

**TENNESSEE  
DEPARTMENT OF CORRECTION**



**STANDARDS  
FOR CORRECTIONAL OFFICERS  
PHYSICAL EXAMINATION**

**MARCH 2015**

## INTRODUCTION

These standards present the procedures and guidelines which correspond to Policy #305.06, Employment Qualification Standards of Correctional Officers.

### PHYSICAL EXAMINATION

The following information is the Tennessee Department of Correction criteria established for individuals seeking consideration for employment for the position of Correctional Officer and the physical examination form certifying such which must be completed and signed by the examining licensed physician, Nurse Practitioner, and/or Physician Assistant.

The duties of the correctional officer shall require physical exertion involving prolonged walking and standing, lifting, balancing, stooping, and participating in the apprehension and return of escapees/absconders, which may involve physical stress. Additional duties may also require running, climbing, and restraining or carrying offenders in emergencies. Employees must be free from such physical and or psychological defects or disease that may constitute employment hazards to them or others, and be capable of efficiently performing the duties of their position. Correctional Officers must be able to wear the standard Emergency Escape Breathing Apparatus (EEBA).

The Basic Correctional Officer Training program (BCOT) is six weeks in length and involves rigorous physical training. This training includes but is not limited to, self-defense and use-of-force skills training, qualifications with multiple weapons (to include firearms and chemical agents). Correctional Officer Trainees must also participate in electronic restraint training.

The examiner shall determine whether the individual employee should reasonably be able to perform the following duties without presenting an employment hazard to self or others.

- a. Able to spend up to 16 hours per day on his/her feet while patrolling corridors, housing units, program areas, and supervising offender movement, pursuing escapees etc.
- b. Have vision in each eye correctable to 20/40 in order to perform thorough security inspections, searches of cells, housing units, corridors, program areas, visitors for contraband items, and to provide general visual observation for security policy compliance.
- c. Must have full range of motion of the limbs and trunk, along with manual dexterity and hand-eye coordination, within normal limits, in order to perform rapid and coordinated body movements. Must be able to maintain kneeling (one or both knees), stand or sit and rise without assistance. Must have full hand, finger, wrist, and foot strength and manipulative dexterity, within normal limits. Must have full range of motion of the head, neck, shoulders, back, arms and legs. Must be able to crawl, stretch, climb, bend, and run, along with the ability to move or drag heavy objects and/or incapacitated persons. Must be able to exit a vehicle quickly and without assistance.
- d. Candidates must be able to understand speech in noisy areas, understand whispered speech, and localized sounds.
- e. Must be capable of running a distance as required in the apprehension of a fleeing offender.
- f. Must be able to cope with situations involving high degrees of stress and tension including disciplinary decisions, daily verbal confrontations with offenders, potential hostage situations, the use of force and possible necessary deadly force, etc.
- g. Candidates with a BMI (Body Mass Index) = 40 may be subjected to additional assessment on a case by case basis.

**Physical Examination:** A satisfactory minimum physical examination will be conducted by the examining medical professional of Correctional Officer Candidate's choice.

A satisfactory minimum physical examination will include a review of past health history, age, weight, height, vital signs, tuberculin skin test, dipstick urinalysis, and other lab values, visual acuity, hearing, general appearance, skin, eyes, ears, nose, throat, mouth, heart, lungs with pulmonary function test, lymph nodes, abdomen, anus, external genitalia, spine, extremities, and abbreviated neurologic.

Each employee shall meet the following standards:

1. **Development** – Lack of normal muscular development, muscular weakness, or congenital or acquired deformity may be disqualifying if such is deemed in the judgment of the physician, to interfere with the individual's performance of required duties.
2. **Blood Pressure** – Within normal limits in the judgment of the examining physician.
3. **Pulse** – Between 50 and 95 (resting).
4. **Eyes**
  - a. **Visual Acuity** – Vision in each eye (correctable) to 20/40 or better. Loss of vision in one eye will disqualify.
  - b. **Color Vision** – This will not necessarily disqualify, but the employee shall be aware of this condition and be able to compensate for it by distinguishing basic colors against a favorable background.
5. **Ears** – Chronic otitis media, drum perforation or mastoiditis in either ear may be disqualifying.
6. **Hearing** – Employees shall pass a hearing whisper test. Issuance of CR-3607, Notification of Immediate Action Required, will require an Audiometric Test noting binaural hearing loss without hearing aides and with hearing aides—must be correctable to less than 15% binaurally.
7. **Nose** – Shall be sufficiently free of deformity internally so that breathing is unobstructed.
8. **Mouth** – Shall be free from deformities or conditions that interfere with the proper performance of duty.
9. **Throat** – There shall be no disease or other conditions that would interfere with the proper performance of duty.
10. **Neck** – Enlargement requires study to establish cause and may disqualify.
11. **Nodes** – Enlargement require study to establish cause and may disqualify.
12. **Heart** – The action of the heart shall be uniform, free and steady, its rhythm regular and free from organic changes. Employees shall be free of functionally limiting heart disease. Arteriosclerosis, cardiac enlargement, valvular lesion, hypertension (uncontrolled), or active disease of any kind are disqualifying if the physician determines that the condition may interfere with the proper performance of duty.
13. **Lungs** – respirations shall be full, easy, and regular with normal pulmonary function tests. Breath sounds must be clear and distinct over both lungs. The respiratory system must be free of chronic disabling conditions or diseases including active tuberculosis.
14. **Abdomen** – Examine for tenderness, masses, enlarged organs, and muscle tone. A breast exam shall be completed on all female employees.

15. **Hernia** – Actual hernia in any form that affects the individual's ability to perform shall disqualify the employee. A repaired hernia with no residual disability is not disqualifying.
16. **Genitalia** – Active genitourinary disease may disqualify. If an individual is found to have an active sexually transmitted disease, he/she shall be instructed to contact his/her private physician for follow-up and treatment. An individual shall not be disqualified due to a venereal disease unless the physician determines that the condition may interfere with job performance.
17. **Skin** – Employees shall be free of lesions, large nevi, or scars that are apt to become ulcerated, and parasitic or systemic skin diseases. Disqualification for a dermatological condition such as eczema, psoriasis, lupus, etc., shall be within the discretion of the physician.
18. **Spine** – Pronounced scoliosis, kyphosis, or other back disability shall disqualify if, in the opinion of the medical examiner, the condition would interfere with the proper performance of duty.
19. **Extremities** – Employees shall be free from debilitating arthritis, infections of joints, sprains, stiffness, or other conditions that would interfere with the proper performance of duty. Extremities must be reasonably symmetrical both in length and development.
20. **Neurologic** – Employees shall be free of disabling or limiting neurologic disorders. Individuals with epilepsy or seizure disorders must provide evidence of at least one-year seizure-free history with medication control. Individuals diagnosed with narcolepsy must show documentation of control without recurrent episode within past year.
21. **Laboratory**
  - a. Dipstick urinalysis shall be within normal limits.
  - b. Complete Blood Count (CBC) shall be within normal limits.
  - c. Fasting/Random Blood Sugar, if history or suspicion of diabetes.
22. **Tuberculin Skin Test** – A tuberculin skin test, PPD, shall be administered according to TDOC Policy #113.44, Tuberculosis Control. A positive result shall be followed up with a chest x-ray. The results of the chest x-ray may be disqualifying based on the physician's judgment.

An EKG shall be performed if the employee is 45 years of age or over 300 pounds. The physician or his/her designee may delegate many of the routine tasks and measurements as appropriate.

All abnormalities of history of physical examination shall be recorded.

The following diseases or conditions (including but not limited to) will result in mandatory disqualification, unless otherwise noted on CR-3605 or CR-3607, as a medical condition that upon correction qualifies the candidate (Conditional Qualification) and in the discretion of the examining physician, are not determined to be serious enough to prevent performance of required duties:

- Anemia (HGL below 10g/dl)
- Hypertension, uncontrolled
- Asthma, chronic, exercise induced or recurrent and requiring oral steroids for control
- Narcolepsy with episodes in the past 12 months.
- Colitis, recurrent spastic bowel and Nephritis, chronic (Kidney infection) conditions.
- Convulsions Neuromuscular disorder: Epilepsy with seizures in the past 12 months.
- Chronic tremor that interferes with function.
- Coronary artery disease or cardiomyopathy, which is symptomatic/disabling.
- Implanted defibrillator/pacemaker
- Osteomyelitis (Bone infection)
- Diabetes, uncontrolled with Hgb A1c > 7.5 for the past year.
- Epilepsy
- Heart Disease, Active/disabling
- Pulmonary Disorders that are chronic and require ongoing physician care
- Rheumatic fever with valvular damage

- Flat feet, symptomatic
- Goiter or hyperthyroidism, untreated
- Ruptured intervertebral disc, other significant and debilitating back trouble
- Any infectious disease which is contagious either through respiratory exposure or by contact is disqualifying.
- Tuberculosis, contagious
- Absence of a thumb and/or three fingers on one hand
- Absence of an eye
- Inability to run.

## **REPORTING OF QUALIFICATION RESULTS**

**The following forms must be returned to secured fax number provided and in accordance with CR-3792, Part Two, Instructions to the Examining Medical Professional.**

The "Employee Health History Questionnaire" (CR-3606) will be used to record the results of the health history and will be maintained in the employee's confidential health file.

The "Employee Physical Examination" (CR-2240) will be used to record the results of the physical examination and will be maintained in the employees confidential health file.

The "TB Control Record" (CR-3300) will be used as a supplement to the Employee Health History Questionnaire and the Employee Physical Examination forms. This form will be placed in the employee's confidential health file maintained at the hiring institution.

The "Notification of Immediate Action Required" (CR-3607) will be maintained in the employee's confidential health file and in the TCA clinic file with a copy to the applicant/employee and a copy to the Director of Training at TCA for verification of issuance and enforcement.

The "Audiometric Testing Results" (CR-3608) will be used to record the results of specialized hearing testing to support Notification of Immediate Action Required (CR-3607).

The "Notification of Conditional Qualification" (CR-3605) will be maintained in the TCA clinic file and a copy submitted to an employee who is conditionally qualified with an additional copy forwarded to the warden of the employing institution to be maintained in the employee's confidential health file. Within the employee's first 90 days of probationary period, the employee must submit a report from their physician to the warden indicating the condition is corrected or controlled. The warden shall ensure a copy is placed in the employee's health file and a copy sent to the academy for the confidential TCA clinic file. Failure to comply may be grounds for separation.



TENNESSEE DEPARTMENT OF CORRECTION

CONFIRMATION OF PSYCHOLOGICAL EXAMINATION

NAME OF APPLICANT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

FROM THE COMMISSIONER OF TENNESSEE DEPARTMENT OF CORRECTION

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of employment as a Correctional Officer with the Tennessee Department of Correction. Upon completion of psychological evaluation, the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the Human Resources staff at the requesting facility/district.

TO THE EXAMINING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 41-1-116, applicants for Correctional Officer must be free from any disorder as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association that would in the professional judgment of the examiner, impair the subject's ability to perform any essential function of the job or would cause the subject to pose a direct threat to public safety. Applicants must be certified as meeting these criteria by a Tennessee licensed health care provider qualified in the psychiatric or psychological fields. Upon completion of evaluation, please sign the appropriate statement and return this document to the Commissioner/designee of the Tennessee Department of Correction.

Requested by: \_\_\_\_\_ Facility/District: \_\_\_\_\_

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the referenced individual and find that this officer is:

QUALIFIED

NOT QUALIFIED

to be certified under the provisions of Tennessee Code Annotated Section 39-17-1315. This Confirmation Statement further finds that this officer can safely perform the essential function of their position. The results of my evaluation are available to the Tennessee Department of Correction upon request.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. 39-16-702.

Psychologist/Psychiatrist Signature

Printed or Typed Name of Psychologist/Psychiatrist

License Number

State of License

Street Address

City, State, Zip Code

Telephone Number

Date of Psychological Examination

Today's Date

RETURN TO: \_\_\_\_\_ HR Manager

Email: \_\_\_\_\_ or

Fax: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
 TENNESSEE CORRECTION ACADEMY  
**Employee Health History Questionnaire**

NEW                       CURRENT

Name: \_\_\_\_\_  
                     Last                                      First                                      Middle                                      Social Security Number

Address: \_\_\_\_\_  
                     Number                                      Street                                      Apt. #                                      Area Code & Home Phone Number

\_\_\_\_\_ City                                      State                                      Zip

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**YOUR REGULAR PHYSICIAN:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INSTRUCTIONS TO EMPLOYEE:**

Each employee must read and answer the following questions prior to the physical examination. Use blank spaces to explain your answer and list all illnesses, injuries and operations. **Any false statements/omissions will disqualify you from further consideration.**

Do you now have or have you ever had any of the following conditions?

1. Asthma \_\_\_\_\_  Yes  No
2. Back Trouble \_\_\_\_\_  Yes  No
3. Cancer \_\_\_\_\_  Yes  No
4. Convulsions / seizure disorder / epilepsy / narcolepsy \_\_\_\_\_  Yes  No
5. Diabetes \_\_\_\_\_  Yes  No
6. Foot trouble \_\_\_\_\_  Yes  No
7. Headaches (*indicate frequency*) \_\_\_\_\_  Yes  No
8. Heart Attack or Disease \_\_\_\_\_  Yes  No
9. Hernia \_\_\_\_\_  Yes  No
10. High Blood Pressure \_\_\_\_\_  Yes  No
11. Kidney Infection/stones/disease \_\_\_\_\_  Yes  No

12. Liver Disease \_\_\_\_\_  Yes  No
13. Are you a smoker?  Yes  No If **YES**, packs per day? \_\_\_\_\_
14. Neurologic/neuromuscular disease \_\_\_\_\_  Yes  No
15. Peptic ulcers \_\_\_\_\_  Yes  No
16. Rheumatic Fever \_\_\_\_\_  Yes  No
17. Tuberculosis (Symptoms: persistent cough, weight loss, night sweats, bloody sputum, loss of appetite, fever) \_\_\_\_\_  Yes  No  
Have you ever tested positive on a TB skin test? \_\_\_\_\_  Yes  No
18. Arthritis \_\_\_\_\_  Yes  No
19. Have you been treated or hospitalized for a nervous or mental illness? \_\_\_\_\_  Yes  No
20. Have you been rejected for Military Service for physical reasons? \_\_\_\_\_  Yes  No
21. Have you received a medical discharge from Military Service? \_\_\_\_\_  Yes  No
22. Have you ever collected Worker's Compensation insurance or received a medically or psychologically related pension? \_\_\_\_\_  Yes  No
23. Do you have difficulty or limitations pertaining to the following activities:  
Walking, Standing, Lifting, Balancing, Climbing, Stooping, Reaching? \_\_\_\_\_  Yes  No
24. Do you have a visual disorder or wear glasses/contacts? \_\_\_\_\_  Yes  No
25. Do you have difficulty hearing? \_\_\_\_\_  Yes  No
26. **FEMALES:** Are you pregnant or suspect pregnancy? \_\_\_\_\_  Yes  No  
Total pregnancies: \_\_\_\_\_ Hysterectomy?  Full  Partial
27. List all past surgeries: \_\_\_\_\_  
\_\_\_\_\_
28. List all past injuries, accidents, or illnesses: \_\_\_\_\_  
\_\_\_\_\_
29. Are you under the care of a physician for any illness or injury? \_\_\_\_\_  Yes  No  
If yes, explain \_\_\_\_\_

**I UNDERSTAND** that the duties of security personnel in the Tennessee Department of Correction require physical exertion involving prolonged walking and standing, lifting, balancing, climbing, stooping, participating in the return of escapees, running, and may involve unusual mental or nervous stress.

**I CERTIFY** that to the best of my knowledge and belief that I am not affected with any form of disease or disability which would interfere with the performance of the duties of the position for which I am applying. I authorize the release to and use by the Tennessee Department of Correction of any medical records needed to verify the answers given in this health history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**TENNESSEE DEPARTMENT OF CORRECTION**  
**NOTIFICATION OF CONDITIONAL QUALIFICATION**

Name: \_\_\_\_\_  
Last
First
Middle
Social Security Number

Tennessee Code Annotated §41-1-116 and §4-3-603 require the Tennessee Department of Correction (TDOC) to certify that all persons appointed to the Correctional job classifications are free from apparent physical disorders which in the professional judgment of the examiner, would impair the subject's ability to perform any essential function of the job or would cause the subject to pose an employment hazard to themselves or others.

You have been given a complete physical examination in accordance with TDOC Policy #305.06. The result of the examination indicates that there are conditions present in your case, which require medical attention and re-evaluation during the next 90 days. You will be responsible for placing yourself under your physician's supervision while meeting the recommendations made by medical personnel, if necessary, for correcting areas of concern.

A follow-up medical evaluation is necessary prior to 90 days from your date of hire.

I am required to provide a current report from my physician addressing the following conditions:

BLOOD PRESSURE STATUS: Reading on \_\_\_\_\_ revealed a blood pressure of \_\_\_\_\_ / \_\_\_\_\_  
 Reading on \_\_\_\_\_ revealed a blood pressure of \_\_\_\_\_ / \_\_\_\_\_

CARDIAC STATUS: My EKG performed on \_\_\_\_\_ at my examining medical professional's office revealed

T.B. SKIN TEST CONVERSION: My skin test on \_\_\_\_\_ was read as \_\_\_\_\_ mm.  
 My follow-up chest x-ray was performed on \_\_\_\_\_

HEMOGLOBIN A1C: Reading on \_\_\_\_\_ revealed an A1C of \_\_\_\_\_

HEMOGLOBIN: Reading on \_\_\_\_\_ was \_\_\_\_\_ g/dl.

OTHER: \_\_\_\_\_

I have been further advised that in order to correct these areas of concern, I need to have my examining medical professional submit a written report to my Warden/ designee. I accept the job as a Correctional Officer with full knowledge thereof and further release the State from any and all responsibility and/or liability which may arise during the probationary period which may be relative to any of the above listed pre-existing condition(s) as stated.

\_\_\_\_\_  
 Examining Medical Professional Signature          Printed Name          Date

I have read the above which has been fully explained to me by the institutional hiring authority. I understand my probationary employment is conditional based on the correction/control of the following condition(s) and must be re-evaluated by my personal physician and meet satisfaction of appropriate medical personnel prior to the date on which my probationary status ends.

\_\_\_\_\_  
 Correctional Officer Candidate Signature          Institutional Human Resources Representative Signature          Date



**TENNESSEE DEPARTMENT OF CORRECTION**  
**NOTIFICATION OF IMMEDIATE ACTION REQUIRED**

<b>Name:</b>				
	Last	First	Middle	Social Security Number

The results of your physical examination conducted by your Examining Medical Professional do not meet minimum standards for employment qualification as set forth in TDOC Policy 305.06 because of the following findings:

- Vision:       Right 20/ \_\_\_\_\_                      Left 20/ \_\_\_\_\_
- Hearing:       Binaural hearing loss was calculated at: \_\_\_\_\_

This Notification of Immediate Action Required allows the Correctional Officer Candidate an opportunity to correct conditions which otherwise would disqualify him/her from employment based on minimum standards set forth in the Tennessee Department of Correction Policy 305.06. I understand that my employment is conditionally based on the correction of the above referenced condition(s).

**I further understand that the following must be presented to the hiring institutions Human Resource Manager within the first 14 days of my conditional employment offer.**

- **Statement from Examining Medical Professional (on professional letterhead)**
  - Must state what the vision is **without** glasses/contacts and **with** glasses/contacts. Vision must be correctable to 20/40 or better in each eye.
  - Audiogram must state what binaural hearing loss is **without** hearing aides and **with** hearing aides. Must be correctable to less than 15% binaurally.
- **Device & Proof of Purchase**
  - Glasses/contacts must be **purchased** to correct your vision within the first 14 days after conditional offer of employment. Both the glasses/contacts and proof of purchase need to be submitted with this form.
  - Hearing aides must be **purchased** within the first 14 days after conditional offer of employment. The hearing aides and proof of purchase need to be submitted with this form.

\_\_\_\_\_  
 Correctional Officer Candidate

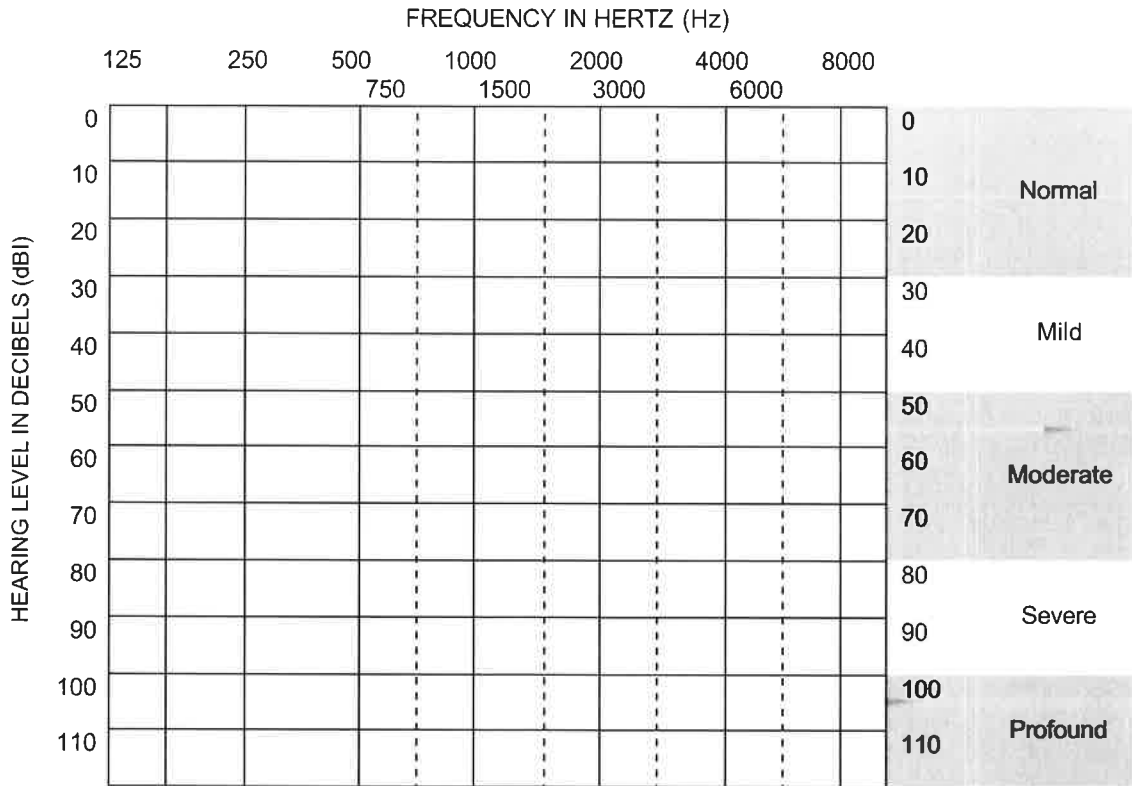
\_\_\_\_\_  
 Date



**TENNESSEE DEPARTMENT OF CORRECTION  
AUDIOMETRIC TESTING RESULTS**

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_



CALCULATIONS  
(if needed)

Right: \_\_\_\_\_  
 Left: \_\_\_\_\_  
 Binaural: \_\_\_\_\_

UNMASKED

MASKED

Right (Red)

O

△

Left (Blue)

X

□

PASS

FAIL

TESTER \_\_\_\_\_

DATE \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION
Fitness for Duty Physician Statement

Each person seeking employment as a Correction Officer must have passed a physical examination by a licensed physician, or Nurse Practitioner based on the provided Standards for Correctional Officer Physical Examination.

By completing this form, the Health Care Provider attests that he/she is authorized and competent to attest to matters contained in this statement.

Date of Examination of employee: \_\_\_\_\_

- QUALIFIED I have performed the physical examination based on the Standards for Correctional Officer Physical Examination and find that this person is qualified and fit for duty.
CONDITIONALLY QUALIFIED Employee is found to have a medical condition that upon correction qualifies the candidate (Conditional Qualification) and in the discretion of the examining medical professional, is not determined to be serious enough to prevent performance of required duties.

NOT QUALIFIED
Employee Diagnosis or Condition: \_\_\_\_\_

While diagnosed and suffering from this condition, the employee named above is medically unable to perform the duties of his/her position as outlined in the Tennessee Department of Correction Standards for Correctional Officers Physical Examination and Instructions to Examining Physician provided to me.

Specific duties the employee is unable (or was unable to perform while suffering from this condition):

Specific reason(s) employee cannot/could not perform these duties are: \_\_\_\_\_

Health Care Provider
Name(Printed): \_\_\_\_\_

Licensed to practice in the State of Tennessee as a: \_\_\_\_\_

Licensed by(Licensing Board): \_\_\_\_\_ License Number: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Examining Medical Professional Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION  
 TENNESSEE CORRECTION ACADEMY  
**NEW HIRE**  
**EMPLOYEE MEDICAL SCREENING**

INSTITUTION: \_\_\_\_\_  
 CLASS #: \_\_\_\_\_

Employee's Full Name: \_\_\_\_\_  
*Last* *First* *Middle*

\_\_\_\_\_  
*LAST 4-DIGITS OF SS NUMBER* *DATE OF BIRTH*

Please check "v" all conditions that apply to your current health and briefly explain in the space provided below.

- |                                  |                          |  |                          |
|----------------------------------|--------------------------|--|--------------------------|
| 1. Asthma                        | <input type="checkbox"/> | 12. Kidney Infection/Stones/Disease  | <input type="checkbox"/> |
| 2. Back problems                 | <input type="checkbox"/> | 13. Peptic Ulcers  | <input type="checkbox"/> |
| 3. Cancer                        | <input type="checkbox"/> | 14. Rheumatic Fever  | <input type="checkbox"/> |
| 4. Seizures, narcolepsy          | <input type="checkbox"/> | 15. Do you volunteer at a homeless shelter on a regular basis?   | <input type="checkbox"/> |
| 5. Diabetes                      | <input type="checkbox"/> | 16. Tuberculosis (TB): Persistent/ productive cough, weight loss, night sweats, fever, loss of appetite, bloody sputum | <input type="checkbox"/> |
| 6. Foot problems                 | <input type="checkbox"/> | 17. Have you ever had a positive TB skin test?   | <input type="checkbox"/> |
| 7. Headaches                     | <input type="checkbox"/> | 18. Have you ever been told you have Tuberculosis?   | <input type="checkbox"/> |
| 8. Heart attack or heart disease | <input type="checkbox"/> | 19. Have you ever taken medication for Tuberculosis?   | <input type="checkbox"/> |
| 9. Hernia                        | <input type="checkbox"/> | 20. Were you ever given BCG?   | <input type="checkbox"/> |
| 10. High Blood Pressure          | <input type="checkbox"/> | 21. Do you have any allergies?   | <input type="checkbox"/> |
| 11. Indigestion                  | <input type="checkbox"/> | 22. Are you under the care of a physician for a chronic illness of injury?   | <input type="checkbox"/> |

Explain the above checked conditions and list all medications, illnesses, injuries, and operations.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TB Tests:**

IGRA Blood Test:      Date: \_\_\_\_\_      Result: \_\_\_\_\_      Date: \_\_\_\_\_

DATE	ANTIGEN	LOT#	SITE	DATE READ	REACTION IN MM	CHEST X RAY DATE/RESULT	NURSE
_____	TUBERSOL	_____	FA	_____	_____	_____	_____
_____	TUBERSOL	_____	FA	_____	_____	_____	_____

Blood Pressure: \_\_\_\_\_      Pulse: \_\_\_\_\_      Respiration: \_\_\_\_\_

I certify that to the best of my knowledge that I am not affected with any form of disease or disability which would interfere with the performance of the duties of the position for which I am applying. I authorize the release to and use by the Tennessee Department of Correction any medical records needed to verify the answers given.

\_\_\_\_\_  
 Employee Signature      Date      Health Care Provider Signature      Date



TENNESSEE DEPARTMENT OF CORRECTION

**INSTRUCTIONS TO THE CORRECTIONAL OFFICER CANDIDATE  
PART ONE**

The position of Correctional Officer with the Tennessee Department of Correction requires that you be able to routinely perform several critical physical functions without health or medical limitation.

It will require you to supervise and maintain control and custody of offenders within the correctional facility and/or on external work sites/duty assignments. You will be required to observe and monitor offenders for improper conduct and escape attempts and to use physical force when necessary to restrain offenders or to defend yourself and others. You must be capable of responding quickly and effectively to emergency situations (e.g., escapes, riots). Additionally, you must be able to utilize and operate security and/or manual labor work detail equipment (including motor vehicles); to stand for extended periods; and to engage in correctional officer training of a physical nature.

Prior to employment, you are required to undergo a Medical Physical Examination in order to determine fitness for duty. You are required to pay for any costs associated with this pre-employment examination. These monies will not be reimbursed.

***NOTE: This examination must be performed and signature-certified by a Medical Doctor (M.D.), Doctor of Osteopathy (D.O), Family Nurse Practitioner (FNP), or Physician's Assistant (P.A.).***

The institution's Human Resources Office will provide you with the necessary examination forms noted in Policy #305.06 to present to the physician for completion. These completed forms must be returned to the Human Resources Office by your Examining Medical Professional to the fax number provided on Instructions to the Examining Medical Professional Part Two, CR-3792.

Upon receipt of qualifying documents by your hiring institution, you shall be required to submit a urine sample in accordance with Drug-Free Workplace, policy #302.12 prior to employment. The institutional Human Resource Manager will provide this information.

Upon successful completion and conclusion of all pre-employment examinations, you will return to your hiring institution for completion of required Human Resources documentation. At that time you will receive instructions to report to the TCA for completion of BCOT (Basic Correctional Officer Training), which includes a Psychological evaluation. Continuation of employment is contingent on the successful completion of BCOT and Psychological Qualification.



**INSTRUCTIONS TO THE EXAMINING MEDICAL PROFESSIONAL  
PART TWO**

The attached documents are the Tennessee Department of Correction criteria established for individuals seeking consideration for employment for the position of Correctional Officer, and the physical examination for, certifying such, which must be completed and signed by the examining licensed physician (M.D., D.O., **FNP or PA**).

The duties of the correctional officer may require physical exertion involving prolonged walking and standing, running, lifting, balancing, climbing, stooping, restraining or carrying inmates in emergencies, and participating in the apprehension and return of escapees, which may involve physical stress. Employees must be free from such physical defects or disease that may constitute employment hazards to them or others, and be capable of efficiently performing the duties of their position. Employees must be able to wear the standard Emergency Escape Breathing Apparatus (EEBA).

The Basic Correctional Officer Training program (BCOT) is six weeks in length and involves rigorous physical training. This training includes but is not limited to, self-defense and use-of-force skills training, and firearms qualifications with multiple weapons (handgun and shotgun). Trainees must also participate in electronic restraint training and may be exposed to chemical agents during training exercises.

**The correctional officer must be able to meet the physical requirements and conditions for firearms training, firing a hand gun, firing in inclement weather, possible exposure to lead based smoke on an outdoor range, possible exposure to weapons cleaning solvent.**  
**Note: Hearing and eye protection are required for all range activities.**

The Physical Examination shall be conducted by the Examining Medical Professional. The examiner shall use the provided *Standards for Correctional Officers Physical Examination* as a guideline; these standards present the procedures and guidelines which correspond to Policy #305.06 Employment Qualification Standards of Correctional Officers.

Upon completion of the packet of forms, they should be returned by fax to:

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Hiring Institution Human Resource Manager

Secured Fax Number



**INSTRUCTION TO THE QUALIFIED MENTAL HEALTH PROFESSIONAL  
PART THREE**

The Psychological examination and evaluation will be administered by a mental health professional contracted by the TDOC and will be performed at the Tennessee Correction Academy or other sites as determined by the TDOC. Failure to be qualified will result in termination of employment.

**Test Battery**—A psychological battery of tests shall be administered to each employee/applicant as a part of the qualification. The test battery shall be predetermined with the contracted qualified mental health professional.

**Personal Data Sheet**—All pre-service security personnel shall also complete a person/social data sheet which elicits personal or social history information used in the evaluation process.

**Consent/Release of Information**—Each Correctional Officer Candidate shall sign a consent form indicating that confidential psychological information may be released to the TDOC by the qualified mental health professional. Refusal to sign the release shall be referred to the hiring institutions Human Resource Manager and shall be grounds for separation or non-selection on the basis that the certification of the minimum qualifications is impossible.

**Structured Interviews**—All Correctional Officer Candidates will be administered a structured interview conducted by a mental health professional (psychologist, psychological examiner, or psychiatric social worker, psychiatrist, or psychiatric/mental health nurse).

**Staffing/Peer Review**—The mental health professional(s) who conduct the structured interviews shall verbally staff each case with a licensed clinical psychologist or psychiatrist. The results of all assessments, written notes, and evaluation information pertaining to this Tennessee Department of Correction (TDOC) employee shall be retained for a period of seven (7) years, during which time a written report may be requested. This material shall not be released other than to the Department without a written release of information from the individual employee.

**Certification**—The decision as to diagnosis and/or certification rests solely with the clinical psychologist or psychiatrist. The Psychological Qualifying Results, CR-2940 shall be furnished by the psychologist or psychiatrist to the TDOC.

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Hiring Institution Human Resource Manager

Secured Fax Number





TENNESSEE DEPARTMENT OF CORRECTION

CONFIRMATION OF PSYCHOLOGICAL EXAMINATION

NAME OF APPLICANT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

FROM THE COMMISSIONER OF TENNESSEE DEPARTMENT OF CORRECTION

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of employment as a Correctional Officer with the Tennessee Department of Correction. Upon completion of psychological evaluation, the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the Commissioner of the Tennessee Department of Correction/designee.

TO THE EXAMINING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 41-1-116, applicants for Correctional Officer must be free from any disorder as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association that would in the professional judgment of the examiner, impair the subject's ability to perform any essential function of the job or would cause the subject to pose a direct threat to public safety. Applicants must be certified as meeting these criteria by a Tennessee licensed health care provider qualified in the psychiatric or psychological fields. Upon completion of evaluation, please sign the appropriate statement and return this document to the Commissioner/designee of the Tennessee Department of Correction.

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the referenced individual and find that this officer is:

QUALIFIED

NOT QUALIFIED

to be certified under the provisions of Tennessee Code Annotated Section 39-17-1315. This Confirmation Statement further finds that this officer can safely perform the essential function of their position. The results of my evaluation are available to the Tennessee Department of Correction upon request.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. 39-16-702.

\_\_\_\_\_  
Psychologist/Psychiatrist Signature

\_\_\_\_\_  
Printed or Typed Name of Psychologist/Psychiatrist

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Psychological Examination

\_\_\_\_\_  
Today's Date

**RETURN TO SECURED FAX NOTED ON CR-3792, PART THREE, INSTRUCTIONS TO THE QUALIFIED MENTAL HEALTH PROFESSIONAL**