## Appendix G - Physician Evaluation Form for Law Enforcement Officer (LEO) with COPD

NOTE TO POLICE PHYSICIAN: The following form has been developed to help expedite gathering the most cogent information for police physicians to make clearance decisions. Since many treating providers may not be willing to spend the time to fill out a form, it may be easier to simply request medical records. In that case the following form may be used as a template for extracting the relevant information from the medical records.

то	: Physician treating or evaluating the following person for performance of law enforcement essential job functions.
Exa	aminee Name:
ess ind	u are being asked to evaluate this individual in regard to Chronic Obstructive Pulmonary Disease (COPD). It is sential that this person undergo an individualized assessment of his/her COPD to determine whether the lividual's condition permits safe and effective job performance. This evaluation is based on guidance from the nerican College of Occupational and Environmental Medicine (ACOEM).
I. Iı	ntroduction:
eff	e well-motivated LEO with COPD who is well-educated regarding the disorder may be capable of safe and ective job performance. An individualized assessment of the applicant or LEO with COPD should be performed luding the following:  Detailed history and physical examination  Standardized Testing (e.g., spirometry/PFT, chest x-ray, alpha-1 antitrypsin, etc.) when indicated  Diagnosis (classification and causation)  Evaluation of treatment plan for optimization  Frequency of exacerbations and last exacerbation occurrence  Medication regimen  Response to medication regimen  Complications or activity-limiting side-effects from medication regimen  Compliance with therapy  Risk of exacerbations  Planning for on-going surveillance
exp lun	sessing the risk of inability to safely and effectively perform essential law enforcement job functions, or of periencing a sudden impairment rendering the LEO unable to do so, is the major concern in evaluating LEOs with g diseases. Law enforcement activities involve several issues that need to be considered in regard to those with PD:
•	Unanticipated extreme physical activity that, if not executed properly, could result in death or severe disability to others or the law enforcement officer.
•	Exposure to environmental provocative agents – e.g., dust, allergens, cold, dry air.  Exposure to tear gas and "pepper spray"
<b>II.</b> I ar	Assessment  n a pulmonologist or physician experienced in the diagnosis and treatment of COPD. □ Yes □ No
1.	The examinee has been under my care for COPD since
2.	I have reviewed outpatient and in-patient medical record(s) of the last one year or since date of diagnosis (whichever is shorter)
	If No, please explain

MI	MEDICAL CONDITIONS PULMO	NARY DISORDERS/COPD — 2020		
	Date COPD diagnosed:			
3.	Has this person any objective testing (pulmonary function testing, challenge testing, etc.) for COPD within the past year? $\Box$ Yes $\Box$ No			
	If YES, supply a copy of the results.			
4.	<ol> <li>Has this person completed a COPD-specific health status questionnaire?</li> <li>COPD Control Questionnaire (CCQ<sup>(C)</sup>) ☐ Yes ☐ No</li> </ol>	(COPD Assessment Test (CAT™) or		
	If YES, supply the date and score of the most recent test.			
5.	Medication Regimen  a. Current COPD medications:			
	b. When was the last time the medication regimen was changed?			
6.	Has this individual been educated in COPD and has he/she been thoroughly informed of the risk of exacerbations and the importance of treatment compliance? $\Box$ Yes $\Box$ No			
7.	7. Is the examinee's activity limited by:			
	Weather conditions?			
	Exposure to environmental factors?			
	High-level physical activity? ☐ Yes ☐ No If YES, please specify			
	ii 123, piease specify			
Please provide additional information, not included above, that may be helpful to the police physician.				
Sig	Signature of Physician	Date		
Printed name of Physician		Phone		