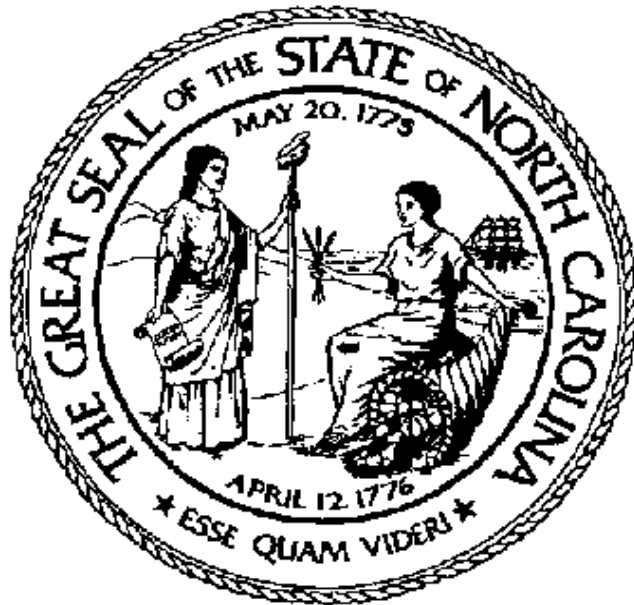


*Detention Officer Certification Course*

*“Information Packet”*



*Chris R. Nesbit*  
*Director, Law Enforcement Training*

*3-14-2016*



**Information Packet**  
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Law Enforcement Training  
Public Services Department  
P.O. Box 1595  
Salisbury, NC 28145-1595  
(704) 216-7287

# MEMORANDUM

**TO:** Agency Heads, Training Officers, and Prospective Students

**FROM:** Chris Nesbitt-Director, Law Enforcement Training

**DATE:** 14 March 2016

**SUBJECT:** Enrollment Process Detention Officer Certification Course

Dear Sir:

In an effort to expedite and clarify the pre-registration of Detention Officer Certification Students, I have outlined the following enrollment guidelines. Anyone enrolling in the Detention Officer Certification Course **MUST** be sponsored or employed by a public Law Enforcement Agency (*Detention Center*) in North Carolina. If you are planning to attend one of our Detention Officer Certification Courses, please provide the Law Enforcement Training Office at Rowan-Cabarrus Community College with the following documents at least one week prior to the first day of class. The following documents are required as prerequisite to pre-registration:

1. Verification of Sponsorship/Employment (*Signed by the Sheriff or his/her designee*)
2. Proof of student's age-min. 21 years of age on the first day of class. (*Copy of the North Carolina Driver's License will suffice*)
3. Proof of U.S. Citizenship (*Copy of birth certificate will suffice*)
4. Copy of High School Diploma or GED (*Diplomas obtained through correspondence schools **WILL NOT** satisfy this requirement*)
5. Copy of a certified criminal record check for local and state records for the time period where the trainee has resided within the past 10 years and where the trainee attended high school. An Administrative Office of the Courts criminal record check or a comparable out-of-state criminal record check will satisfy this requirement. If the applicant had prior military service within the 10 year period prior to the date of appointment, then he/she must also include a copy of the form DD214 which shows the characterization of discharge and military discipline received, if any. If the form DD214 indicates a discharge characterization of any type other than Honorable, then a military records check is also required.  
**Note:** *If the individual trainee has received a probationary certificate from the commission at the time of enrollment, this Criminal Record Check is waived. However documentation of this certificate must be provided to the School Director prior to enrollment.*
6. Copy of a valid F-1 Medical History Statement & F-2 Medical Examination Report. (*The F-1 & F-2 must have been completed within the past year and signed by a physician, surgeon, physician's assistant, or nurse practitioner licensed in North Carolina*)
7. Copy of the candidates valid North Carolina Driver's License.
8. Rowan-Cabarrus Community College Medical Questionnaire Form.
9. Rowan-Cabarrus Community College DOCC Enrollment Application.

**Minimum Employment Standards for Justice Officers NCAC 12 10B .0301**

- Be a citizen of the United States;
- Be at least 21 years of age;
- Be a high school graduate, or the equivalent (GED);
- Have been fingerprinted by the employing agency;
- Have had a medical examination by a licensed physician in accordance with rules established in NCAC 12 10B .0304;
- Have produced a negative result on a drug screen administered according to the guidelines established in NCAC 12 10B .0301;
- Make full disclosure of all criminal charges and Domestic Violence Orders, be it upon application and while holding certification in accordance with NCAC 12 10B .0301;
- Be of good moral character as defined in NCAC 12 10B .0301;
- Have a background investigation conducted by the employing agency, to include a personal interview prior to employment;
- Not have committed or been convicted of a crime or crimes as specified in 12 NCAC 10B .0307.

**Cost:** *All students are required to purchase the Detention Officer Certification Student Manual and the Brady Emergency Medical Responder Bergeron Le Baudour 10<sup>th</sup> Edition book. The current cost of the manual is \$73.95, and the price of the Brady book is \$125.00, but this is subject to change without notice. All students will need both of these books on the first day of class.*

**Note:** *All students **EMPLOYED** as Detention Officers shall have their tuition fee waived and do not have to pay for the insurance. However, students only holding sponsorship from a Detention Center shall be required to pay the Continuing Education tuition fee of \$180.00 in addition to their insurance of \$2.55 and student manual.*

If you have questions, give us a call at one of the below listed numbers. Thank you for choosing Rowan-Cabarrus Community College for your educational needs.

RCCC TELEPHONE NUMBERS		NORTH CAMPUS – CCLETC*		704-216-7222
CHRIS NESBITT	704-216-3756 (NORTH)	GERALD W. KRIMMINGER	704-216-3740 (NORTH)	
STEVE D. SCHENK	704-216-3741 (NORTH)	TONY R. GULLEDGE	704-216-3743 (NORTH)	
LISA H. LINKER	704-216-7197 (NORTH)	KENNETH J. WOODARD	704-216-3744 (CCLETC)	
RALPH A. ADAMS	704-216-3745 (NORTH)	TONY D. CLARK	704-216-3747 (CCLETC)	
LYNN E. COUGHENOUR	704-216-7287 (NORTH)			

Sincerely,

Chris Nesbitt



Law Enforcement Training  
 Public Services Department  
 P.O. Box 1595  
 Salisbury, NC 28145-1595  
 (704) 216-7287

**VERIFICATION OF EMPLOYMENT  
 FOR DETENTION OFFICER CERTIFICATION COURSE STUDENTS**

Please enroll the following officers in the Detention Officer Certification Course scheduled to begin \_\_\_\_\_ at Rowan-Cabarrus Community College. This verifies their employment by our agency.

Name(s):


\_\_\_\_\_  
 Department

\_\_\_\_\_  
 Department Official

**NOTE: Student selection will be based on the earliest dates of application. Applicants employed with law enforcement agencies will be given priority over other applicants.**

**Note: A copy of a certified criminal record check for local and state records for the time period where the trainee has resided within the past 10 years and where the trainee attended high school. This signature verifies to the best of our knowledge that there are no charges in this trainee's criminal record that would inhibit their certification as a Detention Officer in North Carolina.**

\_\_\_\_\_  
 (\*Employing Agency Representative)







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Public Services Department  
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(704) 216-7287

**VERIFICATION OF SPONSORSHIP FOR DETENTION OFFICER CERTIFICATION COURSE**

\_\_\_\_\_ agrees to sponsor \_\_\_\_\_  
(*\*Sponsoring Agency Name*) (Sponsored Student)  
in the Detention Officer Certification Course (DOCC) program. This sponsorship does not constitute any agreement to hire the sponsored student upon completion of the DOCC program or to provide financial assistance for enrollment.

**ACKNOWLEDGEMENT**

I, the undersigned sponsored student, understand that the Sponsoring Agency has undertaken no obligation to provide financial support or assistance for such training.

I, the undersigned sponsored student, further understand that the Sponsoring Agency has made no commitment to employment upon completion of the DOCC program or at any time in the future.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk incident to detention officer training and do hereby release and discharge the Sponsoring Agency, its agents, and employees, from any and all claims, damages, or causes of actions resulting from or arising out of participation in the DOCC program.

\_\_\_\_\_  
(*\* Sponsoring Agency Representative*)  
(Date)

\_\_\_\_\_  
(Sponsored Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**\*Sponsor must be County Sheriff or his/her designee.**

**Note: Copy of a certified criminal record check for local and state records for the time period where the trainee has resided within the past 10 years and where the trainee attended high school. This signature verifies to the best of our knowledge that there are no charges in this trainee's criminal record that would inhibit their certification as a Detention Officer in North Carolina.**

\_\_\_\_\_  
(*\*Sponsoring Agency Representative*)





**INFORMATION RELEASE**

I, the undersigned, am an applicant for a position as a student with the Rowan-Cabarrus Community College Detention Officer Certification Training Class. I hereby authorize the release of my personal records concerning education, employment, medical, criminal, civil and/or other information as required by the North Carolina Criminal Justice Education and Training Standards Commission or its official agents, or the North Carolina Sheriff's Education Training & Standards Division. This release is for the purpose of conducting a confidential investigation in order to determine my suitability as a student for the Rowan-Cabarrus Community College's Detention Officer Certification Training Class, and is a pre-requisite for attendance.

It is therefore my desire that all persons contacted by this agency cooperate fully in this background investigation and supply copies of the requested information. I further agree that photographic copies of this original release shall serve as my full release of requested information when said release is utilized as an agent of Rowan-Cabarrus Community College.

I, the undersigned, shall fully release and hold harmless any individual, organization, corporation or facility that provides information or documents to Rowan-Cabarrus Community College during the course of this investigation.

I authorize Rowan-Cabarrus Community College, its agents and employees to release copies of any and all information to any agency or entity regulating the certification, authority, or conduct of law enforcement officers including, but not limited to, the North Carolina Criminal Justice Education and Training Standards Commission, the North Carolina Sheriff's Education Training & Standards Commission, the N.C. Attorney General's Office, or agencies of other states and the federal government.

I understand this information will remain on file indefinitely as a part of my training record at Rowan-Cabarrus Community College.

This authority is valid for one year.

I have read and understand this release.

---

Print Applicant's Full Name RCCC Staff Member

---

Date of Birth (LAST 4) of Social Security Number

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Applicant's Signature Date of release





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## Detention Officer Certification Course Enrollment Application

**INSTRUCTIONS:** Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

**NOTE:** All statements are subject to verification by the School Director and any incorrect statements or omissions may bar or remove you from the program. Truthful statements to any items requested will not necessarily exclude you from consideration.

**NOTE:** The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. **DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

**THIS IS NOT AN APPLICATION FOR EMPLOYMENT**



**PERSONAL**

- 1. Name \_\_\_\_\_  
  First  Middle  Last
  
- 2. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  
- 3. Present Mailing Address \_\_\_\_\_  
  Street and Number  
  \_\_\_\_\_  
  City  State  Zip Code
  
- 4. Permanent Mailing Address \_\_\_\_\_  
  Street and Number  
  \_\_\_\_\_  
  City  State  Zip Code
  
- 5. Telephone Number:           **Home** ( \_\_\_\_\_ )           **Work** ( \_\_\_\_\_ )
  
- 6. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  month    day        year
  
- 7. Place of Birth \_\_\_\_\_  
  City/State
  
- 8. Citizenship    \_\_\_\_\_ U. S. Citizen            \_\_\_\_\_ Other

9. Note: Information in this block will be used for statistical purposes only and will in No way affect your acceptance into DOCC

(Check only one)

Race    \_\_\_\_\_ American Indian            \_\_\_\_\_ Spanish American  
          \_\_\_\_\_ Asian American            \_\_\_\_\_ White  
          \_\_\_\_\_ Black                            \_\_\_\_\_ Other

Sex    \_\_\_\_\_ Male            \_\_\_\_\_ Female

Age    \_\_\_\_\_

**Email Address :** \_\_\_\_\_

**EDUCATION**

10. Indicate below the schools you have attended and degrees completed.

Name Address (city/state)	# of Years Attended	Dates Attended	Graduated (Yes or No)	Degree
---------------------------------	------------------------	-------------------	--------------------------	--------

A. <u>High Schools</u> 1. 2. 3. 4.
B. <u>Colleges/Universities</u> 1. 2. 3. 4.
C. <u>Extension/Correspondence</u> 1. 2. 3. 4.

11. If you did Not graduate from high school, have you passed the General Educational Development Test (GED) or the High School Equivalency Program? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, when and where did you take these tests?

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**MARITAL**

12. Marital Status (check one)

_____ single	_____ married
_____ engaged	_____ separated
_____ divorced	_____ widowed

13. Spouse's Name \_\_\_\_\_  
First Maiden Last

14. Do you have any children or dependents living with you other than your spouse?  
\_\_\_\_ Yes \_\_\_\_ No If Yes, how many? \_\_\_\_\_



**FAMILY**

15. Is any member of your immediate family **now** in prison or on probation or parole?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give details \_\_\_\_\_

16. Person to Notify in case of an emergency:

\_\_\_\_\_  
First Name Middle Last

\_\_\_\_\_  
Relationship Phone (Home) Phone (Cell)

**RESIDENCES**

17. List all North Carolina and out of State addresses at which you have resided during the last 10 years and where you attended high school: Begin with your current address first.

**Note:** *This also includes basic training and all permanent duty stations while serving in the U.S. Military.*

<b>From: (Mo/Yr)</b>	<b>To: (Mo/Yr)</b>	<b>Address, City, State</b>	<b>County</b>	<b>Landlord</b>

**WORK HISTORY**

18. Title of present position \_\_\_\_\_

Full-Time or Part-Time \_\_\_\_\_ Shift \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Employer/Company Phone # \_\_\_\_\_

19. If you are unemployed, please list the following information:

Last Position Held \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Employer/Company Phone # \_\_\_\_\_

20. If you are a full-time student, please check here \_\_\_\_\_

**MILITARY**

21. Were you or are you in the U.S. Military? (National Guard or Reserves)  
\_\_\_\_\_ Yes \_\_\_\_\_ No Branch of Military \_\_\_\_\_ Dates served \_\_\_\_\_

22. Have you had any Military disciplinary action taken against you?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, please give details \_\_\_\_\_

**USE OF DRUGS OR ALCOHOL**

23. Do you drink alcoholic beverages? (casually or socially included)  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, to what extent (Example: one (1) beer per week, one (1) drink per day, etc.)  
\_\_\_\_\_

24. Have you ever used marijuana? (experimentation included)  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, to what extent? (Example: occasionally, everyday, once per week, etc.) list last time used  
\_\_\_\_\_

25. Have you ever used any illegal drugs? (experimentation included)  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, please give details including last time used \_\_\_\_\_

26. Have you ever used prescription drugs for purposes other than prescribed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, please give details including last time used \_\_\_\_\_

27. Are you addicted to any controlled substance (alcohol included)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, please give details \_\_\_\_\_

**CRIMINAL OFFENSE RECORDS**

**Note: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses: DWI, DUI, failure to stop in the event of an accident, driving while license is revoked, and driving while license is permanently suspended.**

**Answer all of the following questions completely and accurately. Any falsifications or omissions will disqualify you from participation. If you are in doubt about a charge, Answer, “Yes”. Answer, “No” only if you are sure that you have Not been charged or that your record has been expunged by a judge’s Court order.**

28. Have you ever been **arrested** by a law enforcement officer or otherwise charged with a criminal offense? \_\_\_Yes \_\_\_No  
If Yes, give details below:

(The term “charged” as used in this question includes being issued a criminal citation or summons.)  
Yes No If Yes, give details below:

A. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

B. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

C. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

D. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

E. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

F. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

G. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

H. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

I. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

J. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

K. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

L. Offense Charged \_\_\_\_\_  
Law Enforcement Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Disposition of Case \_\_\_\_\_

(ATTACH EXTRA SHEETS, IF NECESSARY)

29. Have you ever been charged or convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

30. Have you ever been placed on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

31. Have you ever been required to pay a fine in excess of \$50.00? (Not including court costs)  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

32. Have you ever had a Domestic Violence Protection Order issued against you?  
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes a copy of the disposition must accompany this application.  
  
Date of Issuance: \_\_\_\_\_  
County of Issuance: \_\_\_\_\_  
Name of Plaintiff: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

33. Under federal law, you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.
- (h) Have renounced your citizenship, having previously been a citizen of the United States.

**NOTE:** A “crime punishable by imprisonment for a term exceeding one year” as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature at the end of this document indicates you have read this section and understand each of the disqualifiers.

\_\_\_\_\_ Applies \_\_\_\_\_ Does not apply

34. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use of attempted use of physical force or threatened use of a deadly weapon?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know

(Explain below)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Offense Charged \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_

Disposition of Case \_\_\_\_\_

35. Do you have any pending criminal charges? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give details: \_\_\_\_\_

36. Can you operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, give details: \_\_\_\_\_

37. Do you possess a driver's license issued from the State of North Carolina?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give \_\_\_\_\_  
State & Driver's License Number Date Issued

38. Do you possess a driver's license issued by any state other than North Carolina?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give \_\_\_\_\_  
State & Driver's License Number Date Issued

39. Has your driver's license ever been suspended or revoked?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give reason: \_\_\_\_\_

40. Was your driver's license restored? \_\_\_\_\_ Yes \_\_\_\_\_ No

41. Have your driving privileges been restricted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give restrictions: \_\_\_\_\_

**CAREER PLANS**

42. Briefly tell why you want to apply for this course.

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43. List special skills, training, special licenses, certifications, interests, or hobbies which may be useful in Detention Officer Certification Course.

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\_\_\_\_\_  
**Applicant's PRINTED Full Legal Name**

\_\_\_\_\_  
**Applicant's Signature** **(Date)**

**This form DOES NOT require a notary.**

**Revised 09/01/2015**





**Document #6**

**ROWAN-CABARRUS COMMUNITY COLLEGE  
SALISBURY, NORTH CAROLINA**

**RELEASE AGREEMENT**

DATE: \_\_\_\_\_

For and in consideration of my being permitted to participate in the physical education courses/activities conducted by Rowan-Cabarrus Community College for the Basic Law Enforcement Training (BLET) or Detention Officer Certification Course (DOCC) in which I am a student.

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort, or physical condition. I acknowledge that it is my responsibility to inform Rowan-Cabarrus Community College of any change in my health state that may affect my ability in any fitness class or activity. I am aware that injuries may occur in any physical activity, including exercise/aerobic classes. The utmost care will be given to provide instruction in safe exercise.

I understand that during training in this class I will be exposed to tear gas, mace, and pepper mace. I understand that individuals with respiratory difficulties including asthma must not participate in this training and/or in employment that uses these products. I certify that I have no respiratory difficulties and am physically able to engage in training exercises using tear gas, mace, and pepper mace.

I do by these presents, for myself, my heirs, assigns and representatives, forever release, give up, surrender and quitclaim any and all rights which I might have against the institution Rowan-Cabarrus Community College--including all of its instructors, volunteers, trainees, and other personnel--and the agency \_\_\_\_\_ to recover, from the institution, individuals, or agency, money, damages, or any other thing of value as a result of any accident, incident, or happening growing out of or in any way connected with said activities.

Witness my hand and seal, the dates and place above written.

\_\_\_\_\_  
Student (SEAL)

In the presence of:

\_\_\_\_\_  
Instructor/Witness  
Rowan-Cabarrus Community College

**-OVER-**

Document # 6 - MEDICAL QUESTIONNAIRE

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ Social Security # \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Family Physician \_\_\_\_\_

Insurance? Y N Blood Type \_\_\_\_\_

IN ADDITION TO THIS QUESTIONNAIRE, A PHYSICAL EXAMINATION PERFORMED BY A PHYSICIAN IS REQUIRED.

Has a doctor ever said you have heart trouble? Y N

Have you ever had sharp pain or heavy pressure in your chest as a result of exercise, walking, or physical activity such as climbing stairs? Y N

Have you ever had rapid heart beats or palpitations? Y N

Have you ever had a real or suspected heart attack? Y N

Have you ever felt faint or had spells of severe dizziness? Y N

Have you ever had problems with breathing? Y N

Has a doctor ever said you have asthma? Y N

Do you take or have you ever taken medication for breathing problems including asthma? Y N

What allergies do you have? \_\_\_\_\_

Do you have diabetes? Y N Do you have high blood pressure? Y N

Have you ever taken medicine to lower blood pressure? Y N \_\_\_\_\_

Have you ever taken medication to lower cholesterol? Y N \_\_\_\_\_

Have you ever taken nitroglycerine or other tablet for chest pain? Y N \_\_\_\_\_

Have you ever had an electrocardiogram (EKG) that was not normal? Y N

Are you overweight? Y N Are you under a lot of stress? Y N Do you smoke? Y N

Do you have any physical condition, impairment or disability (including muscle and joint problems) that should be considered before starting an exercise program? Y N

When was your last physical exam? \_\_\_\_\_

Has any blood relative (parent, brother, sister) had a heart attack or coronary disease prior to the age of 30? Y N

Do you ever feel tingling, numbness or loss of feeling in arms, hands, feet? Y N

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Y N

What is the most strenuous activity you regularly do? \_\_\_\_\_

How often do you participate in this activity? \_\_\_\_\_

I understand that the above information will be kept confidential and that it is to be used solely for the purpose of planning a fitness program for me. I certify that the answers are true and complete. If on the basis of one or more of the above answers an instructor anticipates a potential medical problem arising from class activities, he or she may require a physician's "permission to participate."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Revised 08/25/15

OVER