Appendix B

Office of Attorney General

Medical Forms

SUBJECT: **REQUIRED MEDICAL EXAMINATIONS**
PA OAG, CRIMINAL LAW DIVISION
SPECIAL OPERATIONS GROUP

Dear Doctor

The purpose of this medical examination is to obtain a medical clearance for the execution of high risk arrest and search warrants, surveillance, and other assignments as a Special Operations Group member In addition to traditional law enforcement activities, the examinee will be required to use personal protective equipment for protection from chemical, gas, and fire exposure

The personal protective equipment, work place, and environmental factors of concern are described below. Suggested guidelines for annual medical evaluation have been provided to your examining facility.

Protective Equipment - Will use goggles for eye protection, a full Nomex face mask, Nomex suit, Kevlar helmet, 100 lb Level III protective vest and carry additional ammunition and equipment May also be required to wear CN/CS gas mask (military issue), as well as, equipment for clandestine laboratory entry.

Type of Work - Includes pursuit, confrontation, control and arrest of suspects, which may involve strenuous physical activity, includes moderate to excessive exertion while wearing personal protective equipment with increased work of breathing, cardiovascular stress and heat load, includes responsibility for safety of others and responsiveness in rescue and emergency situations, includes a quarterly physical fitness test that consists of a 1.5 miles run, a 6 foot wall climb, a body transport, an agility run, and sit-ups, this will test the strength/short burst of energy output, ability to maneuver job related obstacles with minimal risk of injury (flexibility and coordination), ability to sustain required activities for extended periods of time (stamina and long term energy output), and overall physical conditioning Also includes enormous hours of shooting firearms and distraction devices in an outdoor/indoor environment

Work Setting - Work in uncontrolled, poorly ventilated makeshift laboratories with unidentified chemical processes in progress. Potential for fire, explosion, and chemical spills are likely Potential for exposure to organic solvents, inorganic acids, and alkalis, cyanides, other drug precursors, unknown chemicals, reactants and by-products of chemical reactions to include gases, and controlled substances in solution or powdered form Potential for contact with violent and armed suspects, as well as, subjects that have been exposed to contagious and transmittable diseases Includes work outdoors and indoors in extremes of seasonal environmental temperatures and humidity Prior acclimatization of hot environments is unlikely. Also includes climbing 16 foot ladders and unduly large series of steps in interior of buildings

If you find the individual cleared for performing the duties described above, and able to wear respiratory personal protective equipment in accordance with 29 CFR 1910.134, please sign and date the certification below and forward it with the results of your examination and related health screening reports to the Office of Attorney General

MEDICAL CERTIFICATION

I have examined_____on _____ and find the individual to be medically able to perform the duties described above without unusual medical risk or harm to the individual or others.

Physician's Signature· _____ Date _____

Physician's Printed Name:

_____

SUBJECT: **REQUIRED MEDICAL EXAMINATIONS**
PA OAG, CRIMINAL LAW DIVISION
(ENVIRONMENTAL CRIMES SECTION, CLANDESTINE LABORATORY UNIT)

Dear Doctor:

The purpose of this medical examination is to obtain a medical clearance for the below-listed individual to perform his/her duties as an Agent with the Pennsylvania Office of Attorney General, Criminal Law Division. In addition to traditional law enforcement activities, the examinee will be required to use personal protective equipment for protection from potential chemical and/or hazardous material exposure, including the evaluation of illegal drug-manufacturing laboratories

The personal protective equipment, work place and environmental factors of concern are described below. Suggested guidelines for the annual medical evaluation have been provided to your examining facility

Protective Equipment: Employee will use a twin cartridge full face mask, air purifying MSA respirator, (Level C), which weighs approximately 3 pounds, and/or a MSA (pressure demand, open circuit) self-contained breathing apparatus, (Level B), which weighs approximately 25 pounds with a full 30-minute fully-wound composite II cylinder, and will use neoprene boots, chemically resistant gloves and a chemically resistant suit of Tyvex or Saranex

The total number of times that either Level C or Level B protection is worn during the year varies, but an average would be between three (3) to five (5) times The average length of time used for each level also varies, but normally the protection would be worn about 30 minutes per occurrence The expected physical work effort required to do the job in the various levels of protection ranges from walking to using shovels to move ground. Temperature extremes can vary from near zero to the mid-90 degrees. Humidity, at times, can reach near 100%

Type of Work. Includes pursuit, confrontation, control and arrest of suspects which may involve strenuous physical activity, includes light to moderate to possibly heavy exertion while wearing the personal protective equipment described above which may increase breathing, cardiovascular stress and heat load, includes responsibility for the safety of others and responsiveness in rescue and emergency situations

Work Setting: Work can be in uncontrolled, poorly ventilated makeshift facilities/areas with unidentified chemical processes in progress Potential for fire, explosion and chemical spills are likely. The potential exists for, but is not limited to, exposure to organic solvents, inorganic material, acids and alkalis, cyanides, hydrocarbons, precursors, unknown chemicals and materials, reactants and by-products of chemical processes and reactions to include gases, and controlled substances in solution or powdered form. Includes work indoors and outdoors in extremes of seasonal environmental temperatures and humidity. Prior acclimatization to hot or cold environments is unlikely

If you find the individual cleared to wear respiratory personal protective equipment in accordance with 29 CFR 1910 134 and able to perform the duties described above, please sign and date the certification below and forward it with the results of your examination and related health screening reports to the Office of Attorney General

MEDICAL CERTIFICATION

I have examined _____ on _____ and find the individual to be medically able to perform the duties described above without unusual medical risk or harm to the individual or others

Physician's Signature _____ Date _____

Physician's Printed Name. _____

SUBJECT: **REQUIRED MEDICAL EXAMINATIONS**
PA OAG, CRIMINAL LAW DIVISION
(EVIDENCE CUSTODIANS)

Dear Doctor.

The purpose of this medical examination is to obtain a medical clearance for the below-listed individual to perform his/her duties as an Evidence Custodian with the Pennsylvania Office of Attorney General, Criminal Law Division

The work place and environmental factors of concern are described below Suggested guidelines for the annual medical evaluation have been provided to your examining facility.

Type of Work. In the course of official duties handles, packages, labels and stores controlled substances, drug paraphernalia, containers, firearms, ammunitions, knives, clothing, documents and other evidentiary items The investigator maintains the inventory of evidentiary items In addition, the investigator transports the subject items to and from a forensic laboratory and to a destruction facility The size and weight of the items varies. Suggested guidelines for the annual medical evaluation have been provided to your examining facility

Work Setting Maintains custody of the subject items in an interior evidence room that is ventilated The potential for exposure to controlled substances, drug paraphernalia, glassware, firearms, ammunition, sharp objects, unknown substances/chemicals in various solids, liquids, powder/granular, plants/leaves/seeds in various storage containers and packages that are capable of releasing vapors is present

If you find the individual cleared for performing the duties described above, please sign and date the certification below and forward it with the results of your examination and related health screening reports to the Office of Attorney General.

MEDICAL CERTIFICATION

I have examined _____ on _____ and find the individual to be medically able to perform the duties described above without unusual medical risk or harm to the individual or others

Physician's Signature _____ Date. _____

Physician's Printed Name _____