conditions include the following as listed on page 16 of this form: 83. Panic disorder, 84. Obsessive compulsive disorder, 85. Post-traumatic stress disorder, 86. Attention deficit/hyperactivity disorder, 87. Tourette syndrome, 88. Depressive disorder, 89. Bipolar disorder, 90. Personality disorder, 91. Substance abuse disorder, 92. Schizophrenia and other psychotic disorders, 93. Anorexia nervosa, 94. Miscellaneous or other significant psychiatric disorder.

I, _____, a licensed (physician / PhD psychologist),
Name of physician / psychologist

have interpreted the results of the statewide mental examination (the MMPI-II) and have determined that the named applicant,

_____, has passed the standards established by the local board.
Name of candidate

Signature of physician / psychologist *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*

The examining physician / psychologist must not have a pre-existing relationship with the applicant.

PHYSICIAN / PSYCHOLOGIST IDENTIFYING INFORMATION *(please print)*	
Name of physician / psychologist	
Address (*number and street, city, state, and ZIP Code*)	
Telephone number *(with area code)*	Number issued by Medical Licensing Board

CERTIFICATION BY LOCAL BOARD

Part of State Form 4928 (R10 / 1-12)

The _____ Board ("Board") has determined that
Name of local board

_____:
Name of candidate

(1) passes the local physical and mental standards, if any, established by the appointing authority for the department; (2) has been determined to be mentally suitable to be a member of the department after being tested using the baseline statewide mental examination (MMPI-II); (3) has successfully met all minimum criteria for the baseline physical examination; (4) has been determined to meet the physical requirements to be a member of the department by virtue of having passed said physical and mental standards; and (5) the examining physician must not have a pre-existing personal relationship with the applicant.

The Board certifies that the statewide mental examination prescribed by the INPRS board was appropriately administered and that the results of the examination were interpreted by a licensed physician or a licensed PhD psychologist. The Board has attached hereto copies and certification of the results of the physical agility examination required by law, and certification of the results of the baseline statewide mental examination. The Board further certifies that the candidate has satisfied any aptitude, physical agility, or physical and mental standards established by the appointing authority.

Signature of board member *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*
Printed name of board member	Telephone number *(with area code)*
Signature of pension secretary *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*
Printed name of pension secretary	Telephone number *(with area code)*

CERTIFICATION BY APPOINTING AUTHORITY

Part of State Form 4928 (R12 / 4-15)

The appointing authority for the _____ certifies that it has adopted standards
Name of city / town department

for physical agility tests and has administered the tests to _____, who successfully
Name of candidate

passed the standards. These results have been certified to the local board.

The appointing authority further certifies that it caused to be administered the baseline statewide physical examinations required by law, that the examination was administered by a licensed physician, and that the candidate successfully met all standards and passed said examination. The appointing authority further certifies that no medical examination was performed upon the candidate prior to a conditional offer of employment. The appointing authority further certifies that, at the time of the conditional offer of employment, the candidate completed the attached "Statement of Understanding."

The appointing authority certifies that, with respect to the statewide baseline standards, reasonable accommodations have been made to enable the candidate to successfully perform the essential functions of the job and/or eliminate or effectively reduce the direct threat that would be caused by the presence of the following disease(s) or condition(s):

_____

_____

_____

_____

In addition to the statewide required standards, the appointing authority has established the following additional standards as a condition of employment:

_____

_____

_____

_____

The appointing authority further certifies that _____ has passed the locally
Name of candidate

prescribed standards and the test results for these standards have been certified by the local board.

Signature of appointing authority *(must be an original signature - no rubber stamps)*	Date *(mm/dd/yyyy)*
Printed name of appointing authority	Telephone number *(with area code)*

SPOUSE INFORMATION

Part of State Form 4928 (R12 / 4-15)

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this application cannot be processed without it.

Name of candidate	
Social Security number *	Marital status *(please check one)* ☐ Married ☐ Single

Beneficiary Designation:
The designation of a beneficiary may not occur unless the fund member does not have a spouse, surviving children, or dependent parent(s) according to IC 36-8-8-24. A fund member may designate one or more beneficiaries to receive a lump sum of any owed member contributions plus interest if the fund member dies without receiving a retirement benefit, a disability benefit, and without the board returning the fund member contributions. To designate a beneficiary, fill out State Form 54276, Application for Beneficiary Designation for Active member, located at www.inprs.in.gov.

Name of spouse	
Social Security number *	Date of birth (*mm/dd/yyyy*)

Signature of candidate	Date (*mm/dd/yyyy*)
Printed name of candidate	