



# TREATY THREE POLICE SERVICE

## Employment Opportunity

### Experienced Officer and Recruit Constable

Treaty Three Police Service is currently accepting applications for recruit constables and experienced officers to fill future positions within our police service. The positions are subject to the terms of the funding agreement between Her Majesty the Queen in Right of Canada, Her Majesty the Queen in Right of Ontario, Grand Council Treaty #3 and the Treaty Three Police Services Board.

#### PRE-REQUISITES:

##### Recruit:

- Minimum 18 years of age
- Must possess a high school diploma or equivalency
- Must possess a valid Class G Driver's License
- No criminal record for which a records suspension (pardon) has not been received or an absolute/conditional discharge that has not been sealed
- Pass credit, background and investigation checks
- Must be of good moral character
- Conversant in Ojibway will be an asset
- Be a Canadian citizen or permanent resident
- Knowledge and understanding of community languages, culture and traditions with a high sensitivity to Indigenous issues

##### Experienced Officer:

- Must meet the above-noted recruit pre-requisites
- Must have an Ontario Police College Certificate or equivalent recognized by the Ontario Police College
- Valid CPR or First Aid Certificate
- Disclose any McNeil Reports

All qualified applicants must submit a detailed cover letter, resume, medical, vision and Driver's Abstract along with a Treaty Three Police Service Application Package to the Treaty Three Police Service. Please contact the Treaty Three Police Service for an Application Package at **(807) 548-5474**.

Please ensure you submit all the documentation required in the [Mandatory Checklist](#) included in the Application Package. Incomplete applications will not be accepted and will be returned with instructions to re-apply with the mandatory documentation.

**Completed Application Packages will only be accepted for consideration by emailing your documents and application as one PDF file with your name as the title and what position you are applying for to [hiring@t3ps.ca](mailto: hiring@t3ps.ca).**

Treaty Three Police Service appreciates the interest of all applicants; however, only those who receive an interview will be contacted.



## Checklist of **Mandatory** Information

Surname:  
Maiden or Change of Name:  
First Name:  
Middle Name:

**In the Order Listed Below:** Please provide the following documents. Failure to include any of the requested documents will delay the processing of your application.

### Check off Boxes:

- Application for the Position of Constable
- Cover Letter and Resume
- Copy of Accreditation from Ontario Police College or Other Accredited Police Training Facility Recognized by the Ontario Police College
- Copies of Certificates (if applicable)
- Checklist of Mandatory Information Form
- Copy of Driver's Licence and Birth Certificate. If Born Outside of Canada, Citizenship and/or Landed Immigrant Status
- Completed Authorization for Release of Information (Signed/Witnessed)
- Completed Medical and Vision Form
- Copy of Driver's Abstract
- Have you had a Psychological Assessment with a Police Service within the last year? (If yes, provide police service and date)  
 No  Yes \_\_\_\_\_

Police Service

Date (yyyy/mm/dd)

**NOTE:** Applicants who are new to Canada (a resident of Canada less than 5 years) must provide a security clearance letter from the Police or municipal office from that country and from their Embassy indicating that the applicant does not have a criminal record, ties to organized crime and is not a security risk to Canada.

Applicants who have resided outside of Canada (within the past 5 years) must provide a security clearance letter from the Police or municipal office of their international residence indicating that the applicant does not have a criminal record or have ties to organized crime.



# Treaty Three Police Service Application for Engagement

Constable     
  Recruit     
  Other

**Important:** 1. Carefully review and follow application instructions issued with this application form.  
 2. Please print clearly, complete fully, and use additional paper if space is insufficient.

## I. Personal Information

Last Name	Given Name (1)	Given Name (2)	SIN #	
Complete Address (including Number, Street, Apt. Number, Lot Concession, Rural Route#)				
City or Town		Province	Postal Code	
Business or Day Phone Number: (    )				
Home or Evening Phone Number: (    )				
Place of Birth	Date of Birth			
Are you legally eligible to work in Canada?			Yes	No
Are you a Canadian citizen or a permanent resident of Canada?			Yes	No
Do you possess a valid drivers' licence?			Yes	No
Drivers abstract required from the Ministry of Transportation: Attached			Yes	No
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)			Yes	No
If you were previously convicted under a federal statute, have you been granted or issued a pardon; or in the event of discharge related to finding of guilt, have the records been sealed by the R.C.M.P.			Yes	No
Do you possess a CPR certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.)			Yes	No
Do you possess a first-aid certificate? (If Yes, please provide the expiry date. If no, please provide date of scheduled training.)			Yes	No

**II. Education**

<b>Secondary School Attended</b>		Highest Grade or Level Completed (if applicable, attach equivalency certificate)	
Type of Certificate or Diploma Obtained			
<b>Business, Trade or Technical School Attended</b>			
Course Name		Length of Course	
Licence, Certificate or Diploma Awarded			
<b>Community College Attended</b>			
Program Name		Length of Program	
Licence, Certificate or Diploma Awarded			
<b>University Attended</b>			
Major Area of Study		Length of Course	
Degree Awarded		General	Honours



### III. Employment History

**Note:** 1. Beginning with your present or previous employer and continuing in reverse time order, **list and describe the last ten (10) positions, if applicable, every position held since the beginning of your work experience.** If you held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required)

2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

Present or Previous Employer	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include postal code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason For Leaving	
Present or Previous Employer	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include postal code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason For Leaving	

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Reason For Leaving	
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Complete Mailing Address (include postal code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason For Leaving	



### III. Employment History Continued

- Note:**
1. Beginning with your present or previous employer and continuing in reverse time order, **list and describe the last ten (10) positions, if applicable, every position held since the beginning of your work experience.** If you held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required)
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Reason For Leaving	
Present or Previous Employer	
Telephone Number ( )	Date of Employment From: To:
Complete Mailing Address (include postal code)	
Supervisor's Name and Title	Position Title
Brief Description of Duties	
Reason For Leaving	

**IV. References**

Please do not include relatives or former employers.

1.

<b>Name</b>	<b>Years known</b>
<b>Address</b>	<b>Telephone</b>
<b>Occupation</b>	

2.

<b>Name</b>	<b>Years known</b>
<b>Address</b>	<b>Telephone</b>
<b>Occupation</b>	

3.

<b>Name</b>	<b>Years known</b>
<b>Address</b>	<b>Telephone</b>
<b>Occupation</b>	

**V. Work Availability (Applicants for Peace Keepers do not complete)**

1. If your application receives favourable consideration, when would you be able to start?	Date:	
2. You may be required to move and live in the First Nation area. Are you willing?	Yes	No
3. Do you have any objection to working overtime?	Yes	No
4. Can you work overtime without prior notice?	Yes	No
5. Can you work on Saturdays?	Yes	No
6. Can you work on Sundays?	Yes	No
7. Can you travel if required by this position	Yes	No
8. You may be required to remain in the First Nation area on rest days. Are you willing?	Yes	No

VI. Do you have any loans, debts (ie credit cards), garnishee, wage, assignments or judges pending against you? **No** **Yes** (please provide details)

Name and Complete Address of Creditor	Type - Debt, Garnishee, Judgement, etc.	When Incurred	Original Amount	Pursuant Amount	Monthly Amount	Arrears Amount
1.						
2.						
3.						

Have you ever been sued for non-payment of debt? **No** **Yes** (please provide details)

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## APPLICANT CREDIT CHECK / CREDIT REPORT

Treaty Three Police Service requires all applicants to provide a credit check / credit report.  
The following companies provide credit reports / credit checks to Canadian residents:

Equifax.ca  
Transunion Canada

The following web sites are also available:

Canadian Credit Report for Canadian Residents  
Free Credit Report Canada

Have you submitted Credit Check / Credit Report with your application?

Yes  No

If No please explain?

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**VII.** Have you ever applied to any other police service(s)?      **Yes**    **No**

If **Yes**, complete the following:

Name of Service(s)	Date(s)	Is your application currently active?	
1.		Yes	No
2.		Yes	No
3.		Yes	No
4.		Yes	No

**IV. List any qualifications you have which you believe are relevant to this position**

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**Declaration**

I hereby declare that the following information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for engagement or result in dismissal. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

Applicant's Signature

Date

**ONTARIO CONSTABLE SELECTION SYSTEM**  
**Consent and Release of Liability Form**

Last Name (Please Print)	3 <sup>rd</sup> , 6 <sup>th</sup> & 9 <sup>th</sup> digits of SIN

Please read the following form carefully.

The purposes of parts A and B of this form are to authorize police services and other individuals and entities noted below to collect, to use and to disclose personal information about you for the purpose of assessing your abilities to be a police constable under the Ontario Constable Selection System, and for related research, information and statistical tracking.

The purpose of part C of this form is to release any of the individuals or entities named on this form from liability that might arise as a result of the collection, use or disclosure of your personal information in accordance with parts A and B.

**A. CONSENT/ASSESSMENT**

I hereby authorize any police service in Ontario to which I have submitted an application to be hired as a constable, and that is a licensed member of the Constable Selection System, to request and obtain personal information about me as described below from any or all of the following individuals or entities:

- the Ontario Association of Chiefs of Police (OACP), which is licensed by the Ontario Government to operate the Constable Selection System, stores personal information belonging to police constable applicants in a secure electronic database, and uses this information to track demographic data and assessment results;
- the OACP Constable Selection System-licensed assessment firm, which provides assessment services on behalf of the OACP, and which collects assessment results as well as the personal information required for Constable Selection System registration;
- the Ontario Ministry of Community Safety and Correctional Services, which is the licensor of the Constable Selection System, and which conducts research using personal information to support the validity and reliability of the Constable Selection System;
- the Ontario Ministry of Transportation, which maintains driving records of Ontario residents;
- any other Ontario police service or law enforcement agency, which may hold personal information about me;
- the Canadian Police Information Centre, which is owned by the RCMP, and which maintains a computerized system to provide law enforcement agencies with information on individuals with criminal records;
- any health care practitioner (including doctors, nurses, psychologists and their agents) who has provided me with health care treatment, either as part of this constable selection process or otherwise;
- any previous employer who may hold personal information about me;
- any consumer reporting agency, which maintains credit or other personal information about a consumer;
- any educational institution in which I have been, or am currently, enrolled and which has information about me, including my grade or performance results; and,

I further hereby authorize any of the above-noted individuals or entities to collect or use personal information about me as described above, and to disclose such personal information to a requesting police service as part of this Constable Selection System.

I further acknowledge that any of the above-noted individuals or entities may disclose to the requesting police service to which I have submitted an application any or all of the following records, including any parts of the following records:

- ✓ academic records and transcripts;
- ✓ employment records (Police Service and other), including performance evaluation / reviews, discipline, complaint and attendance information;
- ✓ police records and history of law involvement, including criminal and provincial reports and convictions, and intelligence information;
- ✓ police service applications;
- ✓ medical information;
- ✓ background and security checks (including CPIC, NCIC, Interpol, etc.);
- ✓ financial information, including credit bureau check;
- ✓ driving record;
- ✓ physical, psychological, visual, aptitude and other employment-related tests, including but not limited to MMPI-2 -questions, answers and scores, and the interview notes, summaries, opinions, assessments and evaluations of psychologists;
- ✓ applicant survey information; and,
- ✓ training record.

## B. CONSENT/RESEARCH

I understand that personal information about me may be required occasionally for research purposes, and in particular for documenting findings and trends, and for reviewing the validity and reliability of the Constable Selection System. I hereby consent to any of the personal information collected about me, pursuant to this form or at any point while I am being trained to be a constable, to be used and to be disclosed to a researcher or to an entity listed in Part A of this form for these purposes. I understand that in providing this consent no personal information that identifies me shall ever be published in a publication that is available to the general public.

## C. RELEASE OF LIABILITY

By signing this form, I agree that in consideration for applying to be a constable pursuant to this Constable Selection System, I hereby release and forever discharge all of the individuals, entities, and classes of individuals and entities referred to on this form, and their agents, licensees, employees, directors, officers, and subcontractors, including but not limited to Her Majesty the Queen in Right of Ontario, the OACP, any Ontario police services board, and their respective agents, licensees, employees, directors, officers, and subcontractors, from any and all actions, causes of action, claims, demands, and remedies, for any and all damages, losses, injuries and expenses of any nature or kind howsoever arising, which hereafter may be sustained by me in connection with the collection, use, and disclosure of information about me in accordance with the consents provided by me in this form, and from the use or reliance upon information about me obtained in accordance with these consents.

And I further agree that this Release of Liability shall apply to and be binding on my heirs, administrators, executors, and assigns and each of them.

**I have read both pages of this Consent and Release of Liability Form, and by signing below, I certify that I understand its content, agree to its terms, and am at least eighteen (18) years of age.**

\_\_\_\_\_  
Candidate's Name (Please Print)

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date of Signatures

Personal information about the candidate that is obtained through the OACP Constable Selection System process is collected under the authority of section 43 of the *Police Services Act*. Questions concerning the collection, use or disclosure of this information or concerning the Release of Liability should be addressed to:





## TREATY THREE POLICE SERVICE EMPLOYMENT VISION REPORT

APPLICANT NAME: \_\_\_\_\_

### VISION REQUIREMENTS:

**Uncorrected Visual Acuity** - At least 20/40 (6/12) with both eyes open

**Corrected Visual Activity** - At least 20/20 (6/6) with both eyes open

**Farsightedness** - The amount of hyperopia must not be greater than +2.00 D, spherioequivalent in the least hyperopic eye.

**Depth Perception** - Stereo acuity of 80 seconds of arc or better

**Lateral Phoria "Far"** - In excess of 5 eso or 5 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments

**Lateral Phoria "Near"** - In excess of 6 eso or 10 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments

**Colour Vision** - Pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses

**Peripheral Vision** - Peripheral visual field limits with a 5 mm white target at 33 cm (or a target with similar angular size with respect to the candidate's viewing distance) should be no less than the limits given below. In addition, no blind spots should be present within these limits other than the physiological blind spot.

### **Limits for the various meridians are:**

Temporal	(0° meridian)	75°
Superior-temporal	(45° meridian)	40°
Superior	(90° meridian)	35°
Superior-nasal	(135° meridian)	35°
Nasal	(180° meridian)	45°
Nasal-inferior	(225° meridian)	35°
Inferior	(270° meridian)	55°
Inferior-temporal	(315° meridian)	70°

### **PARTICULARS OF EXAMINER**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUALIFICATIONS:** \_\_\_\_\_

\_\_\_\_\_

I certify that the above named applicant meets or exceeds all of the above vision requirements.

*SIGNATURE* \_\_\_\_\_



## TREATY THREE POLICE SERVICE HEALTH EXAMINATION REPORT

<b>POSITION APPLIED FOR:</b>	<b>TODAYS DATE</b> Year: _____ Month: _____ Day: _____
Sex: <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/>	<b>DATE OF BIRTH</b> Year: _____ Month: _____ Day: _____

***Applicant Information:***

<b>GIVEN NAMES</b>	<b>MIDDLE NAME(S)</b>	<b>FAMILY NAME</b>
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***Applicant Address:***

<b>STREET:</b>	<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>TELEPHONE</b>
		<b>POSTAL CODE</b>	<b>HOME:</b>
			<b>CELL:</b>

<b>FAMILY DOCTOR</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
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**CONSENT**

I, \_\_\_\_\_, hereby consent to the release of the information gathered in respect of this medical examination to the Treaty Three Police Service to be used for the purpose of assisting in determining suitability for employment.

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

## Personal History

Spouse \_\_\_\_\_

Children (Number and State of Health) \_\_\_\_\_

Military Services:    Yes  No

Disability Pension: Yes  No

Immunization: \_\_\_\_\_

<b>TB Skin</b> Yes <input type="radio"/> No <input type="radio"/>	Date of Last Test _____	Result _____	<b>Chest X-Ray</b> Yes <input type="radio"/> No <input type="radio"/>	Date of Last Test _____	Reason _____
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Past Illness: (including Childhood Illnesses, High Blood Pressure, Heart Disease, Thyroid Disease, Cancer): \_\_\_\_\_

Operations: \_\_\_\_\_

Accidents: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (Prescription – Other): \_\_\_\_\_

### Habits

	Yes	No	Quantity
Cigarettes – Tobacco			
Hard Drugs			
Alcohol			
Coffee/Tea			

### Family History

	Mother	Father	Other		Mother	Father	Other		Mother	Father	Other
Tuberculosis				Epilepsy				Skin Disorder			
Diabetes				Blood Disorders				Kidney Diseases			
Cancer				Asthma				High Blood Pressure			
Nervous Disorders				Hay Fever				Heart Disease			
Glaucoma				Alcoholism							

Other Details (include other Diseases): \_\_\_\_\_

\_\_\_\_\_

## Health History (Continued) Functional Enquiry

A. Current Health Status

Good  Bad

B. Are you suffering from or under treatment for any disease now?

Name: \_\_\_\_\_

C. Do you have a pre-existing illness or injury that would prevent you from doing the essential duties of the job?

Yes  No

D. Do you now or have ever suffered from any of the following

	YES	NO		YES	NO		YES	NO
Ear Aches or Infections			Bronchitis, Emphysema			Pain - Burning Discharge		
Ear Noises or Deafness			Shortness of Breath			Foot Problems		
Epilepsy or Convulsions			Chronic Cough			Kidney or Bladder Trouble		
Eye Irritation or Infection			Palpitations			Neck or Back injury or Pain		
Fainting Spells or Dizziness			Night Sweats			Hernia or Rupture		
Frequent Colds/Sore Throats			Indigestion - Nausea - Vomiting			Urine - Bloody or Discolored		
Frequent Headaches			Coughing - Mucus or Blood			Infections or Stones		
Frequent Nose Bleeds			Rheumatic or Scarlet Fever			Rheumatism or Arthritis		
Head Injury or Concussion			Breast Problems - Lumps			Haemorrhoids		
Hives - Hay Fever-Asthma			Bowel Trouble			Frequently Passing Water		
Bloody or Black Bowel Movement			Lung Disease i.e.. TB, Pneumonia			Have you any restriction on Physical Activity		
Nose or Throat Problems			Swelling of the Ankles			Numbness or Tingling		
Recent Change in Weight			Allergy to Drugs			Constipation - Diarrhea		
Vision Problems			Anemia - Blood Conditions			Migraine		
Serious Eye Problems			Heart Trouble			Low Back Pain		
Sinus Trouble			Ulcers - Stomach Trouble			Varicose Veins - Phlebitis		
Skin - Moles - Tumor			Abdominal Pain			Menstrual Problems		
Skin Rashes; Itchiness, Burning			Chest Pain - Pressure - Tightness			Nervous Trouble Breakdowns		
Tooth or Gum Trouble			Vomiting Blood			Problems Sleeping		
Recent Fatigue or Weakness			Liver Trouble - Jaundice			Other Joint or Muscle Problems		

**Explain "Yes" Answers**

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## PHYSICIAN'S EXAMINATION

APPLICANT NAME:			DATE:					
General	Appearance		LABORATORY	Haemoglobin				
	Mental Status			Urine (Dip Stick)	Alb.      Sugar			
	Height	cm		Other Tests if Indicated				
	Weight	Usual      Present	CHEST X-RAY	Date: _____				
	T.P.R.	T.      P.      R.	Pulmonary Function Test (if indicated) Date: _____					
EYES	Reaction	Accom.      Light	ECG (if appropriate)					
	Pupils	Equal      Unequal	Health Education (Specify)					
	Fundi							
	Fields of Vision							
Color (Test Used)								
VISION		Near      Far	Immunization Given (Specify)					
	Without Glasses	R / L / R / L						
	With Glasses							
EARS	Hearing	R      L	THIS SPACE FOR ADDITIONAL INFORMATION AND REMARKS					
	Drums	R      L						
	Other	R      L						
MOUTH TONGUE	Gums							
	Dental/Hygiene							
	Other							
THROAT-TONSILS								
NECK	Movement							
	Pain-Tenderness							
	Other							
THYROID								
LYMPH NODES								
BREASTS								
HEART	Size							
	Rhythm							
	Murmurs							
	Carolid Bruits							
BLOOD PRESSURE								
EXCERISE AS APPROPRIATE (ESPECIALLY POLICE APPLICANTS)	Heart Rate Resting							
	After Exercise							
	1 Minute After							
	2 Minutes After							
	Exercise (e.g. 20 step ups)	Time      EGG.						
Chest	Type							
	Resonance							
	Activenitious Sounds							
	Bowel Sounds							
ABDOMEN	Appearance – Scars							
	Tenderness							
	Masses/Organs							
	Bowel Sounds							
HERNIA	Inguinal							
	Femoral							
	Other							
RECTAL								
HEMORRHOIDS								
PROSTATE/PELVIC	If Appropriate							
DEFORMITIES								
EXTREMITIES	Arms/Hands							
	Legs/Feet							
	Varicose Veins							
JOINTS	Upper (Especially Shoulders)		Examining physician (please print name): _____					
	Lower (Especially Knees)		Phone: _____					
SKIN			ADDRESS: _____					
SPINE	Mobility		SIGNATURE: _____					
	Pain							
	Deformity							
NERVOUS SYSTEM	General							
	Tendon Reflexes							