



NEW YORK STATE POLICE
TROOPER APPLICANT MEDICAL QUESTIONNAIRE

Name: Last First Middle Social Security #: (Last 4 digits) XXX-XX-

LIST EXPLANATIONS FOR THE FOLLOWING QUESTIONS ON REVERSE - INCLUDE DATES

- 1. Describe any physical defects, disabilities, defective vision, or abnormal hearing problems. Include whether or not you use glasses, contact lenses, or hearing aids, etc.
2. Have you experienced any illnesses, injuries, or operations? Yes No
3. Have you lost the use of any limbs or organs? Yes No
4. Have you been treated/counseled by a psychiatrist or psychologist? Yes No
5. Have you been treated/counseled for alcoholism or narcotic addiction? Yes No
6. Have you been confined in an institution for any reason? Yes No
7. Do you have any medical condition which will preclude you from participating in the physical training program at the State Police Academy? Yes No
8. Do you have any physical condition which could interfere with the safe and proper use of a handgun? Yes No
9. Are you currently taking any medication(s)? Yes No
10. Female Candidates: Are you pregnant? Yes No

Signature

Date

THIS FORM SHOULD BE COMPLETED AND BROUGHT WITH YOU AT THE TIME OF PROCESSING, BUT IT WILL ONLY BE RETAINED, IF YOU ARE OFFERED AND ACCEPT A CONDITIONAL LETTER OF APPOINTMENT.

