



**PENNSYLVANIA STATE POLICE  
LETHAL WEAPONS TRAINING ACT  
8002 Bretz Drive  
Harrisburg, Pennsylvania 17112-9748  
[www.lethalweapons.state.pa.us](http://www.lethalweapons.state.pa.us)**

**PHYSICAL EXAMINATION**

**LETHAL WEAPONS ACT 235 APPLICANT INFORMATION**

LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS			CITY/BORO	STATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM	

**NOTICE TO EXAMINING PHYSICIAN**

The intended purpose of this examination is for you to make a determination of the applicants overall physical ability to work in an environment where he/she:

- Will be required to carry a firearm, or other weapon calculated to produce serious bodily harm or death.
- May undergo high emotional stress.
- May be required to exercise significant physical strength.
- Will be vested in a position of public/private trust.

**PHYSICAL HISTORY**

**1. THE EXAMINING PHYSICIAN MUST PERSONALLY ASSESS THE APPLICANT TO DETERMINE RESPONSES TO THE FOLLOWING QUESTIONS. THE PHYSICIAN MAY USE THE REMARKS SECTION ON THE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS.**

- A. Does the applicant have any of the following conditions?
- |                              |  |                                |  |
|------------------------------|--|--------------------------------|--|
| Psychosis                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bipolar Disorder               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Seizure Disorder             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Post Traumatic Stress Disorder | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disturbance of Consciousness | Yes <input type="checkbox"/> No <input type="checkbox"/> | Chronic Pain Syndrome          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Substance Use Disorder       | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                |  |
- B. Does the applicant suffer from any other significant physical defect or disorder which would impair his/her ability to handle a firearm or other weapon calculated to produce serious bodily harm or death?
- Yes  No
- C. Is the applicant prescribed any medication, that in your opinion would prevent him/her from appropriately handling a firearm or other weapon calculated to produce serious bodily harm or death?
- Yes  No
- D. Is the applicant's physical condition such that they can reasonably be expected to withstand significant cardiovascular stress?
- Yes  No
- E. Is the applicant free from the addictive or excessive use of alcohol or drugs?
- Yes  No

**PHYSICAL EXAMINATION**

**2. THE EXAMINING PHYSICIAN MUST OBTAIN THE FOLLOWING EXAMINATION INFORMATION**

A. **HEARING** – The applicant must be able to distinguish a normal whisper at a distance of fifteen (15) feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand.

LEFT	<input type="checkbox"/> NORMAL	RIGHT	<input type="checkbox"/> NORMAL
	<input type="checkbox"/> ABNORMAL		<input type="checkbox"/> ABNORMAL

