

City of Cleveland Civil Service Commission

Medical Standards for Entry-level Police and Fire Officers

REVISED: May 17, 1999

XXI. Immunizations	27
XXII. Psychiatric/Psychologic	28
APPENDIX A	29
APPENDIX B	36
APPENDIX C	37

DISABILITY AND DISABLED VETERANS POLICY

The policy of the City of Cleveland is to strictly adhere to the employment provisions of the Americans With Disabilities Act of 1990. The City of Cleveland will not discriminate against any qualified applicant or employee on the basis of his/her disability in any employment practices with respect to advertising or recruitment, hiring, upgrading, promotion, transfer, rates of pay or compensation, job assignment and classification, seniority lists, departure and return from leave of absence, sick leave or other leave, fringe benefits, selection and financial support for training, meetings, conferences, City-sponsored activities, and other terms, conditions or privileges of employment. In addition, the City of Cleveland extends its policy against non-discrimination against those individuals with disabilities to include access to City-owned and/or operated service-oriented facilities.

CITY OF CLEVELAND
MEDICAL STANDARDS FOR ENTRY-LEVEL POLICE AND FIRE OFFICERS

INTRODUCTION

The purpose of medical evaluations and health standards for entry-level police and fire officer candidates in Cleveland, Ohio is to select a medically fit force, to promote health and safety, and to prevent disease and disease aggravation in the workplace.

The standards are based on:

- (a) tasks commonly or crucially performed;
- (b) stresses commonly acknowledged;
- (c) public health and safety considerations;
- (d) opinions of various health care specialties; and
- (e) relevant articles in the medical literature.

The objectives of the evaluations and standards are:

1. Help assure that an applicant can perform established duties safely and effectively.
2. Help assure that an applicant has no medical condition likely to endanger self or others in the performance of the established job duties.
3. Establish a baseline health status to which subsequent evaluations can be compared.
4. Assist individuals in health maintenance and improvement.

I. General Medical Evaluation Procedures

- A. All acute illnesses (except mild upper respiratory infections) must be resolved prior to the medical evaluation. If an acute illness is diagnosed, documentation of appropriate follow-up, treatment and resolution of the acute illness is required.¹
- B. All potentially chronic illnesses which are newly diagnosed at exam time will be referred by the examining physician to relevant specialty consultants for further characterization of the illness and assessment of its potential effect on fitness for work.²

¹ For example, symptoms, signs, or urinalysis findings suggesting a urinary tract infection need documentation of the diagnosis, treatment and follow-up (normal) urinalysis results from the applicant's personal physician. A mild laboratory abnormality with no signs or symptoms could also be repeated at the examiner's office.

² For example, symptoms or signs suggesting hyperthyroidism will be referred to an endocrinologist for further evaluation. If amenable to therapy, documentation of a simple, stable therapeutic regimen, resolution of symptoms and a statement by the endocrinologist that the applicant can perform established job duties safely and effectively is required.

- C. Any ongoing workers' compensation illness or injury, any service-connected medical disability and any motor vehicle accident-related disability must comply with the generic criteria prior to consideration of fitness for duty. Written documentation of the resolution of the illness or injury and a written opinion concerning prognosis and fitness for performance of the established job duties of a firefighter or police officer is required from the treating physician. Any conflict between the treating physician's written statements and the entry-level medical evaluation will require consultation with a "third party" physician mutually agreeable to all parties.³
- D. Where indicated, the following generic criteria will be applied:
- (1) The medical condition has resolved with therapy; is self-limited or is benign, requiring no therapy and only routine periodic monitoring;
 - (2) the condition has been controlled with a simple treatment regimen requiring infrequent, periodic follow-up visits to the doctor; or
 - (3) the condition is not likely, by clinical judgment or acceptable medical data, to endanger self or others, or to interfere with safe or effective performance of established job duties. Information from consulting physicians must speak to these criteria to the satisfaction of the Safety Department Medical Director.

³ For example, a statement from a treating physician claims resolution of a low back injury. The entry-level medical evaluation discloses some abnormal physical findings related to low back pain and nerve root involvement (e.g., absent right Achilles reflex). Medical evaluation by a specialist in physical medicine and rehabilitation, neurology or orthopedics/neurosurgery would be required.

II. Skin and Mucous Membrane

A. The following conditions shall be cause for further individual evaluation:

1. Autoimmune or connective tissue diseases such as dermatomyositis, scleroderma, or systemic lupus erythematosus.
2. Metastatic or primary malignant diseases such as Kaposi's sarcoma, mycosis fungoides, Paget's disease, melanoma, squamous cell carcinoma, basal cell carcinoma (See XVII, Section B5, for exceptions).
3. Metabolic disease such as the porphyrias and carcinoid.
4. Pulmonary or gastrointestinal diseases such as sarcoidosis, regional enteritis, ulcerative colitis, Gardner's syndrome, or hereditary hemorrhagic telangiectasia, pseudoxanthoma elasticum.
5. Possible internal malignant states with skin manifestations such as acanthosis nigricans, Bowen's disease, pemphigus or pemphigoid.
6. Infectious diseases involving the skin such as cutaneous tuberculosis, blastomycosis sporotrichosis.
7. Pustular or erythrodermic psoriasis.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation.

1. Superficial fungal infection of the skin and nails.
2. Moderate to severe acne vulgaris.
3. Psoriasis.
4. Papulosquamous eruptions of unknown cause.
5. Pruritus of uncertain cause.
6. Urticaria, acute or chronic.
7. Contact allergic or contact irritant dermatitis.
8. Phototoxic or photo allergic skin reactions.
9. Viral or bacterial skin infections.
10. Darier's disease.

III. Eye (Vision)

- A. The vision standards are found in Appendix A. Failure to meet any of those standards shall be cause for further individual evaluation.
- B. Any subjective eye complaint or objective findings by the examining physician may be cause for further individual evaluation based upon the application of the generic criteria.⁴

IV. Ear (Hearing)

- A. The following conditions shall be cause for further individual evaluation:
 - 1. An average permanent hearing threshold higher than 25 dB in both ears in the following pure tone frequencies: 500, 1000, 2000, 3000, Hertz.
 - 2. Hearing threshold higher than 40 decibels at frequencies over 3000 unless speech discrimination is normal as determined by an audiologist.
 - 3. Any condition likely to result in progressive hearing loss.
 - 4. Chronic vertigo.

⁴ Examples include occult cataract, anisocoria, nystagmus, acute or chronic iritis, keratitis, conjunctivitis, ptosis.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Acute or chronic tinnitus.
2. External auditory canal (EAC) infections.
3. Obstruction of the EAC's by wax or foreign body.
4. Middle ear infections.
5. Acute or chronic facial nerve paresis (e.g., Bell's palsy).
6. Anatomical abnormalities of the tympanic membrane.
7. Meniere's disease.⁵
8. Cholesteatomas.⁵
9. Acoustic neurinomas.⁵

V. Nose and Paranasal Sinuses

A. The following conditions shall be cause for further individual evaluation:

1. Acute or chronic bacterial or fungal infections of the nose and paranasal sinuses (e.g., blastomycosis or histoplasmosis, syphilis, tuberculosis, leprosy).
2. Wegner's granulomatosis.
3. Midline granuloma.
4. Neoplastic disease of the nose and paranasal sinuses.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Chronic, recurrent epistaxis.
2. Disorders of smell.
3. Acute or chronic nasal obstruction (e.g., nasal polyposis).
4. Chronic or recurrent rhinitis with rhinorrhea.
5. Chronic or recurrent sinusitis.

⁵ Meniere's disease, cholesteatomas, acoustic neurinomas are not likely to meet medical standards.

VI. Oral Cavity, Pharynx, Salivary Glands, Larynx, Upper Airway

A. The following conditions shall be cause for further individual evaluation:

1. Obstructive sleep apnea.
2. Granulomatous disease of the salivary glands.
3. Salivary gland neoplasms.
4. Stridor - chronic or recurrent.
5. Choking - chronic or recurrent.
6. Laryngeal neoplasms.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Chronic or recurrent infectious pharyngotonsillitis.
2. Foreign body sensation.
3. Painful or difficulty swallowing.
4. Acute or chronic inflammatory salivary gland disorder.
5. Hoarseness - chronic or current.
6. Laryngeal infections.

VII. Dental

A. The following conditions shall be cause for further individual evaluation:

1. Oral cancer - newly diagnosed, currently treated, previously treated.

B. The following conditions, subject to application of the generic criteria, may be cause for further individual evaluation:

1. Odontogenic pain.
2. Odontogenic infection.
3. Temporomandibular joint problems.
4. Visible significant tooth decay currently unattended.
5. Soft tissue abnormalities (tongue, mucosa, gingiva, floor or mouth).
6. Leukoplakia.
7. Edentulous condition with no dentures.
8. Dysfunctional malocclusion or maxillofacial deformities.

VIII. Endocrine and Metabolic

A. The following conditions shall be cause for further individual evaluation:

1. Adrenal gland, thyroid gland and pituitary gland neoplasms.
2. Diabetes mellitus.
 - a. Type I (insulin-dependent or IDDM).
3. Carcinoid syndrome.
4. Multiple endocrine neoplasia syndromes.
5. Ectopic hormone syndromes.
 - a. Hypercalcemia, hypocalcemia.
 - b. Hyper- and hypoparathyroidism.
 - c. Hypermagnesemia, hypomagnesemia.
6. Metabolic bone disease.
 - a. Paget's disease.
 - b. Osteomalacia.
 - c. Osteogenesis imperfecta.
 - d. Osteoporosis.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Pituitary gland disorders:
 - a. Hormone deficiency/excess.
 - b. Anterior and posterior.
2. Adrenal gland disorders.
 - a. Hormone deficiency/excess.
 - b. Primary and secondary.
3. Thyroid gland disorders.
 - a. Hormone deficiency/excess.
 - b. Primary or secondary.
 - c. Inflammatory disorders.
 - d. Non-toxic goiter.
4. Hypoglycemia.
 - a. Fasting.
 - b. Postprandial.

5. Reproductive endocrinology.
 - a. Hypogonadism, primary and secondary.
 - b. Dysfunctional uterine bleeding.
 - c. Galactorrhea.
 - d. Amenorrhea, primary and secondary.
 - e. Hirsutism.
6. Hyperlipidemia (See XVII, Section A1).
7. Diabetes mellitus.
 - a. Type II (non-insulin dependent or NIDDM).

IX. Other Female Reproductive and Gynecologic Conditions

A. The following conditions shall be cause for further individual evaluation:

1. Chronic pelvic pain.
2. Post-menopausal bleeding.
3. Breast disease, male or female.
 - a. Malignant.
4. Gynecological neoplasms.
 - a. Malignant, (e.g., ovarian, endometrial, trophoblastic choriocarcinoma).

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Dysmenorrhea, primary and secondary
2. Endometriosis.
3. Premenstrual syndrome, if symptoms are severe and incapacitating.
4. Infertility (needs clarification of any past or present evaluations).
5. Pregnancy.^c
6. Menopause.
7. Breast disease, male or female.
 - a. Fibrocystic, symptomatic.
 - b. Gynecomastia.
8. Gynecological neoplasms.
 - a. Benign, (e.g., ovarian cysts, cervical polyps, uterine myomata).
9. Dysfunctional uterine bleeding.

^c **Pregnancy:** Temporary withdrawal will be recommended since a baseline chest X-ray is required but contraindicated for this purpose in pregnancy. Also, the rigorous physical agility testing may be contraindicated in pregnancy. If an acceptable chest X-ray was performed prior to pregnancy and within a year of the exam and the applicant seeks an appeal from the temporary recommendation, the applicant's obstetrician will be informed of the physical agility training program and then will be requested to write a release based on the knowledge of the physical agility training requirements.

X. Hematologic

A. The following conditions shall be cause for further individual evaluation:

1. Anemias due to decreased mature RBC production.
 - a. Hypoproliferative (chronic disease).
 - b. Stem cell defects.
2. Polycythemia.
3. Hemochromatosis.
4. Myeloproliferative syndromes.
5. Lymphoproliferative syndromes.
6. Lymphadenopathy and/or splenomegaly.
7. Clotting disorders.
 - a. Platelet abnormalities - quantitative or qualitative.
 - b. Individual clotting factor deficiencies (e.g., classic hemophilia A).
 - c. Accelerated destruction or loss, (e.g., DIC, fibrinolysis).
8. Acquired Immunodeficiency Syndrome (A.I.D.S.)

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Anemias due to decreased mature RBC production.
 - a. Iron deficiency.
 - b. Vitamin B12 or folate deficiency.
2. Anemias due to increased destruction of mature RBC's.
 - a. Immune defects.
 - b. Extrinsic defects of the RBC.
 - c. Intrinsic defects of the RBC.
 - d. Qualitative or quantitative abnormalities of hemoglobin.

3. White blood cell disorders
 - a. Unexplained leukopenia, neutropenia, lymphopenia.
 - b. Unexplained leukocytosis-granulocytosis or lymphocytosis.
4. Thromboembolic disease.
 - a. Deep venous thrombosis or thrombophlebitis.
 - b. Pulmonary embolism, cerebral embolism, extremity embolism.
 - c. Arterial thromboembolism.
5. ARC (A.I.D.S. Related Complex).

14.

XI. Respiratory

A. The following conditions shall be cause for further individual evaluation:

1. Shortness of Breath, chronic or recurrent.
2. Cough, chronic, including chronic bronchitis.
3. Hemoptysis.
4. Acute pneumonia (viral, bacterial, fungal).
5. Interstitial lung disease.
6. Emphysema
7. Aspiration syndromes.
8. Cystic fibrosis.
9. Respiratory insufficiency or failure of unknown causes or of cause other than the above.
10. Abnormal chest x-ray or spirometry.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluations:

1. Asthma.
2. Pleural disease.
3. History of pneumothorax.
 - a. Spontaneous.
 - b. Traumatic.
 - c. Pulmonary embolism

XII. Cardiovascular

A. The following conditions shall be cause for further individual evaluation:

- 1. Ischemic heart disease.**
- 2. Cardiac arrhythmias/heart blocks**
 - a. Tachy: atrial flutter, atrial fibrillation, supraventricular tachycardia (e.g., PAT), ventricular tachycardia.**
 - b. Brady: sinus node dysfunction.**
 - c. AV blocks: 2nd degree, type II, and 3rd degree.**
- 3. Valvular heart disease.**
 - a. Aortic stenosis/regurgitation.**
 - b. Mitral stenosis/regurgitation.**
 - c. Tricuspid stenosis/regurgitation.**
 - d. Pulmonic stenosis/regurgitation.**
- 4. Infective endocarditis.**
- 5. Signs/symptoms of congestive heart disease, any class.**
- 6. Congenital heart disease.**
 - a. Coarctation of the aorta.**
 - b. Ventricular septal defect.**
- 7. Peripheral vascular disease.**
 - a. Arterial occlusive disease.**
 - b. Arterial embolic disease.**
- 8. Pericardial disease.**
- 9. Abnormal cardiac stress test or electrocardiogram.**

16.

B. The following conditions, subject to the application of the generic criteria may be cause for further individual evaluation:

1. Hypertension controlled: Essential hypertension less than 140/90 is acceptable as long as there is no end-organ dysfunction and the antihypertensive regimen is simple (one or two drugs), stable, and requires infrequent periodic visits to a personal physician.
2. Chest pain-chronic or recurrent-undiagnosed.
3. Atypical heart sounds.
 - a. Mitral valve prolapse.
 - b. S 3 gallop.
 - c. S 4 gallop.
4. Cardiac arrhythmias/heart blocks.
 - a. Tachy: pre-excitation syndromes (e.g., WPW).
 - b. AV blocks: 1st degree, 2nd degree, type I, bundle branch blocks and hemi blocks.

XIII. Gastrointestinal

A. The following conditions shall be cause for further individual evaluation:

1. Jaundice.
2. Gastrointestinal bleeding.
3. Esophageal cancer.
4. Dysphagia or odynophagia.
5. Esophageal strictures.
6. Acid peptic disease, active (See B, #15 below).
7. Gastric neoplasms.
8. Biliary tract disease: neoplastic, - infectious, inflammatory, obstructive.
9. Pancreatic disease: inflammatory, neoplastic.
10. Inflammatory bowel disease.
11. Ischemic bowel disease.
12. Bowel obstructions.
13. Small or large bowel tumors.
14. Fecal incontinence.
15. Perirectal fistulas or abscesses.
16. Acute hepatitis.
17. Chronic hepatitis.
18. Cirrhosis.
19. Wilson's disease.
20. Liver abscess.
21. Liver tumors.
22. Hepatomegaly-previously undiagnosed or unexplained.
23. Abdominal wall hernias.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Anorexia, nausea or vomiting.
2. Change in bowel habits.
3. Chronic constipation.
4. Diarrhea.
5. Abdominal pain.
6. Reflux esophagitis.
7. Esophageal rings, webs, diverticuli.
8. Motility disorders of the esophagus.
9. Malabsorption syndromes.
10. Abdominal wall hernias.
11. Infections or infestations of the gastrointestinal.
12. Irritable bowel syndrome.
13. Diverticular disease.
14. Hemorrhoidal disease, acute.
15. Acid peptic disease, chronic or recurrent.

XIV. Neurologic

A. The following conditions shall be cause for further individual evaluation:

1. Seizure disorders currently receiving anti seizure medications.⁷
2. Myasthenia gravis.
3. Multiple sclerosis.
4. Cerebrovascular disease.
5. Syncope.
6. Extrapyrarnidal syndromes (e.g., hypokinetic or hyperkinetic movement disorders).
7. Spinal cord disorders (infectious, nutritional, Neoplastic, mechanical compression or others).
8. Peripheral neuropathies, including entrapment syndromes.
9. Neurofibromatosis.
10. Chronic pain syndrome.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Chronic headaches.

⁷ Seizure Disorders: A history of febrile seizures in childhood with no further treatment or seizures is acceptable; a history of seizure disorders with more recent (within 5 years) anti-convulsant therapy cessation and seizure-free interval will require a substantiating note from the attending neurologist.

All health conditions which are likely to result in a sudden unpredictable loss of consciousness are cause for further individual evaluation. Such conditions as seizure disorder, cardiac arrhythmias, unexplained syncope or near-syncope are examples of such conditions.

XV. Urinary Tract/Male Reproductive

A. The following conditions shall be cause for further individual evaluation:

1. Polyuria or oliguria.
2. Azotemia.
3. Casturia.
4. Acute renal failure.
5. Chronic renal failure.
6. Glomerular diseases.
7. Nephrotic syndrome.
8. Tubulointerstitial nephritis.
9. Urinary tract infection, current.
10. Neurogenic bladder dysfunction.
11. Hemolytic uremic syndrome.
12. Nephrolithiasis, recurrent.
13. Cystic diseases of the kidney.
14. Hereditary non-cystic kidney disease.
 - a. Alport's syndrome.
 - b. Fabry's disease.
 - c. Nephrogenic diabetes insipidus.
 - d. Distal renal tubular acidosis.
15. Acid-base disturbance.
16. Sodium and water balance disturbances.
17. Hyperkalemia or hypocalcemia.
18. Prostate disease.
19. Painful varicocele.
20. Scrotal masses.
21. Orchitis or epididymitis.
22. Priapism.
23. Urinary tract neoplasms.
24. Urinary incontinence.
25. Male genital neoplasms.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation (See XVIII, Section A1):

1. Hematuria (0-3 RBCs/HPF acceptable if isolated and asymptomatic).
2. Pyuria (0-3 WBCs/HPF acceptable if isolated and asymptomatic).
3. Proteinuria-defined as 24-hour quantitative level equal to or greater than 150mg.
4. Asymptomatic bacteriuria.

XVI. Rheumatologic/Orthopedic Diseases**A. The following conditions shall be cause for further individual evaluation:**

1. Rheumatic syndromes, articular, requiring frequent medication.
 - a. Acute monarticular arthritis.
 - b. Acute polyarthritis.
 - c. Rheumatoid arthritis.
 - d. Juvenile rheumatoid arthritis.
 - e. Ankylosing spondylitis.
 - f. Psoriatic arthritis.
2. Systemic connective tissue disorders.
 - a. Systemic lupus erythematosus.
 - b. Scleroderma.
 - c. Polymyositis.
 - d. Necrotizing vasculitis.
3. Soft tissue rheumatic syndromes, currently active.
 - a. Reflex sympathetic dystrophy syndrome.
 - b. Thoracic outlet syndrome.
 - c. Adhesive capsulitis.
 - d. Rotator cuff syndrome.
4. Chronic pain syndromes or deformities of a joint.

B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:

1. Rheumatic syndromes - articular.
 - a. Osteoarthritis.
 - b. Gout.
2. Systemic connective tissue disorders.
 - a. Raynaud's disease or phenomenon.
3. Soft tissue rheumatic syndromes.
 - a. Fibrositis or fibromyalgia.
 - b. Baker's cyst.

4. Fractures and dislocations.⁹
5. Previous surgical treatment of bones or joint disorders.⁹
6. Athletic injury syndromes.¹⁰

⁹ Past Fractures or Dislocations: Past fractures or dislocations are acceptable if symptoms have resolved and physical findings are within an acceptable range of function. Otherwise, a letter is required from the treating physician or orthopedics consultant clearing the applicant for performance of established job duties using the generic criteria, to the satisfaction of the Safety Department Medical Director. (Recent fractures or dislocations must be resolved prior to evaluation.)

⁹ Previous Surgical Treatment of Bone or Joint Disorders: Such conditions are acceptable if symptoms have resolved and physical findings are within an acceptable range of function. Otherwise, a letter may be required from the treating physician clearing the applicant for performance of established job duties using the generic criteria, to the satisfaction of the Safety Department Medical Director. (Recent surgical treatments must be resolved prior to evaluation.)

¹⁰ Athletic Injury Syndromes: Athletic injury syndromes are acceptable if symptoms have resolved and physical findings are within an acceptable range of function. Otherwise, a letter is required from the treating physician clearing the applicant for performance of established job duties using the generic criteria, to the satisfaction of the Safety Department Medical Director. (Acute syndromes need to be resolved.)

7. Missing digits.
8. Low back pain, if chronic or recurrent.¹¹
9. Tendonitis/bursitis syndromes.

¹¹ For example, statement from a treating physician clears resolution of a low back injury. The entry-level medical evaluation discloses some abnormal physical findings related to low back pain and nerve root involvement (e.g., absent right Achilles reflex). Medical evaluation by a specialist in physical medicine and rehabilitation, neurology or orthopedics/neurosurgery would be required.

XVII. Immunologic, Infectious and Neoplastic Diseases

- A. The following conditions shall be cause for further individual evaluation:
1. Immunodeficiency states, acquired or hereditary.
- B. The following conditions, subject to the application of the generic criteria, may be cause for further individual evaluation:
1. Urticaria.
 2. Asthma.
 3. Allergic rhinitis (acceptable only if symptoms are not so severe that they have interfered with work performance in previous jobs).
 4. Infectious diseases, active.¹²
 5. Neoplastic diseases.¹³

¹² In general, infectious diseases must have documentation of resolution or satisfactory control to be considered as meeting standards. Examples are: (1) Recurrent herpes genitalis or labialis which are infrequent and mild in degree, and (2) non-specific urethritis with documented treatment and resolution.

¹³ Benign neoplastic disease is acceptable if the diagnosis is documented, no further treatment is indicated, and no complications have occurred. Examples of benign neoplastic disease requiring documentation and satisfactory application of generic criteria are thyroid nodules, spermatoceles, large lipomas, fibromas, significant lymphadenopathy, breast cysts or fibroadenomas. Malignant neoplastic disease is acceptable only if satisfactory treatment has effected a cure by accepted medical standards and treatment has been concluded at least one year prior to application. Examples of malignant neoplastic disease requiring such documentation by treating physician and satisfactory application of generic criteria are melanoma, early stage, with cure by wide excision; basal cell or squamous cell carcinomas of the skin; possible certain types of testicular cancer and cervical cancer.

XVIII. Laboratory Data

A. The following conditions shall be cause for further individual evaluation:

1. Any laboratory parameter significantly outside expected range, unless clarified with personal physician or consultant in a specialty relevant to the laboratory abnormality to the satisfaction of the Safety Department Medical Director. (14)
2. A positive drug screen test result, including Medical Director's determination. (15)
3. Abnormal lipid profile, including LDL, HDL and cholesterol.

(14) Blood and Urine Testing: Blood and urine testing is generally done to complement the history and physical examination. Where an isolated test result is slightly above the expected range and there are no clinical correlates suggesting disease by history and physical examination, this finding will be documented as such in the chart. No further evaluation will be necessary.

Follow-up of a possibly abnormal laboratory result may be done through the examiner's office (e.g., repeat urinalysis where the baseline urinalysis showed proteinuria but was done after the fitness test); through a personal physician's office (e.g., repeat urinalysis and culture as indicated when a baseline urinalysis revealed pyria and bacteriuria); or through a specialist's office.

Serum Triglyceride Levels: Though there is no medical qualification standard for serum triglyceride levels, those applicants whose serum triglycerides are elevated will be contacted and advised regarding the need for follow-up.

(15) Urine drug screen testing will be performed according to professionally acceptable standards and procedures recognized by the industry, for example, National Institute on Drug Abuse (NIDA) standards. An initial enzyme-linked immunoassay is performed and any positive results will be checked by gas chromatography/mass spectrophotometry. A review will be performed by the Medical Director.

26.

XIX. Inherited Disorders

A. The following conditions shall be cause for further individual evaluation:

1. Chromosomal abnormalities.
2. Sex chromosome anomalies.
3. Polyploidies/aneuploidies.

XX. Constitutional

A. The following conditions shall be cause for further individual evaluation:

1. Acute or chronic weight loss or gain unexplained by planned dietary or exercise modification.
2. Morbid obesity, defined as greater than 100 pounds above ideal body weight determined by Metropolitan Life Insurance tables (Appendix B.)
3. Recurrent or persistent fever.

B. The following conditions may be cause for medical deferment (Appendix B and C).

1. Fire fighter applicants in excess of 15 pounds above ideal body weight as determined by the Metropolitan Life Insurance tables (Appendix B).
2. Police applicants in excess of 15 pounds above ideal body weight (Appendix B), and whose body fat is greater than the 15th percentile for their age group (Appendix C).

XXI. Immunizations

A. The following history or immunizations are required:

1. Tetanus diphtheria (adult Td) or equivalent booster vaccine within 10 years.
2. History of measles (rubeola red measles, 7-10 day measles) disease or measles vaccine after 1967 and after first birthday if born after January 1, 1957. If born before 1957, no vaccine needed.
3. History of mumps disease or mumps vaccine if born after 1958 and immunized after 1 year or 12/67.
4. History of rubella (3-day or German measles) vaccine after 6/1/68 and 1 year of age or positive antibody titer to rubella virus if born after 1958.
5. History of a primary polio vaccine series (3/OPV or 4/IPV) and tetanus diphtheria vaccine series (3/DPT or Td).
6. History of measles, mumps, rubella if born before 1958.

B. The following history or immunizations are recommended, but not required:

1. Hepatitis B vaccine.

XXII. Psychiatric/Psychologic

A. The following conditions shall be cause for further individual evaluation, including psychiatric/psychologic evaluation:

1. Abnormal or suspected abnormal mental status exam.
2. Chronic pain syndromes.
3. Anxiety disorders.
4. Mood disorders.
5. Bipolar (manic depressive) illness.
6. Schizophrenia.
7. Major affective disorder.
8. Alcoholism, a current clinical diagnosis.
9. Drug abuse (prescription or illicit).
10. Personality disorders.
11. Chronic pain syndromes.
12. Chronic headaches.
13. Eating disorders.
14. Learning dysfunctions.
15. Family dysfunction syndromes.
16. Sexual dysfunction syndromes.

APPENDIX A
VISION STANDARDS

I. Visual Acuity

A. The following conditions shall be cause for further individual evaluation:

1. Uncorrected Visual Acuity for Applicants Needing No Visual Correction
 - a. Visual acuity, binocular, must be at least 20/30; 20/50 in the poorest eye.¹
2. Corrected Visual Acuity for Applicants Needing Visual Correction
 - a. Visual acuity must be corrected with contact lenses. The only acceptable correction will be a "soft" type of contact lens with a minimum diameter of 10mm. The corrected binocular visual acuity must be at least 20/30; 20/50 in the poorest eye.¹
 - b. Spectacle correction must be presented at the time of examination and must be carried on the person at all times while on duty.
3. Refractive Error
 - a. Any spectacle or contact lens prescription of a spherical equivalent greater than 5 diopters will be disqualifying.
4. Near Visual Acuity
 - a. The binocular near vision must correct to at least J_s at 14 inches.

¹ Visual Acuity meets Medical Standards where an applicant satisfies either #1 or #2. An applicant need not meet both standards.

5. Visual Field
 - a. Total binocular horizontal visual field must be at least 140°.
 - b. Total binocular vertical visual field must be at least 100°.
6. Depth perception
 - a. First grade fusion must be present.
 - b. Monocular depth perception must be normal
7. Phoria
 - a. Phoria measurement abnormalities shall be considered significant only to the extent that they result in a functional deficit as described elsewhere in the standards.
8. Color Perception
 - a. Deficient functional color perception related to requirements of essential job functions of fire fighters.
 - b. For police officers, *Fire officers*. deficiency in color perception of such a nature as to preclude prompt and accurate identification of the colors of standard traffic lights and normal objects, the final determination shall be made by the Board of Consultants after consultation with the Medical Director.

B. The following conditions, subject to the application of the generic criteria section, shall also be cause for further individual evaluation:

1. Visual aberrations such as double vision, ghost images, distortions, unstable visual acuity, changes in vision by day or night, asthenopia, impaired visual field, photophobia.
2. Correction of visual acuity by radial keratotomy surgery may not be acceptable. Final determination of acceptability shall be made by the Board of Consultants after consultation with the Medical Director.
3. Ocular Disease
 - a. A certified history and report of all problems, diseases, treatments, other than refractive errors shall be furnished.
 - b. Any abnormality suspected or detected will require referral and report from the appropriate specialist. The report, and if deemed necessary by the Medical Director, the individual, may be examined and reviewed by the Board of Consultants prior to final determination of suitability for service in the safety forces.

II. Eyes

A. The following conditions shall be cause for individual evaluation:

1. Lids

- a. Blepharitis, chronic, more than mild. Cases of acute blepharitis will be deferred until cured.
- b. Dacryocystitis, acute or chronic.
- c. Destruction of the lids, complete or extensive, sufficient to impair the eye from exposure.
- d. Disfiguring cicatrices and adhesions of the eyelids to each other or to the eyeball.
- e. Growth or tumor of the eyelid other than small, early basal cell tumors of the eyelid, which can be cured by treatment, and small non-progressive asymptomatic benign lesions.
- f. Marked inversion or eversion of the eyelids sufficient to cause unsightly appearance or watering of the eyes (entropion or ectropion).
- g. Lagophthalmos.
- h. Ptosis, interfering with vision.

2. Conjunctivae

- a. Conjunctivitis, chronic, including vernal catarrh and trachoma. Individuals with acute conjunctivitis are deferred until the condition is cured.
- b. Pterygium recurring after three operative procedures; pterygium encroaching on the cornea in excess of 3 millimeters or interfering with vision.

3. Cornea

- a. Dystrophy, corneal, of any type including keratoconus of any degree.
- b. Keratitis, acute or chronic.
- c. Ulcer, corneal; history of recurrent ulcers or corneal abrasions (including herpetic ulcers).
- d. Vascularization or opacification of the cornea from any cause which is progressive or reduces vision below the standards in the section on Visual Acuity.

4. Uveal Tract

- a. Inflammation of the uveal tract except healed traumatic choroiditis.

5. Retina

- a. Angiomatoses, phacomatosis, retinal cysts, and other congenito-hereditary conditions that impair visual function.
- b. Degenerations of the retina to include macular cysts, holes and other degenerations (hereditary or acquired degenerative changes) and other conditions affecting the macula. All types of pigmentary degenerations (primary and secondary).
- c. Detachment of the retina or history of surgery for same.
- d. Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coat's Disease, diabetic retinopathy, Kales' Disease, and retinitis proliferans).

6. Optic Nerve
 - a. Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.
 - b. Optic neuritis, neuroretinitis, or secondary optic atrophy resulting there from or documented history of attacks of retrobulbar.
 - c. Optic atrophy (primary or secondary).
 - d. Papilloedema.
7. Lens
 - a. Aphakia (unilateral or bilateral).
 - b. Dislocation, partial or complete, of a lens.
 - c. Opacities of the lens which interfere with vision or which are considered to be progressive.
8. Ocular Mobility
 - a. Diplopia, documented, constant or intermittent from any cause or any degree interfering with visual function (i.e., may suppress).
 - b. Diplopia, monocular, documented, interfering with visual function.
 - c. Nystagmus, with both eyes fixing, congenital or acquired.
 - d. Strabismus or 40 prism diopters or more, uncorrectable by lenses to less than 40 diopters.
 - e. Strabismus or any degree accompanied by documented diplopia.
 - f. Strabismus, surgery for the correction of, within the preceding 6 months.

B. The following conditions, subject to the application of the generic criteria, shall also be cause for further individual evaluation:

1. Abnormal conditions of the eye or visual fields due to diseases of the eye or visual fields due to disease of the central nervous system.
2. Absence of an eye.
3. Asthenopia, severe.
4. Exophthalmos, unilateral or bilateral.
5. Glaucoma, primary and secondary.
6. Hemianopia of any type.
7. Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies Syndrome.
8. Loss of visual fields due to organic disease.
9. Night blindness associated with objective disease of the eye. Verified congenital night blindness.
10. Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for performance of essential job functions.
11. Retained intra-ocular foreign body.
12. Tumors (also refer to Medical Standards on tumors and malignancies).
13. Any organic disease of the eye or adnexa not specified above, which threatens continuity of vision or impairment of visual function.

APPENDIX B
TABLE OF STANDARD WEIGHTS - INDOOR CLOTHING WITHOUT SHOES

HEIGHT	15-19 YEARS		20-24 YEARS		25-29 YEARS		30 YEARS & OVER	
	M	F	M	F	M	F	M	F
56" 4'8"		83 104 125		87 109 131		90 112 134		92 115 138
57" 4'9"		84 105 126		89 111 133		91 114 137		94 117 140
58" 4'10"		85 106 127		90 113 136		93 116 139		95 119 143
59" 4'11"	86 108 130	86 108 130	94 118 142	92 115 138	98 123 148	94 118 142	102 127 152	97 121 145
60" 5'	88 110 132	89 111 133	96 120 144	94 118 142	100 125 150	96 120 144	102 129 155	98 123 148
61" 5'1"	90 113 136	91 114 137	98 123 148	97 121 145	102 127 152	98 123 148	105 131 157	101 126 151
62" 5'2"	93 116 139	94 117 140	101 126 151	99 124 149	104 130 156	102 127 152	107 134 161	103 129 155
63" 5'3"	95 119 143	96 120 144	103 129 155	102 127 152	107 134 161	104 130 156	110 137 164	106 133 160
64" 5'4"	98 123 148	99 124 149	106 133 160	104 130 156	110 138 166	106 133 160	113 141 169	109 136 163
65" 5'5"	102 127 152	102 128 154	110 137 164	107 134 161	114 142 170	110 137 164	116 145 174	112 140 168
66" 5'6"	105 131 157	106 132 158	113 141 169	110 138 166	117 146 175	113 141 169	119 149 179	115 144 173
67" 5'7"	108 135 162	109 136 163	116 145 174	114 142 170	120 150 180	116 145 174	122 153 184	118 148 178
68" 5'8"	111 139 167	112 140 168	119 149 179	116 145 174	123 154 185	119 149 179	126 157 188	122 152 182
69" 5'9"	114 143 172	115 144 173	122 153 184	119 149 179	126 156 190	122 153 184	130 162 194	124 155 186
70" 5'10"	118 148 178	119 149 179	126 157 188	122 155 184	130 163 196	125 156 187	134 167 200	127 159 191
71" 5'11"	122 153 184	123 154 185	130 162 194	126 158 190	134 168 202	128 160 192	138 173 208	130 163 196
72" 6'	126 158 190	127 159 191	134 167 200	130 163 196	139 174 209	131 164 197	143 179 215	134 167 200
73" 6'1"	130 163 196	131 164 197	138 172 206	134 168 202	144 180 216	135 169 203	148 185 222	137 171 205
74" 6'2"	134 168 202	135 169 203	142 177 212	138 175 208	148 185 222	139 174 209	153 191 229	140 175 210
75" 6'3"	138 173 208		146 182 218		152 190 228		158 197 236	
76" 6'4"	142 178 214		150 187 224		156 195 234		162 203 244	
77" 6'5"	146 183 220		154 192 230		160 200 240		167 209 241	

66
34
14
29

APPENDIX C

BODY COMPOSITION
PERCENTILE BODY FAT

MALE

AGE

PERCENTILE	20 - 29	30 - 39	40 - 49	50 - 59
40	17.4	20.5	22.5	24.1
35	18.3	21.4	23.3	24.9
30	19.5	22.3	24.1	25.7
25	20.7	23.2	25.0	26.6
20	22.4	24.2	26.1	27.5
15	23.9	25.5	27.3	28.8

FEMALE

AGE

PERCENTILE	20 - 29	30 - 39	40 - 49	50 - 59
40	23.7	24.9	28.1	31.6
35	24.4	26.0	29.0	32.6
30	25.4	27.0	30.1	33.5
25	26.6	28.1	31.1	34.3
20	27.7	29.3	32.1	35.6
15	29.8	31.0	33.3	36.6