CALIFORNIA
COMMISSION ON PEACE OFFICER
STANDARDS AND TRAINING

MEDICAL DECISION MAKING IN LAW ENFORCEMENT: Establishing Guidelines for the Medical Screening of Patrol Officer Candidates

Final Report

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INTRODUCTION

Selecting qualified personnel is critical to the efficient operation of any law enforcement organization. Selecting applicants on the basis of merit and in a manner which is fair and non-discriminatory is also necessary to comply with the letter and spirit of fair employment legislation.

The need for merit-based employment has long been recognized by California law enforcement and was one of the founding principles of the Commission on Peace Officer Standards and Training. Since 1960, the Commission has worked diligently toward establishing appropriate and effective minimum screening standards for law enforcement personnel.

The decade beginning in 1964, with the passage of the Civil Rights Act, has been a period of substantial change in personnel practices. As a result of various new laws and the issuance of federal guidelines on employee selection, merit-based selection is not merely a "good idea," but a requirement which, if violated, can result in severe sanctions.

Therefore, in March of 1973, the POST Commission, consistent with its traditional leadership role, called for a reevaluation of its mandated and recommended patrol officer standards and selection practices to ensure compliance with the new requirements.

To assist California law enforcement, the Commission on Peace Officer Standards and Training approved funding of a selection study in June, 1973. The total budget for the study was in excess of $214,000 and consisted of the following six components:

Component "A"--Validation of Job-Related Selection Standards.

A review and evaluation of selection standards such as educational level, physical requirements, and other potentially disqualifying personal history and background factors used by law enforcement agencies in California to: (a) determine whether these procedures and standards are job-related and (b) recommend minimum standards of personal fitness and background, which should be required by law enforcement agencies.

Component "B"--Job Analysis for Promotional Examinations.

A job analysis of the positions of sergeant, lieutenant, and captain levels in California law enforcement agencies to serve as a basis for the preparation of a job-related promotional examination.

Component "C"--Development of a Content Valid Oral Interview for Entry-Level Peace Officers. An analysis of those job-related behaviors and characteristics which may be explored through the personal interview, development of a personal interview, development of personal interview standards and techniques, and preparation of a manual on employment interviewing of police officer candidates for distribution to law enforcement agencies in California.

Component "D"--Model Career Ladders and Job Restructuring Plans. A review of recruiting programs and job restructuring projects to provide guidance to local law enforcement concerning successful approaches to the development of model job restructuring and career ladder plans.

Component "E"--a. Developing a Job Knowledge Test; b. Identifying Operational Performance Criteria. The development of a comprehensive job knowledge test and a thorough analysis to determine the current policies used by raters of patrol officers in California law enforcement agencies to define what constitutes successful patrol officer job performance.

Component "F"--Validation of Physical Performance Test. The development of a physical agility examination to identify those patrol officer candidates who are able to meet the physical demands of the job.

After the successful completion of the above projects, two additional major projects were initiated by the Commission. On August 1, 1975, the Commission authorized staff to begin work designed to: (a) identify job-related medical disqualifiers as determined by a thorough medical examination, and (b) identify the legitimate areas of inquiry for the applicant background investigation.

POST has had a regulation concerning the medical examination since 1960. The current regulation requires that an applicant be examined by a licensed physician and must meet the requirements prescribed in POST Administrative Manual (PAM) Section C-2, regarding the physical examination. Section C-2 states, "The purpose of the physical examination is to select personnel who are physically sound and free from any physical defect, mental or emotional instability which might adversely affect his performance of duty." It goes on to require the examination by a licensed physician or surgeon within 60 days of hire and states that each applicant must supply the examining physician with a statement of his medical history, including past and present diseases, injuries or operations. It also requires that the hiring authority shall establish minimum standards for hearing, color vision, and visual acuity, and shall determine whether each candidate meets those standards.

Section C-2 also requires that the physician's findings be on appropriate forms and "shall note thereon, for evaluation of the appointing authority, any past or present physical defects, diseases, injuries, operations, or any evidence or indication of mental disease or emotional instability." Finally, the regulation requires the jurisdiction to retain the completed form.

Although the Commission on Peace Officer Standards and Training has had this long standing regulation, there has been a lack of definition as to what the medical examination should cover. The Commission, up to now, has not provided jurisdictions with a method of determining the job-relatedness of the disqualifiers discovered in the course of the medical examination.

In response to the present need, this project was undertaken to establish a process by which agencies could determine the job-relatedness of a wide range of medical disqualifiers. Using this process, a comprehensive list of common medical disqualifiers was evaluated in terms of job-relatedness.

MEDICAL DECISION MAKING

The patrol officer's job is physically very demanding. Although there are lengthy periods of relative inactivity, an officer must be constantly alert and continually prepared for instant bursts of activity requiring stamina, strength, and agility. Physical illnesses and disabilities which would not seriously hinder performance on less demanding jobs can cause serious problems for the patrol officer. Therefore, law enforcement agencies must screen patrol officer applicants with great care in order to avoid hiring those individuals with debilitating medical conditions and diseases.

The importance of medical screening is reflected in Section 1031(f) of the California Government Code which requires that a peace officer shall "...be found, after examination by a licensed physician and surgeon, to be free from any physical, emotional, or mental condition which might adversely affect his exercise of the power of a peace officer."

Despite this strict statute, there is a high incidence of cardiovascular and circulatory disease, ulcers, back disorders and other stress-associated disabilities among California peace officers. According to survey data, workers' compensation records, and questionnaire responses gathered in connection with this study, the number of claims for workers' compensation and the number of disability retirements have risen alarmingly in the past decade to the point where municipalities are finding it increasingly difficult to meet their financial responsibilities in these areas.

One solution might consist of simply making medical standards more stringent for patrol officer applicants. Section 1031(f) of the California Code does not preclude the adoption of additional or higher standards. This seems like a simple and obvious solution. However, there exists other laws which complicate the matter:

(a) Section 504 of the Rehabilitation Act of 1973 states, "no otherwise qualified handicapped individual in the United States, as defined in Section 7(6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Assistance."

(b) The California Fair Employment Practices Act was amended effective July 1, 1974, to prohibit discrimination in employment based on physical handicap.

These two laws prohibit employers from establishing medical standards which serve as employment barriers to those who can actually perform the job. Employers cannot set standards in the medical area which are unnecessarily high and bear no demonstrable relationship to the job. Employers are thus faced with a difficult dilemma. How can agencies set standards in order to satisfy the needs of law enforcement and, at the same time, avoid discriminating against handicapped individuals who are protected by fair employment legislation and who have a right to be considered for jobs for which they qualify? The answer lies in a concept called job-relatedness. Employers who wish to use a medical condition or disease as a disqualifying standard must demonstrate one of the following:

- A person who does not meet the standard would simply be unable to perform the job or would be unable to perform the job at the minimally acceptable level of proficiency.
- A person who does not meet the standard would be a safety hazard to him/herself or others on the job.
- Hiring the person who does not meet the standard would result in the employer having to make unreasonable alteration of the premises.
- Hiring a person who does not meet the standard would result in the employer incurring unreasonable costs or loss of efficiency.

When an employer is able to satisfactorily demonstrate that a certain medical standard is justified because of one or more of the above reasons, then the medical standard is said to be job-related.

It was the goal of this project to establish the job-relatedness of a full range of medical disqualifiers for the position of patrol officer (i.e., disqualifiers which bear a demonstrable relationship to the job and which do not discriminate against those handicapped individuals who are capable of performing the job). The result is a set of guidelines for use by California law enforcement in examining patrol officer applicants. (A complete list of project products and a project time chart appear in Appendix A.)

MEDICAL SCREENING

Definition of the Medical Examination

Screening of applicants on physical factors can involve a medical examination or tests of physical capacity, condition, fitness, and agility. For the purposes of this study, we must distinguish between the medical examination versus evaluations of physical capacity or proficiency.

The medical examination concerns the functioning of bodily organs and processes with the emphasis on determining malfunctions and/or the presence of disease. The emphasis is on the negative. The examination is made to determine conditions which would disqualify rather than qualify an applicant.

In contrast, a test of an applicant's physical condition assesses the capacity or aptitude for activity. A physical performance test measures the applicant's physical achievement or current ability to perform certain physical job activities.

The focus of this study is exclusively on the medical examination, as defined above, and not on physical capacity, conditioning, or proficiency. The reasons for this particular focus are as follows:

- Based on a survey of California jurisdictions, over 700 medical disqualifiers were being used to screen patrol officer candidates at the time the study began. (See Appendix B for the complete list.) Many jurisdictions have not thoroughly evaluated the job-relatedness of their disqualifiers. The existence of such a voluminous number of disqualifiers alone indicated that the topic warranted a separate, detailed study.

- There is considerable urgency to the matter of justifying medical disqualifiers in light of recent legislation regarding the employment rights of handicapped individuals. Jurisdictions have the immediate responsibility for eliminating discriminatory selection standards. To avoid doing so could prove extremely costly not only in terms of under-utilization of qualified handicapped candidates but also in terms of court-imposed sanctions.

- Jurisdictions must meet head-on the problem of excessive workers' compensation payments and the rising incidence of disability retirement. This must be done by evaluating all disqualifiers in terms of the demands of the job.

- In order to maximize the efficiency of a jurisdiction, care must be taken to identify those medical conditions, diseases, and symptoms which would interfere with the successful completion of the job.

- Every employee selection standard must be evaluated using an appropriate job-relatedness strategy. The strategy chosen for medical disqualifiers is one which involves expert judgment and is called "procedural job-relatedness."* It is not the same strategy which is appropriate for evaluating physical capacity, condition, and physical proficiency. Therefore, these topics should be the subject of separate, future projects.

One additional distinction must be made. A medical examination, depending on the purpose, can focus on three areas of physical well-being: anthropometric standards, sensory standards, and general health (Nationwide Research Center, 1974). Anthropometric and sensory (visual and auditory) standards are beyond the scope of this study. Rather, this study will concentrate on disease entities as they relate to job behavior and requirements.

Current Practice Regarding the Medical Examination

In keeping with Section 1031(f) of the California Government Code, all law enforcement agencies complying with POST standards must make the medical examination an integral part of their selection process. This is in contrast to the findings of the 1972 International Association of Chiefs of Police--Police Foundation (Eisenberg, Kent & Wall, 1972) national survey which found that 95% of the surveyed departments required medical examinations of male applicants, and only 64% required medical examinations of female applicants.

Therefore, California is somewhat ahead of the rest of the nation in requiring this most crucial screening technique. Unfortunately, however, a subsequent survey conducted by the Los Angeles County Sheriff's Department in 1973 indicated that little work has been done to tailor the medical examination specifically to the needs of law enforcement.

Conclusions Based Upon Statewide Mailout

As a part of the current study, each jurisdiction in the state of California was asked to submit a copy of its current medical standards and disqualifiers. The results are as follows:

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*For a full description and explanation of the strategy, see the POST publication, Procedural Job-Relatedness.

- A number of departments have a small number of fairly general medical standards. They then contract with private physicians to conduct the medical examinations and allow the physicians to use their knowledge of the patrol officer's job to make the pass-fail decisions. This practice causes obvious difficulties in terms of consistency of decisions from one physician to another. It also makes use of the questionable assumption that every examining physician has a thorough knowledge of the physical demands of the job, based on job analysis.

- A number of departments use a medical classification system developed by their personnel departments. Such systems generally describe four or five levels of physical fitness. All agency jobs are grouped into the appropriate categories depending on the level of fitness required by the job. In most systems, the top fitness category is required of all safety and sworn personnel.

  The fact that a system of four or five categories can be used to cover all of several hundred agency job classifications immediately calls into question the job-relatedness of the medical standards for each and every job.

  The noted difference between agencies concerning what constitutes top level physical fitness also indicates a problem, expecially when one considers the documented similarity in the patrol officer's job from one agency in the state to another.

  Some departments, especially some of the very large ones, have medical standards which were developed specifically for the job of law enforcement officer. Despite the aforementioned similarity of job requirements from agency to agency, the standards differ greatly in specificity and content. Some jurisdictions have broad, general guidelines for the examining physician requiring only two to three pages of text; others have a voluminous set of 300 to 400 specific medical disqualifiers. The appropriateness of the medical disqualifiers for the law enforcement officer position differs also. The disqualifiers for some agencies seem quite reasonable, while others seem overly strict and arbitrary including such things as baldness, any scar, "obscene" tatoos, and healed bone fractures. This lack of consistency across departments demonstrated the immediate need for the current study.

Conclusions Based Upon On-Site Visits

Based on visits by the project staff to several departments across the State, it was found that departments differ greatly in the way they make use of the results of the medical examination. Two basic policies are currently in effect:

- One policy consists of having the examining physician make the final decision about the physical qualifications of the applicant. In other words, the physician can independently disqualify an applicant from further consideration. This policy requires that the physicians make three separate determinations before disqualifying a candidate. It must be determined: (a) that the applicant definitely has a disease or medical condition, (b) that the condition or disease would adversely affect the applicant's ability in some specific way, and (c) that the incapacity would be a significant detriment to the particular required duties and activities of the patrol officer's job.

- The second policy places less responsibilities on the examining physician. According to this plan, the police agency or the personnel department makes the decision whether or not to disqualify an applicant on medical grounds. As with the above policy, the physician determines: (a) that the applicant has a condition or disease, and (b) that the condition or disease would adversely affect the applicant's abilities in some specific way. However, it is the responsibility of the personnel/police agency to determine whether the incapacity would be a significant detriment to the particular required duties and activities of the job.

There are advantages and disadvantages to both approaches. Regardless of the approach used, it would seem quite appropriate to have both medical experts and job experts involved in a decision regarding the job-relatedness of medical diseases and conditions. Therefore, one component of this study involved developing a recommended decision-making process* for making qualifying/disqualifying decisions based on medical information.

In conclusion, the current methods of gathering and using medical screening information are quite varied. The most effective screening procedure needs to be determined from the various alternative approaches.

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*This recommended process is described in the POST publication, Medical Decision-Making Handbook.

Concept of the Medical Examination as a Screening Device

The information concerning current practices presented above does not reflect negatively upon California police agencies and personnel departments. The physical fitness classification system used by many agencies is, in fact, the only specifically mentioned approach in the Guiding Principles of Medical Examination in Industry, published in 1972 by the American Medical Association. It seems that the state of the medical screening art in 1973 simply did not anticipate the rigor which would be required in the setting of medical standards by the passage of the Rehabilitation Act of 1973 and the amendments to the California Fair Employment Practices Act. These laws have brought about a tremendous emphasis on job-relatedness and job-relevance which must be taken into account in the design of any medical screening program.

Medical Screening and Job-Relatedness

Job-relatedness is described in the above mentioned American Medical Association Guiding Principles as follows:

> "Original examinations (also often called pre-employment or preplacement examinations) are made for the express purpose of determining and recording the physical condition of the prospective worker and assignment to a suitable job in which his disabilities, if any, will not affect his personal efficiency, safety, and health, nor the safety of others."

This statement of the ideal which makes it clear that each and every disqualifier (medical disease or condition) must be evaluated to determine whether its presence in an applicant will lead to reduced worker efficiency or will represent a safety or health hazard to the applicant or other individuals. In other words, each medical standard must be carefully weighed against a number of job-relevant criteria.

The Criteria of Job-Relevance

An exhaustive list of job-relevant criteria for evaluating medical standards was developed for this project based upon: (a) the wording of the California Fair Employment Practices Act, (b) a draft of Guidelines on the Hiring of the Handicapped currently being developed by the Technical Advisory Committee on Testing to the California Fair Employment Practices Commission, (c) the American Medical Association Guiding Principles, (d) a legal analysis of such criteria by a deputy attorney general from the California Attorney General's Office, and (e) a thorough analysis of the position of patrol officer completed under the auspices of the California Commission on Peace Officer Standards and Training. The criteria are as follows:

- Inability or difficulty in performing required job behaviors at an acceptable level of proficiency.

  (a) Inability to perform routine demands of the job such as riding in a car for extended periods or walking required distances.

  (b) Inability to perform the more strenuous demands of the job such as lifting, carrying, balancing, crawling, running, jumping, pushing, pulling, dragging, or climbing.

  (c) Difficulty in performing job activities or meeting job responsibilities due to such things as reduced reaction time, reduced physical flexibility, inability to adjust to required schedules for sleeping and eating, or inability to respond to inflexible work schedules.

- Probability of time loss, such as a tendency toward absenteeism, lack of punctuality, necessity for frequent scheduled or unscheduled breaks in work routine, or unreasonable amount of sick leave.

- Unreasonable and extraordinary accommodations, such as extensive training programs, significant job restructuring, serious scheduling changes, or expensive modificiation of premises or equipment.

- Safety hazard to self or others, such as would result from contagious diseases or conditions which cause sudden, unexpected incapacitation.

- Adverse reaction to environmental factors encountered on the job, such as the inability to work effectively in different types of climate (i.e., hot, cold, dry, humid), undue loss of effectiveness on slippery or uneven surfaces, or when working at heights.

- Probability that disability retirement will occur within an unacceptably short period of time, thus interfering with the efficiency of the department.

A medical disease or condition cannot become a medical disqualifier unless it bears a logical or demonstrable relationship to one or more of the criteria.

The proper concept of medical screening includes the fact that employers do not have the right to expect their employees to be perfect physical specimens. Instead, employers must make an effort to determine the required level of physical fitness which is needed to ensure adequate personal and organizational effectiveness. The current study represents such an effort.

The Medical Examination as One Component of an Occupational Health Program

The medical examination is only a small part of a well-rounded medical health program. (A comprehensive program is described in Scope, Objectives and Functions of Occupational Health Programs, published by the American Medical Association.) Other facets include periodic health appraisals, maintenance of a healthful work environment, diagnosis and treatment of both occupational and non-occupational injuries and diseases, physical fitness programs, and health education and counseling programs. It is hoped that this study might be a stimulus for law enforcement to develop more effective programs in all of these areas. Nevertheless, as a starting point, this study concentrates on the crucial first step in any occupational medical plan--the medical examination.

METHOD

This chapter describes all the project activities from the formation of the initial concept to the seminars which will be held to disseminate the results.

Job-Relatedness

One of the key concepts that has received great emphasis during this era of fair employment legislation is the concept of job-relatedness. Selection standards and practices which tend to adversely affect the employment opportunities of those individuals protected by fair employment legislation must bear a demonstrable relationship to the requirement of the job. Therefore, medical standards which tend to serve as employment barriers to the physically handicapped must be shown to be relevant to the job (i.e., related to one or more of the criteria of job-relevance listed in the preceding chapter).

The Equal Employment Opportunity Commission, the Department of Justice, the Department of Labor, the U.S. Civil Service Commission, and the California Fair Employment Practices Commission have issued guidelines which specify how an employer must go about establishing the job-relevance of selection standards. All five sets of guidelines agree that job-relatedness can be established using one of the following three procedures:

(1) Criterion-related validity should be used when one hypothesizes that a selection standard, such as a psychological test score, predicts performance on the job. The hypothesis is evaluated by statistically relating test scores with measures of job performance.

(2) Construct validity should be used when one determines that a particular level of a defined psychological construct (e.g., introversion-extroversion) is required by the job. The selection standard or practice must then be evaluated in terms of its effectiveness in measuring the necessary construct.

(3) Content validity should be used when one wishes to establish that the content of a selection technique (usually expressed in terms of job knowledge or job performance) is a representative sample of the content of the job. According to the Fair Employment Practices Commission, content validity is also appropriate "when an employment practice can be rationally justified."

An employer wishing to establish the job-relatedness of a selection standard must choose the most appropriate strategy from among the three possibilities.

To do a criterion-related validity study of certain medical conditions and diseases, one would have to hire applicants with those conditions and diseases to determine empirically how they would perform on the job. Obviously, it is not feasible to do this; nor is it necessary. Physicians do not usually have to talk in terms of the predictability of the behavioral consequences of diseases. In most cases, the consequences occur quite reliably and have been well substantiated and documented. Therefore, criterion-related validation must be rejected as being both inappropriate and unnecessary.

As already mentioned, construct validity is the appropriate strategy when an employer wishes to make use of a psychological construct. Medical conditions and diseases obviously are not psychological constructs: they are concrete and well-defined entities with specific behavioral implications. Construct validity must also be rejected as being inappropriate.

Content validity is most often used when the selection technique requires an applicant to demonstrate the possession of necessary job knowledge or skill. A person with a disqualifying medical disease, however, is rejected because of an inability to perform a required activity. The connection between a medical disease or condition and the job requirements is not based on applicant performance, but on rational judgments of experts who know the consequences of the disease. The California Fair Employment Practices Commission Guidelines on Employee Selection Procedures lists such rational justification as a subcategory of content validity. Therefore, rational justification was chosen as the appropriate strategy for establishing the job-relatedness of medical conditions.

Although the California Fair Employment Practices Commission does not propose a particular approach to rational justification, the requirements of one such approach were outlined in a recent technical report which was published by POST entitled, Procedural Job-Relatedness. The characteristics of this approach are as follows:

(a) The inference of job-relatedness is made by "job experts."

(b) Several job experts simultaneously, but independently, make judgments about the relatedness of selection information and job requirements.

(c) The importance placed on the experts' conclusions is based on the certainty which the experts have about the conclusions.

(d) The utility of the job experts' conclusions is based on the importance of the job requirement in question.

(e) The degree of certainty required of the experts depends, in part, on the tendency of a selection standard to produce adverse impact against those classes of applicants protected by fair employment legislation.

(f) The decision-making session is conducted under the guidance and direction of a "referee" who is completely familiar with the topics of fair employment, validation, and job-relatedness.

(g) The quality of work exhibited by employees who are selected using a particular set of selection standards is monitored in order to assess the effectiveness of the selection system.

Procedural job-relatedness was the strategy chosen to evaluate the job-relatedness of medical standards for the job of patrol officer.

Procedure

With this particular validity approach, the "validity" of the instrument is built into it by virtue of the procedures one uses to construct it. To develop job-related medical standards, the following steps have been completed.

Step 1: Project Design. The design of the project was developed in consultation with physicians. Three major decisions were made at that time which determined scope and content of the project:

(1) The subject matter for the study would be medical diseases rather than physical and behavioral symptoms. The implied symptoms would be enumerated after a disease is judged to be job-related.

(2) Medical diseases would be considered in a priority order. Diseases to be considered first would be those which have a high incidence in the applicant population and which have caused the most problems for law enforcement as determined by a letter of inquiry to each jurisdiction in the state. (It was determined through a mailout, described below, that law enforcement has critical needs in three major areas: cardiology, orthopedics, and gastroenterology. Comprehensive coverage of those three areas was accomplished before other areas were addressed.)

(3) Only those diseases would be evaluated which have a sufficient likelihood of occurring in the applicant population. Obviously, the total number of identified diseases is so voluminous that one could not hope to deal with more than a fraction of them.

Step 2: Program Evaluation Review Technique (PERT). After the design was finalized, a PERT chart was developed which listed all the project steps, outcomes, and dates. The chart appears in Appendix A.

Step 3: Information Gathering. This step consisted of three phases:

(1) A mailout was sent to all California jurisdictions and members of the National Association of State Directors of Law Enforcement Training (nationwide) requesting: (a) the department's medical questionnaire, (b) the physician's guide to the medical examination, (c) the list of currently utilized medical disqualifiers and standards, (d) any written justification for the use of disqualifiers and standards, and (e) a priority listing of the medical conditions about which the department was most concerned. A collation of this material resulted in a list of over 700 diseases, conditions and symptoms.

(2) A survey of the literature was conducted to determine what has been done in the area of validation of medical standards. In sum, it was found that no one has addressed the issue of the job-relatedness of medical standards with sufficient rigor to be of any assistance in the completion of this project.

(3) Five departments in California were visited by the project staff (Los Angeles City, Daly City, Concord, Sacramento, Los Angeles County). In each, interviews were conducted to determine: (a) how their medical standards were established, (b) how their medical examinations are administered, (c) how their medical examinations fit into the selection process, and (d) problems encountered in the administration of their medical screening programs. These data were used to verify that the project design was appropriate to the needs of law enforcement. No major changes in the original project design were indicated as a result of these visits.

Step 4: Compilation of Medical Diseases. A master list of all diseases which were listed as disqualifiers by jurisdictions in the State of California was compiled. The completed list contained over 700 entries. (The list appears in Appendix B.) The diseases were then categorized into 20 medical specialty areas as follows: allergy, cardiology, dentistry, dermatology, endocrinology, gastroenterology, surgery-general medicine, hematology/oncology, infectious and immunologic diseases, internal medicine, nephrology/urology, neurology/neurosurgery, nutrition, obstetrics and gynecology, ophthalmology, orthopedics/surgery, otorhinolaryngology, plastic surgery, physical medicine and rehabilitation, and pulmonary medicine/thoracic surgery.

Step 5: Assembling the Medical Decision-Making Panel. Based on the questionnaire results and input from the medical advisors, it was decided that the decision-making panel should be made up of physicians with special expertise in the following areas: cardiology, orthopedics, and gastroenterology. The choice was based primarily on the high incidence of heart disease, back and knee problems, and ulcers among current law enforcement personnel. In addition to the specific areas of expertise, the physicians needed to be licensed and currently practicing in their specialty area. Based on these requirements, three physicians were chosen whose credentials appear in Appendix C. When the physicians considered conditions outside their specific areas of expertise and when they felt the conditions required the input of a specialist, they requested the project staff to contract with such specialists. When this was done, the additional specialists provided information to the panel which always made the final decisions.

The decisions which the panel were being asked to make concerned the job-relatedness of medical diseases for the job of patrol officer. Therefore, it was mandatory that the panel include members who were familiar with the physical demands of the job. Two additional individuals were chosen to round out the panel. The first of the two was a currently active peace officer from a large department whose responsibility it is to ensure the physical fitness of recruits. The final panel member is employed by the personnel department of a large city. This person is involved in the assessment of the physical qualifications of police applicants and, as such, is well-versed in the physical demands of a patrol officer's job. The credentials of these two individuals appear in Appendix D. These five experts constituted the decision-making panel.

Step 6: Job Analysis. A crucial step in any job-relatedness strategy is the job analysis. The demands of the position must be determined before applicant qualifications can be established. At the inception of this project, it was decided that sufficient job-analytic data was available to preclude the necessity for additional job analysis data gathering. The existing data consisted of:

(a) A thorough study sponsored by the POST Commission on the job activities of a patrol officer. The study resulted in a list of 800 task statements which described job duties in the functional areas of administration, bailiff, civil, communications, community relations, detention, field services, identification, investigation, personnel, property and evidence, records and clerical, traffic, training, and warrants. The list was extremely thorough.

(b) The results of studies on the physical demands of the job by a number of cities and counties, such as San Jose, Los Angeles, Oakland, and San Francisco were compiled. The two job experts on the decision panel reviewed all the material to verify that each entry on the physical demands list was part of the patrol officer's job in their agencies.

Since both of the job experts were employed by large agencies, one might reasonably inquire whether the results of this study would be appropriate for medium or small agencies. The answer is that every agency should do its own job analysis before applying the results of this study. A medical disqualifier becomes a disqualifier if it is judged to be significantly related to one or more specified job criteria. If a job analysis demonstrates that a specified job criterion is appropriate to an agency, then the disqualifier identified in this study may be used. If the job criterion does not apply, the disqualifier cannot be used unless justified in some other way. Because of the similarity of police work across different agencies, it is probable that most agencies will have similar standards. Nevertheless, each agency must justify its own standards based on local requirements.

Step 7: Medical Training and Test Meeting and Revision of the Process. The panel members were assembled in a preliminary meeting to receive training in all aspects of procedural job-relatedness. The topics covered included fair employment laws, validation of selection instruments, requirements of the patrol officer's job, and the characteristics of procedural job-relatedness.

After the training portion of the meeting, an initial design for the decision-making process was tested. Decision-makers listed and further defined disease entities, considered the requirements of the job, decided under what conditions the disease would be disqualifying and provided the reason (i.e., in terms of which job criterion would be affected and how it would be affected). Appropriate changes in the process were made as indicated. The final decision-making process is described below.

Step 8: Classification of Medical Conditions. In order to organize the results into a meaningful format and to proceed in a systematic fashion, all medical conditions were reclassified into one of the following categories:

(1) Integumentary System
(2) Head, Larynx, Neck, Nose, Oral Cavity, Paranasal Sinuses, and Pharynx
(3) Chest Wall and Respiratory System
(4) Cardiovascular System
(5) Gastrointestinal System
(6) Genitourinary System
(7) Musculoskeletal System
(8) Nervous Sytem and Organs of Special Sense
(9) Endocrine and Metabolic Disorders
(10) Hematopoietic System
(11) Other Medical Conditions

A full list of conditions was developed for each category based upon the original list of 700 conditions, and any additional conditions which the participating physicians felt should be added.

Step 9: Meeting Preparation. Four three-day meetings were scheduled to discuss the conditions which met the criteria for inclusion in the project. For each meeting, one physician was assigned the task of enumerating and ordering the conditions which would be discussed at that meeting. The proposed list was then sent to the other two physicians for their review. Finally, the project staff listed the conditions on the "Decision Response Form," which will be discussed in the next section.

Step 10: Decision-Making Meetings. The meetings were attended by the five decision-makers and the project staff. On the morning of the first of three days, the project director set the ground rules for the decision-making process. In order to satisfy the requirements of procedural job-relatedness, it was necessary that the process be carried out in a predetermined and very formal way. Each medical condition was evaluated using the same procedure as follows:

(a) The decision-makers were presented with the Medical Examination Project-Decision Response Booklet. The booklet contained the job analysis information (which the decision-makers had already reviewed), the definitions of the decision criteria, the list of medical conditions which would be the topic of the meeting, and a set of response forms.

(b) The meeting referee announced the first condition to be discussed. The first task of the physicians was to make sure that the phraseology and spelling of the conditions were correct, and whether additions or changes should be made. The final statement of the condition was written on the Medical Examination Project-Decision Response Form, which appears in Table 1.

(c) When the physicians were satisfied that the statement of the condition was in a proper form, they explained to the non-physicians at the meeting the nature of the disease or condition and the behavioral consequences.

(d) One important factor to be considered when conducting a procedural job-relatedness study is the potential adverse impact against protected classes which would result from the use of a selection standard. For conditions which have adverse impact, the decision-makers must possess a high degree of certainty concerning when the condition is disqualifying. Therefore, the physicians indicated whether a condition would have adverse impact and against which classes of protected individuals.

(e) The next issue was job-relatedness. The physicians were given several minutes to consider their answer. Preparatory to the discussion, each physician filled out the "Qualifying Statements-Related or Additional Circumstances" portion of the Decision Response Form. They stated whether the disease was job-related and under what conditions it was disqualifying (e.g., at what degree of severity or when accompanied by other complicating factors).

(f) Having made the decision, each physician wrote his "Rationale for the Decision." They were asked to justify their decision by stating how the disease would adversely affect performance on a job behavior or criterion.

Table 1

MEDICAL EXAMINATION PROJECT DECISION RESPONSE FORM	State of California — Department of Justice COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 7100 Bowling Drive, Sacramento, CA 95823

Medical Condition or Disease	Qualifying Statements - Related or Additional Circumstances	Rationale for Decision: Job Behavior or Criterion Affected

TF-43 (1/76)

(g) Another requirement of procedural job-relatedness is consensus among the decision-makers. Discussion was held to achieve the consensus and when it was reached, the project secretary recorded the agreed-upon qualifying statements and the rationale for the decision.

(h) This was not the end of the decision-making process. No final decision could be made without the concurrence of the two job experts. Based on their knowledge of the job, they were in a position to evaluate the rationale for the decision. For example, if the job experts decided that the stated behavioral consequence of a disease did not have important implications for the job, they could veto the job-relatedness decision. If such a veto did occur, full panel discussion would begin again until all five panel members were in agreement. Such agreement constituted a final decision.

(i) The role of the referee is very important in procedural job-relatedness. Throughout the procedure, the staff person who was assigned the position of referee monitored the discussion to ensure that the formal procedure was adhered to and that the rationales for the decision were based solely on the relevant job criteria.

(j) Each condition within each category was treated in this manner until a decision had been reached concerning over 700 conditions in the eleven categories.

Step 11: Summary of Meeting Results. After each meeting, the project staff summarized the results in a standardized manner as per the following example:

Condition:	Dupuytren's Contracture
Disposition:	Disqualifying
Rationale:	Condition would interfere with function of hand in grasping and hooking, which would interfere with firearm operation and controlling suspects.

The meeting summaries were sent to each panel member for review. Any comments or concerns expressed by any panel member were resolved at a subsequent meeting.

Step 12: Review Process. After the final meeting, the results were incorporated into the Medical Screening Manual for California Law Enforcement (Appendix E). The Manual discusses medical screening in general, instructions on the use of the Manual, and the comprehensive list of medical conditions discussed in the course of the project.

The Manual was first subjected to a thorough review by the project staff and panel members. Next, the entire POST professional staff was asked for comments, suggestions, and any necessary corrections. Finally, the Manual was presented to the POST Commissioners who, in turn, submitted it to their law enforcement personnel and medical staffs for review. Comments were forwarded to the project staff and the necessary changes were incorporated into a final draft of the Medical Manual.

This final draft was subsequently given approval by the POST Commission on January 20, 1977.

Through these procedures the job-relatedness of a wide range of medical conditions was evaluated. The results should have applicability to entry-level law enforcement positions for most agencies in the state. Nevertheless, since the entry-level position may differ somewhat in each agency, each condition in the Manual should be reviewed by an agency wishing to use the Manual to determine whether the stated "rationale" for the condition is appropriate to the local job content.

RESULTS

The results of this project consist of four products which have been sent to every California law enforcement agency which is participating in the POST program.

Medical Screening Manual

The Manual appears in Apendix E. It was designed to be a guide to local agencies in the establishment of sound medical screening practices and job-related medical disqualifiers.

The disqualifiers in the Manual appear as recommendations and are not POST mandated standards. The project results do not preclude an agency from establishing stricter or more lenient levels of disqualification. Nevertheless, the process which was utilized can serve as a useful guide to agencies wishing to establish their own standards.

Medical History Statement

To further assist agencies in conducting the medical screening, POST has developed a revised Medical History Statement. It appears in Appendix A of the Manual. It is essentially a questionnaire which was designed to generate information relevant to an applicant's medical fitness for the entry-level law enforcement officer position.

Medical Examination Report

Any medical disqualification of an applicant must be well documented. Challenges and appeals to the decision will inevitably occur, and agencies must be prepared to provide reasons for the disqualification. Therefore, the medical examination data should be reliably recorded and maintained. To facilitate this process, POST has developed the Medical Examination Report, which appears in Appendix B of the manual. This form was also prepared in such a way as to focus in on those areas of medical fitness which are related to the job of peace officer.

Medical Decision-Making Handbook

As previously stated, nothing in this Manual precludes an agency from setting stricter or more lenient standards. In addition, agencies will be called upon to make employment decisions concerning applicants who have conditions which are not listed in the Manual. Therefore, it is important that each agency have a decision-making capability regarding medical standards and disqualifiers. POST has proposed a decision-making strategy in the

Medical Decision-Making Handbook, which appears in Appendix C of the Manual. The Handbook describes recommended steps which agencies may use to make informed, job-related medical screening decisions.

Conclusions

The Commission on POST is committed to providing assistance to California law enforcement agencies in accomplishing the important goals of merit and fair employment. The products mentioned in this report are consistent with the Commission's basic approach of establishing screening practices and procedures which can be used by agencies in complying with entry-level standards.

POST has already done a substantial part of the job by:

(a) listing the common diseases in the applicant population and those which are of concern to law enforcement;

(b) providing recommendations concerning which diseases should be disqualifying and when; and

(c) providing recommended medical history and examiner report forms.

The remaining burden rests upon local agencies to apply these products to their agencies in such a way as to reflect local conditions and job content.

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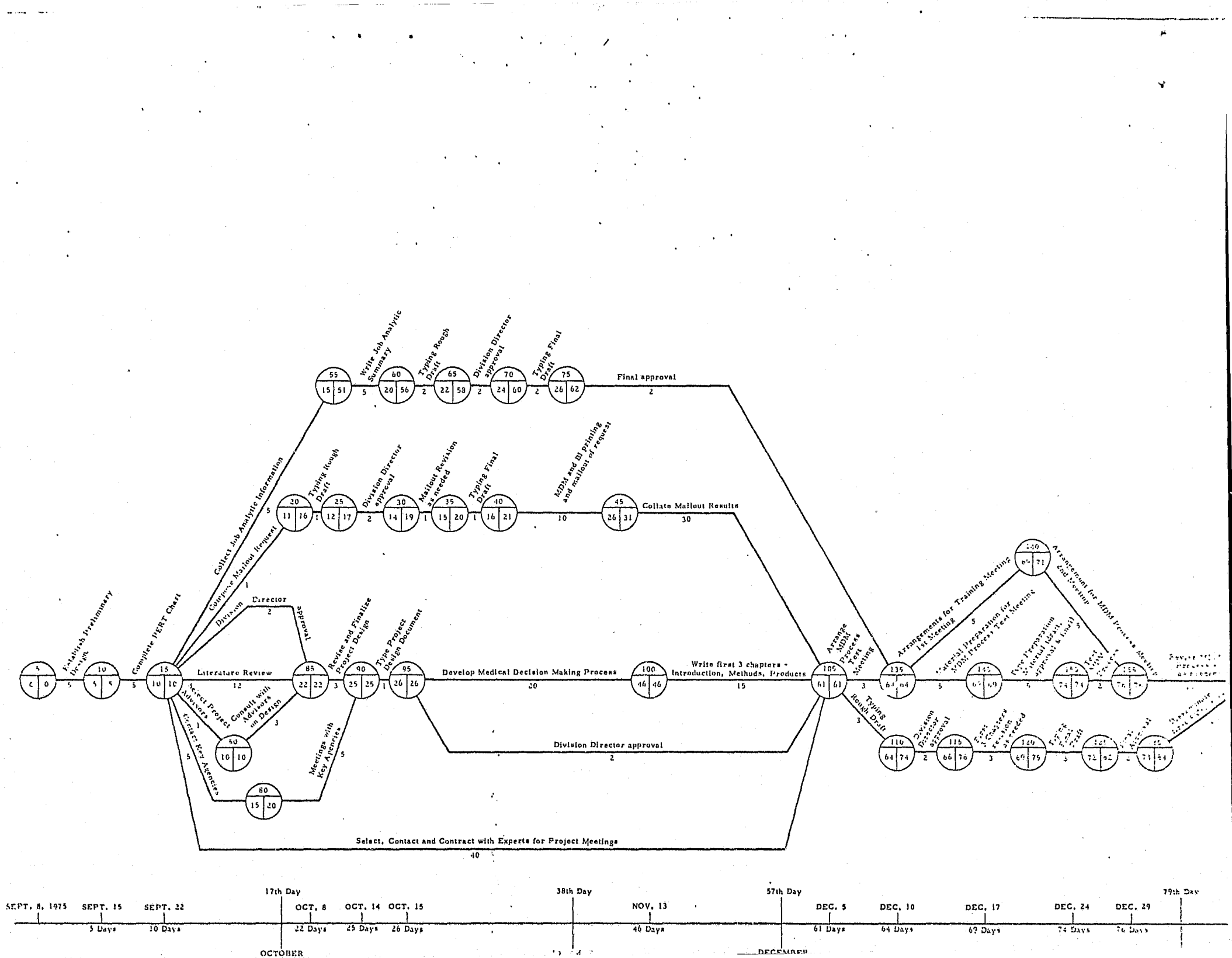
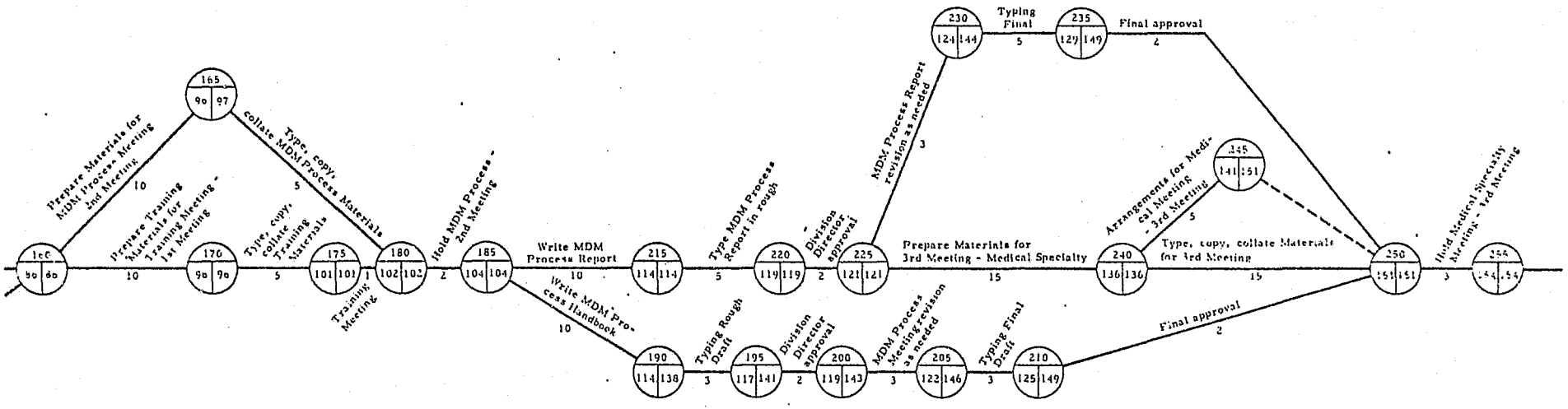
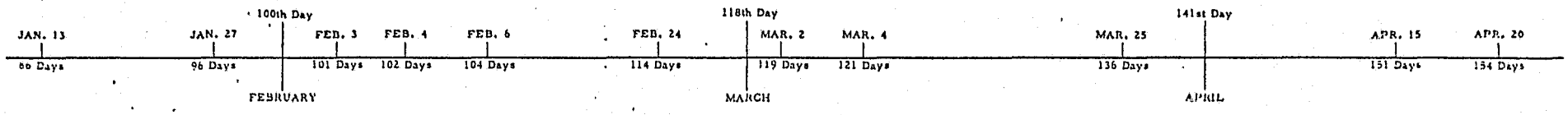
APPENDIX A

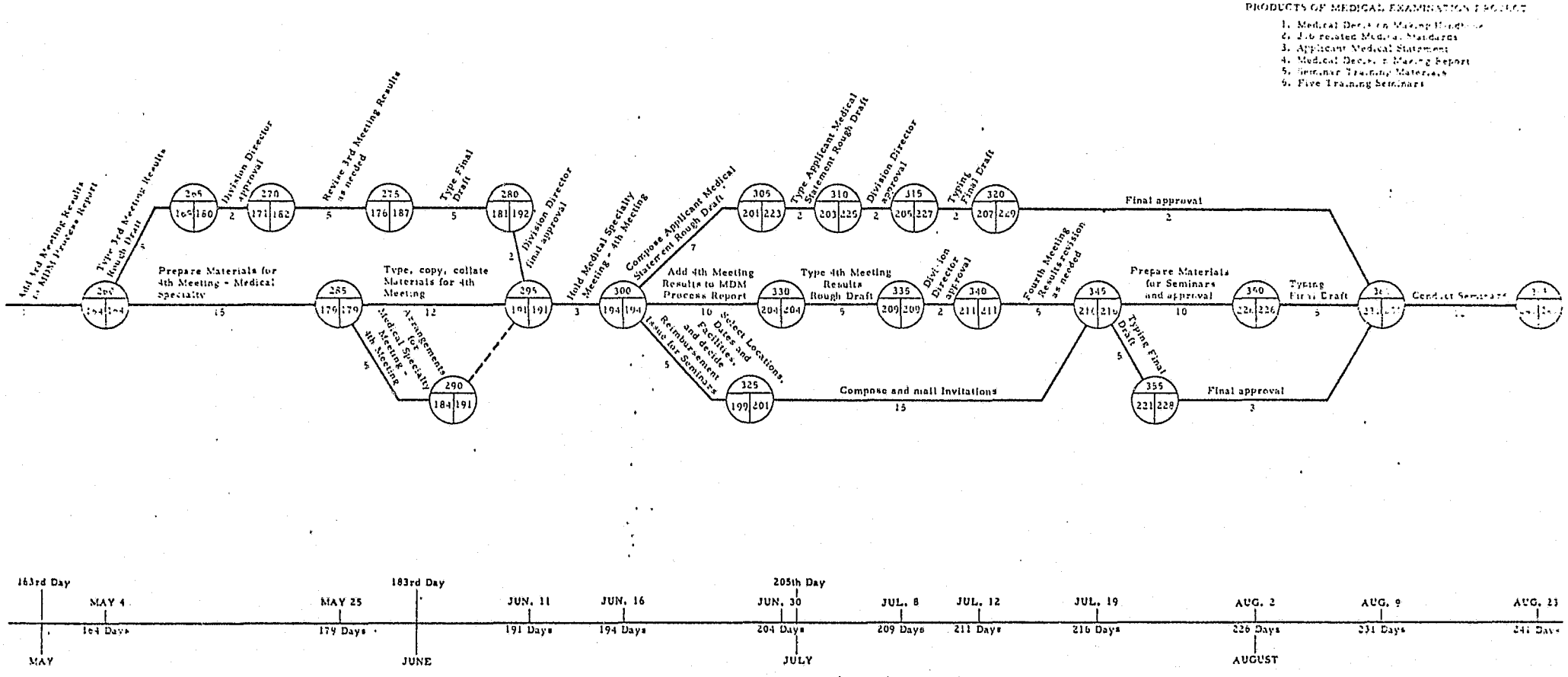
PERT CHART


Establish Preliminary Design
Complete PERT Chart
Collect Job Analytic Information
Write Job Analytic Summary
Typing Rough Draft
Division Director approval
Typing Final Draft
Final approval
Compose Mailout Request
Division Director approval
Typing Rough Draft
Division Director approval
Mailout Revision as needed
Typing Final Draft
MDM and BI printing and mailout of request
Collate Mailout Results
Literature Review
Revise and Finalize Project Design
Type Project Design Document
Develop Medical Decision Making Process
Write first 3 chapters - Introduction, Methods, Products
Arrange MDM Process Test Meeting
Arrangements for Training Meeting
Arrangements for 2nd Meeting
Material Preparation for MDM Process Test Meeting
Select Project Advisors
Contact Key Agencies
Consult with Advisors on Design
Meetings with Key Agencies
Division Director approval
Typing Rough Draft
Division Director approval
Select, Contact and Contract with Experts for Project Meetings
SEPT. 8, 1975
SEPT. 15
SEPT. 22
17th Day
OCT. 8
OCT. 14
OCT. 15
38th Day
NOV. 13
57th Day
DEC. 5
DEC. 10
DEC. 17
DEC. 24
DEC. 29
79th Day
5 Days
10 Days
22 Days
25 Days
26 Days
46 Days
61 Days
64 Days
69 Days
74 Days
76 Days
OCTOBER
DECEMBER

Medical Examination Project






PRODUCTS OF MEDICAL EXAMINATION PROJECT
1. Medical Decis on Making Handbook
2. Job related Medical Standards
3. Applicant Medical Statement
4. Medical Decision Making Report
5. Seminar Training Materials
6. Five Training Seminars
Add 3rd Meeting Results to MDM Process Report
Type 3rd Meeting Results Rough Draft
5
Division Director approval
2
Revise 3rd Meeting Results as needed
5
Type Final Draft
5
Division Director final approval
2
Prepare Materials for 4th Meeting - Medical specialty
15
Type, copy, collate Materials for 4th Meeting
12
Arrangements for Medical Specialty Meeting - 4th Meeting
5
Hold Medical Specialty Meeting - 4th Meeting
3
Compose Applicant Medical Statement Rough Draft
7
Add 4th Meeting Results to MDM Process Report
10
Select Locations, Dates and Facilities, and decide Reimbursement Issue for Seminars
5
Type Applicant Medical Statement Rough Draft
2
Division Director approval
2
Typing Final Draft
2
Type 4th Meeting Results Rough Draft
5
Division Director approval
2
Compose and mail Invitations
15
Final approval
2
Fourth Meeting Results revision as needed
5
Prepare Materials for Seminars and approval
10
Typing Final Draft
5
Typing Final Draft
5
Final approval
3
Conduct Seminars
163rd Day
MAY 4
164 Days
MAY
179 Days
MAY 25
183rd Day
JUNE
191 Days
JUN. 11
194 Days
JUN. 16
205th Day
JUN. 30
204 Days
JULY
209 Days
JUL. 8
211 Days
JUL. 12
216 Days
JUL. 19
226 Days
AUG. 2
AUGUST
234 Days
AUG. 9
241 Days
AUG. 23

APPENDIX B

LIST OF 700 MEDICAL DISQUALIFIERS

Allergy

Allergic dermatitis
Angioneurotic edema
Asthma, cardiac, bronchical
Chronic rhinitis (catarrh)
Food intolerance
Hay fever
Neurodermatitis
Urticaria

Cardiology

Aneurism
Angina pectoris of cardiac origin
Arteriosclerosis, generalized
Arteritis
Ascites
Buerger's disease (thromboangiitis obliterans)
Bundle branch block, left, right
Cardiomegaly
Circulatory deficiencies of the extremities (upper and lower)
Congenital heart disease or deformity, including great vessels
Coronary artery disease
Coronary occlusion
Dyspnea
Dysrhythmias
Endocarditis
Heart failure
Hypertension
Hypotension
Murmurs, organic, functional
Myocarditis
Orthostatic hypotension or tachycardia
Periarteritis nodosa
Pericarditis
Pulse rate, over 90 five minutes after exercise; slower than 50 per minute
Raynaud's disease
Rheumatic fever
Scleroderma
CVA, history of
Thrombophlebitis
Tuberculosis
Valvular disease of the heart
Vascular tumors

Dentistry

Dental insufficiencies
Gingivitis, acute, chronic
Jaw, disease of
Mandible, recurring dislocation of
Mandible and maxilla, , relationship between, of such nature as to preclude satisfactory prosthodontic replacement should it become necessary to remove any or all of the remaining natural teeth
Molar teeth, must be at least two molar teeth to each jaw on each side, these teeth in good apposition for proper mastication
Offensive breath (very)
Prosthodontic appliances, lower applicance which is not retained or adequately stabilized by sufficient serviceable natural teeth
Pyorrhea alveolaris
Teeth, anterior, grossly disfiguring spacing of
Vincent's angina (trench mouth)

Dermatology

Acne, vulgaris, rosacea
Albinism vitiligo
Alopecia
Athlete's foot
Atopic dermatitis

Dermatology, cont.

Blastomycosis
Bromidrosis, more than mild
Burns, scars, contractures, and skin grafts where job requirement may aggravate or they will interfere with performance of duties
Calluses and corns
Cancer
Cold injury, residuals of frostbite chilblain, immersion foot, or trench foot, such as deep seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit
Dermatitis
Dermatitis herpetiformis and factitia
Eczema
Exfoliating dermatitis
Furunculosis
Ichthyosis
Impetigo
Keratosis, non-ulcerating or ulcerating
Lichen planus
Lupus erythematosis (acute, subacute or chronic) or any other dermatosis aggravated by sunlight
Mycotic disease
Nevi
Neurodermatitis
Psoriasis
Radiodermatitis
Sarcoidosis
Scleroderma
Seborrheic dermatitis
Skin, any chronic disorder of, a degree or nature which requires outpatient treatment or hospitalization, or precludes satisfactory performance
Skin, vascular tumors of, if extensive, unsightly, or exposed to constant irritation
Skin infections, active
Skin, cysts and tumors of, which interfere with work
Sycosis
Tinea
Ulcerations
Urticaria
Vitiligo, or other skin disorders which are disfiguring or unsightly
Warts, plantar, if disabling

Endocrinology

Acromegaly
Addison's disease
Adenomatous goiter
Alopecia
Atrophy (testicular)
Branchial cleft cysts
Colloidal goiter
Cretinism
Cushing's syndrome
Diabetes insipidus
Diabetes mellitus
Elephantiasis
Exophtalmic goiter
Glycosuria, persistant, regardless of cause
Hermaphroditism
Hyperinsulinism
Hypoglycemia
Hypothroidism
Infantile genital organs
Lymphangitis
Lymphomata, malignant
Metabolic disorders (inborn)
Myxedema
Orchitis
Parathyroid abnormality
Pituitary disfunction
Simmond's disease
Thyroglossal duct, cyst of
Thyroid (enlargement, toxic)
Thyroidectomy
Thyroidectomy, for malignancy

Gastroenterology

Amebiasis
Blood in feces
Chronic stomach problems
Colitis, ulcerative
Colostomy
Diarrhea, chronic
Diastasis recti, when slight and asymptomatic
Digestive disease, chronic
Dilation of the esophagus
Diverticulae, with symptomotology, such as abdominal pains, bleeding, vomiting, or symptoms of obstruction
Diverticulitis
Diverticulosis
Engorgement of the superficial abdominal vessels
Esophageal lesions
Fecal incontinence
Fissue of anus
Fistula of viscera
Gastric resection
Gastric uler
Gastroenterostomy
Gastrostomy
Hernia, potential, actual or repaired
Intestinal diseases
Ileitis
Intestinal adhesions
Intestinal parasites
Intestinal obstruction, history of
Polycystic disease of viscera
Proctitis
Pruritis ani
Rectocele
Resection (also partial) of, gastric
Sinus tracts, ischiorectal abscess
Stomatitis
Stricture (esophagus)
Ulcerations of GI tract

Surgery--General Medicine

Abdominal surgery
Abscesses, acute, boils
Actinomycosis
Adhesions
Agenesis, severe, or severe traumatic deformity, unilateral or bilateral
Appendectomy
Bacterial, fungal, and viral infections
Blastomycosis
Burns, scars, contractures, and skin grafts where job requirement may aggravate or they will interfere with performance of duties
Chronic metallic poisoning
Cleanliness (lack of)
Cold injury, residuals of (frostbite, chilblain, immersion foot, or trench foot)
Colostomy
Dermatomyositis
Edema
Fibrositis
Gout
Gummata, of muscle, bone, or viscera
Gynecomastia
Headache, frequent, severe or disabling
Heat pyrexia
Hemorrhoids
Hepatitis, within the preceeding 12 months
Hernia, potential, actual or repaired
Hernia, history of operation for within the preceeding 60 days
Hypertension, any evidence of
Ingrowing toenails
Intermittent claudication
Leukocytosis
Leukoplakia
Ligament surgery
Lobectomy, pulmonary
Lymphangitis
Malaria
Metastatic diseases
Muscular atrophy, progressive
Muscular dystrophy

Surgery--General Medicine, cont.

Nonspastic contraction of the neck muscles, or cicatricial contracture of the neck, to the extent that it interferes with the wearing of a uniform, or is so disfiguring as to make the individual objectionalbe in common social relationships
Paresis or significant atrophy
Pemphigus
Poliomyelitis, post, with residual muscular weakness
Protozoa, acute
Ranula (tongue)
Skin infections, active
Sprue, topical, non-tropical
Stomatitis
Syphilis
Systemic diseases, and miscellaneous medical conditions and defects which interfere with the daily participation in a rigorous physical training or athletic program, with the wearing of equipment, or which detract from a smart bearing or appearance
Thyroglossal duct cyst
Thyroidectomy, for malignancy
Upper extremities, any anomaly or limitation of motion which would preclude satisfactory performance of duty
Varicose veins
Vertigo
Vincent's angina (trench mouth)
Wounds, severe, unhealed

Hematology/Oncology

Anemia, primary, pernicious or aplastic
Anoxia, in lower extremities
Benign tumors
Brain tumor
Cancer
Dyscrasias of blood
Hemoglobin and hematrocrit, abnormal, below 11 gms. or a hematocrit of less than 37%
Hemolytic jaundice
Hemophilia
Hemorrhagic states, due to changes in coagulation system, due to platelet deficiency, due to vascular instability
Hodgkin's disease
Hypersplenism (hemolytic jaundice, thrombopenic purpura, splenic neutropenia, splenic panhematodytopenia) except congenital microspherocytic anemia which has undergone successful splenectomy
Inadequate blood supply to any limb
Leukemia
Leukocytosis
Leukopenia
Lymphadenopathy
Lymphangitis
Megakaryocytic myelosis
Metastatic diseases
Myelofibrosis, megakaryocytic myelosis
Myelophthisic anemia
Myeloproliferative disease (other than leukemia)
Polycythemia vera
Raynaud's disease
Sickle cell trait
Sickle cell disease
Splenic neutropenia
Splenic panhematocytopenia
Thrombocytopenic purpura
Thrombocytosis
Thromboembolic disease, except for acute, non-recurrent conditions
Tumors
Vascular tumors

Infectious/Immunologic Diseases

Bacterial, fungal, and viral infections
Bronchitis
All communicable diseases
Gonococcus infections
Leprosy
Leukocytosis

Infectious/Immunologic Diseases, cont.

Malaria
Poliomyelitis, post, with residual muscular weakness
Pott's disease
Protozoa, acute
Salmonella
Scabies
Sprue, tropical, non-tropical
Syphilis
Trypanosomiasis
Tuberculosis

Internal Medicine

Angina pectoris, of cardiac origin
Arthritis, acute or symptomatic of all types
Blood in feces
Burns, scars, contractures, and skin grafts
Cancer
Cerebellar and Friedrich's ataxia
Cholecystitis, with or without cholelithiasis
Chronic liver disease
Circulatory grafts and insertion of prosthetics into the vascular system
Coccidioidomycosis, progressive
Dermatomyositis
Glycosuria, persistent, regardless of cause
Granulomatous diseases, either active or healed
Gummata, of muscle, bone, or viscera
Hepatitis, within the preceding 12 months
Hodgkin's disease
Hyperlipidemia (cholesterol, phospholipids and triglycerides)
Hypersplenism (hemolytic jaundice, thrombopenic purpura, splenic, neutropenia, splenic panhematocytopenia) except congenital microspherocytic anemia which has undergone successful splenectomy
Hypertrophic tongue
Hypotension
Ischiorectal abcess
Jaundice
Liver disease
Lymphangitis
Lymphomata
Lupus erythematosis disseminata
Metastatic bone tumor, any malignant bone tumor
Muscles, significant atrophy and/or weakness of, compared with the opposite member
Mycosis fungoides: mycotic disease
Myelofibrosis, megakaryocytic myelosis
Myeloproliferative disease (other than leukemia)
Myositis
Myotonia congenita, confirmed
Neurosyphilis, in any form
Non-traumatic splenectomy
Pancreatic cysts
Pancreatitis, acute, chronic, recurrent
Periarteritis nodosa
Pericarditis
Poliomyelitis, post, with residual muscular weakness
Sarcoidosis, sarcoid active, or sarcoid of undetermined activity
Scleroderma
CVA (stroke, history of)
Syncope (fainting)
Thromboembolic disease, except for acute, non-recurrent conditions
Torticollis
Tuberculosis
Varicose veins
Visceroptosis
Venereal disease, lues, gonorrhea, LGV, chancroid, GI, herpes simplex type II

Mental Health

Drug addiction
Alcoholism

Nephrology/Urology

Albumin in urine
Bladder, tumor of
Cystinuria
Cystocele
Enuresis
Epididymitis
Epispadias
Fistula, urinary
Floating kidney
Genitourinary tract, acute, chronic, congenital disorders of
Genitalia, major abnormalities and defects of, such as a change of sex, a history thereof, or complications (adhesions, disfiguring scars, etc.)
Genitourinary infections
Glomerulonephritis, with any significant urine findings
Glycosuria, persistent
Gonad, tumor of
Hematuria
Hydrocele
Hydronephrosis
Hypertrophic prostate
Hypospadias
Incontinence or retention of urine
Infantile genital organs
Kidney, absence of one
Kidney, horseshoe
Kidney, polycystic
Kidney, tumor of
Nephritis
Pampiniform plexus
Pelvic, chronic inflammatory disease of
Penis, acute ulcerations of
Penis, infection of
Peyronie's disease
Phimosis
Porphyrinuria
Prostatectomy
Proteinuria
Pus (prostatic smear)
Pyelities
Pylonephritis, acute
Pylonephritis, chronic
Pyonephrosis
Pyuria
Renal calculi
Renal gylcosuria
Scrotal mass, undiagnosed
Spermatocele
Testicle, deformity, tumor or evidence of inflammation
Testicles, undescended, absence of one, unless removed for tuberculosis or malignant disease
Urethral discharge, acute or chronic
Urethral stricture
Urethritis, acute or chronic, other than gonorrheal urethritis, without complications
Urinary calculi, history of single episode, if less than five years has elapsed between symptoms and medical examination
Varicocele

Neurology/Neurosurgery

Abnormalities which are apparently temporary in character resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion
Atrophy, muscular
Brain Tumor
Burr holes, cranial vault bony defects
Cerebellar and Friedrich's ataxia
Cerebral arteriosclerosis
Cerebrospinal syphilis
Cerebrovascular accident
Chorea
Convulsions
CNS lues
Central nervous system, disease of, chronic, progressive or degenerative or disorders of, symptomatic or asymptomatic
Depressed fracture near central sulcus with or without convulsive seizures

Neurology/Neurosurgery, cont.

Deformities of the skull of any degree, associated with evidence of disease of the brain, spinal cord, or peripheral nerves
Encephalomyelitis
Epilepsy
Feeble mindedness
Headache, frequent, severe or disabling
Hemiparesis
Hemiplegia
Herniated nucleus pulposus
Huntington's chorea
Injuries to peripheral nerves
Metal poisoning, acute or chronic, heavy metal
Migraine
Mononeuritis or neuralgia, which is chronic or recurrent
Monoplegia
Multiple sclerosis
Muscular atrophies and dystrophies, of any type
Narcolepsy
Nerve, severance of, with resultant atrophy, sensory loss of, or paralysis
Neuralgia
Neurasthenia
Neuritis
Neuro-circulatory asthenias
Neurofibromatosis (Von Recking-hausen's disease)
Neurological disorders, history or evidence of, including psychosis, neuropsychosis, personality disorders, or immaturity
Neurological manifestation, if associated with congenital malformations and meningocele, even if uncomplicated
Organic or functional nervous system disease
Papilledema
Paralysis agitans
Paralysis, minor
Peripheral nerve disorder
Post-encephalitis syndrome
Psychoneurosis
Sciatica
Skull, deformities of, loss or congenital absence of the bony substance of, any amount
Spasms (tic or habitual)
Syncope (fainting)
Tremor, noticeable

Nutrition

Atrophy (dystrophic)
Beriberi
Osteoporosis
Pellagra
Scurvy
Stomatitis

Obstetrics and Gynecology

Amenorrhea
Amputation of breast
Breast, masses, discharge
Cervical polyps, ulcer, or marked erosion of
Cervicitis, acute or chronic, manifested by leukorrhea
Dysmenorrhea
Endocervicitis, more than mild
Endometriosis
Genitourinary tract, acute, chronic, congenital disorders of
Genitalia, major abnormalities and defects of
Genitalia, new growths on (adhesions, disfiguring scars, etc., internal or external)
Hysterectomy
Infantile genital organs
Menstrual cycle, irregularities of
Menopausal syndrome, either physiological or artificial, if manifested by more than mild constitutional or mental symptoms
Oophorectomy (bilateral)
Oophoritis, acute or chronic

Obstetrics and Gynecology, cont.

Ovarian cysts or tumors
Pampiniform plexus
Pelvic or uterine tumors
Pelvis, chronic inflammatory disease of, one year must have elapsed between symptoms and medical examination
Phimosis, redundant prepuce is not cause of rejection
Pregnancy
Rectocele
Salpingitis, acute or chronic
Skenitis
Uterine prolapse
Uterus, benign tumor of
Uterus, enlargement of, due to any cause
Uterus, malignancy, evidence of
Uterus, malposition of, if symptomatic
Vagina, congenital abnormalities or severe lacerations of
Vaginal tract, acute inflammatory disease, or evidence of
Vaginitis, acute or chronic, manifested by leukorrhea
Vulvitis, acute or chronic

Ophthalmology

Amblyopis
Asthenopia
Blepharitis
Blepharospasm
Choroiditis
Coloboma
Color blindness
Conjunctivitis
Corneal dystrophy, including keratoconus
Corneal opacities and ulcers
Corneal scars, which interfere with vision
Dacryocystitis
Depth perception, impaired
Diplopia
Epiphora
Exophthalmus
Eye and eyelid disfiguration
Eyelids, impaired
Glaucoma
Iritis
Irregular or unequal pupils
Irregular or unequal iris
Keratitis
Lacrymal fistula
Lagophthalmus
Lens, aphakia, dislocation heterionopsia, exophoria 15 prism diapters, exophoria over 10 prism diapters, hyperphoria over 2 prism diapters
Lens opacities
Neuroretinitis
Night blindness
Nystagmus
Optic nerve atrophy
Optic neuritis
Papilledema
Pigment (lack of in eye)
Pterygium
Retina, angiomatosis, phakomatoses, macular cysts or holes
Retinal detachment
Retinitis
Staphyloma
Strabismus
Synechia
Trachoma
Trichiasis
Xerophthalmia

Orthopedics/Surgery

Abnormalities which are apparently temporary in character resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion
Adherent (webbed) fingers and/or toes

Orthopedics/Surgery, cont.

Amputation
Ankylosis
Anomaly of vertebral body, butterfly vertebra, hemivertebra, generalized or metabolic diseases of any type
Arm, surgical plate in
Arthritis
Arthritis, Marie Strumpell type
Arthrodesis
Articular involvement, acute, chronic or recurrent, either on a mechanical or disease basis, acquired or congenital
Back injury, disc, or back pathology, history of, abnormal curvature or other gross abnormalities
Backsprain, recurrent
Back surgery, evidence of or disc surgery
Bone or joint, disease of, healed, with such resulting deformity or rigidity that function is impaired to such a degree as to preclude satisfactory performance of duty
Bowlegs
Bunions
Bursitis, acute, chronic or recurrent
Caries of the ribs
Cervical rib
Chrondromalacia, manifested by verified history of joint effusion, interference with function, or residual from surgery
Clavical problems
Claw toes, precluding the wearing of normal footgear
Clubfoot
Coccyx, history of trauma, symptomatic
Deformities of hip, knee, or ankle joint which interfere with walking or running
Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves
Depressed fractures near central sulcus with or without convulsive seizures
Depressed skull fractures
Dislocation, instability compared with the opposite normal side
Dislocations, reduced or partially reduced
Fistula of bony lesions
Flatfoot
Floating cartilage
Foreign bodies, such as retained bullets, shell fragments, metal plates, wires, hip cups
Fractures
Hallux valgus
Hammertoes
Healed fractures or dislocation of the vertabrae
Herniated nucleus pulposus
Hip, corrective surgery of
Hyperdactylia, which precludes running, painful or prohibits wearing or normal footgear
Imperfect ossification of cranial bones
Jaw, disease of
Joint, fixation of (major)
Joint, loss of more than one of the 3rd, 4th or 5th finger on either hand
Joint, resection of, disease of, internal derangement of
Joint, surgery
Joints, foreign bodies or joint mice within
Knee, corrective surgery of or removal of kneecap
Knee, instability of, lateral direction compared with normal knee
Knee, severe tear of collateral ligaments of
Knock-knee (if severe)
Kyphosis
Lameness
Laminectomy
Ligament surgery
Ligaments, relaxed articular
Limping

Orthopedics/Surgery, cont.

Long bone curvature
Lordosis
Loss or congenital absence of the bony substance of the skull of any amount
Lower extremity, shortening of, which requires a lift, or when there is any perceptible limp, or there is functional shortening of over 1/2 inch
Lumbosacral joint disease
Lumbosacral space, narrow, definite, marked
Mandible, recurring dislocation of
Metastatic bone tumor, any malignant bone tumor
Muscles or tendons, calcification in, if associated with progressive disease of metabolic derangement
Myositis
Necrosis of ribs, sternum, clavicle, scapula, or vertebrae
Neurofibromatosis (Von Recking-hausen's disease)
Osteoarthritis
Osteomyelitis
Osteoporosis
Osteosclerosis
Osteomalacia, generalized
Paget's disease
Periostitis
Pes cavus
Pilonidal cyst
Poliomyelitis, post, with residual muscular weakness
Polycystic disease, of bone and/or viscera
Pott's disease
Reductions, fractures, dislocation
Rheumatoid or destructive arthritis
Ribs, recent fracture of
Rib, sternum, clavicle, scapula or vertebra, suppurative perio-stitis of
Ribs, faulty fracture union
Sarcoidosis
Sacroiliac disease
Scoliosis
Semilunar cartilage, torn, dis-located, fractures, unless with-out symptoms for at least 6 months
Skeletal or postural anomalies, con-genital or acquired
Skeletal system, acute or chronic disease of
Spine, congenital anomalies of, which are likely to result in future inability to perform full duty
Spinal diseases, causing loss of flexibility
Spondylolisthesis, any degree
Spondylolysis
Sprains (severe)
Sternum, clavicle or scapula, recent fracture of
Synovitis
Muscles, significant atrophy and/or weakness of, compared with the opposite or normal member
Thin legs (disproportionately)
Thoracoplasties, with marked residual deformity of the spine secondary to an extensive thoraco-plasty
Thumb, loss of
Toes, loss of any
Torticollis
Transverse arch, obliteration of, associated with permanent flexion of the small toes
Trick knee
Tuberculosis of bone
Ununited callous formations, functional interference
Upper extremities, any anomaly or limitation of motion which would preclude satisfactory performance of duty
Wrist, healed disease or injury of, with residual weakness

Otorhinolaryngology

Adenoiditis
Adenoids, postnasal, interfering with respiration or associated with middle ear disease
Aphonia
Atresia
Catarrhal otitis media
Esophagus, organic disease of
Harelip
Hearing defect
Hypertrophic rhinitis
Inner ear, any abnormality of
Laryngeal paralysis, sensory or motor
Laryngectomy, post-operative
Laryngitis
Larynx, organic disease of, such as neoplasm, polyps, granuloma
Mastoiditis
Membrane tympanic perforations
Meniere's syndrome
Middle ear, any abnormality of
Nasal obstructions
Nasal septum, perforation of
Nasopharynx or mouth, neoplasm of any part
Nose, loss of, deformities interferring with breathing
Otitis media
Ozena
Palate problems
Paralysis of vocal chords
Pharyngitis and nasopharyngitis, chronic
Pharynx, deformities of
Plica dysphonia ventricularis
Rhinitis, chronic, atrophic
Salivary fistula
Salivary glands, acute inflammation
Salpingitis, acute or chronic
Sinus, chronic inflammation of
Septal deviation, hypertrophic rhinitis or other conditions which result in 50% more obstruction of either airway, or which interfere with drainage of a sinus on either side
Stuttering or stammering
Suppurative otitis media
Syphilitic disease of the mouth, nose, throat, larynx
Tracheostomy or tracheal fistula
Tonsil conditions, pathological
Vertigo
Vincent's angina (trench mouth)

Plastic Surgery

Adherent (webbed) fingers and/or toes
Bifid tongue
Burns, scars, contractures, and skin grafts, where job requirement may aggravate or they will interfere with performance of duties
Claw toes, precluding the wearing of normal footgear
Dupuytren's contracture
Harelip
Hermaphroditism
Nonspastic contraction of the muscles of the neck or cicatricial contracture of the neck, to the extent that it interferes with the wearing of a uniform, or is so disfiguring as to make the individual objectionable in common social relationships
Nose, loss of

Pulmonary Medicine/Thoracic Surgery

Abcess of the lung
Asbestosis
Bronchiecstasis
Bronchitis, chronic
Bronchopleural fistula
Chest, traumatic lesions of or its contents
Chest, significant abnormal finding on physical examination of
Chronic adhesive pleuritis
Clinical tuberculosis
Coccidioidomycosis, primary progressive
Cystic lung disease
Dyspnea

Pulmonary Medicine/Thoracic Surgery, cont.

Emphysema
Empyema
Esophageal lesions
Fibrosis of the lungs
Foreign body in lung
Granulomatous
Histoplasmosis
Hydrothorax
Lobectomy
Lungs, abcess of
Lung, multiple cystic disease of, or solitary cyst which is large and incapacitating
Lungs, rales in
Pleuritis, chronic fibrous, of sufficient extent to interfere with pulmonary function or obscure the lung field in the roentgenogram
Pneumonoconiosis
Pneumonitis, typical or other slow healing
Pneumothorax
Pneumonectomy
Pulmonary embolism
Pulmonary bullae, x-ray evidence of
Sarcoidosis
Silicosis
Sinus (unhealed chest wall)
Thorax, weak, poorly developed
Trachea or bronchus, foreign body in
Valley fever

Physical Medicine/Rahabilitation

Ankylosis
Arthritis
Sprains
Torticollis

General Disqualifiers

Asthenia (muscular weakness)
Malformations, of any system, organ or bone
Malignancies, of any system, organ or bone
Medical discharge from any governmental service
Microcephalus or hydrocephalus
Physique, poor
Tuberculosis of any organ, system or bone

APPENDIX C

MEDICAL PANEL MEMBERS

MEDICAL PANEL MEMBERS

John H. Allan, M.D.

Chief Medical Officer, Armed Forces Examination and Entrance Station, Los Angeles; Orthopaedic Consultant, Occupational Health Department, Los Angeles; Orthopaedic Consultant, Liberty Mutual Insurance Company, Los Angeles

Garrett Lee, M.D.

Assistant Professor of Internal Medicine, University of California, Davis; Assistant Director, Coronary Care Unit

Ronald Schwartz, M.D.

Director of Medical Services, Occupational Health Services for the County of Los Angeles; specialty in Internal Medicine

APPENDIX D

PHYSICAL REQUIREMENT PANEL MEMBERS

PHYSICAL REQUIREMENT PANEL MEMBERS

Ann H. Duncan

Associate Personnel Analyst with the City of Oakland; screens and selects prospective employees for the Police and Fire Departments; consults with the city physician and city attorney concerning standards and requirements for the selection of personnel, particularly the Police Department

Gerald W. Mowat

Holds the rank of Sergeant and is in charge of the Physical Fitness and Self Defense Unit of the Los Angeles Police Department, Training Division; investigates the causes of injuries to police recruits; develops programs designed to reduce injuries to recruits