



Telecommunicator/EMD Medical Examination Instructions

Per Oregon Administrative Rule (OAR) 259-008-0011, the minimum standards for employment as a telecommunicator or Emergency Medical Dispatcher requires a physical standards review. A **licensed medical provider** must conduct an examination to ensure the applicant can meet the minimum physical standards and demonstrate the physical abilities to perform the critical and essential tasks of a telecommunicator officer.

Employing Agency or Individual Applicant Responsibilities

- Employing agencies or applicants are responsible for ensuring medical providers utilize the current DPSST F2Ta Communicator Final Medical Report. Updated forms are located on DPSST's web page.
- Within 180 days of employment, a **licensed medical provider** must conduct a medical examination.
- After examination, (within 90 days of hire) the employing agency or applicant must submit **ONLY** the completed F2Ta and optional Waiver to DPSST (last two pages).

Licensed Medical Provider Responsibilities:

- The examiner must be a **licensed medical provider**.
- The medical examination must conform to applicable standards of the Americans with Disabilities Act (ADA) Title 42 USC 1210.
- The **licensed medical provider** must complete and sign the F2Ta Communicator Final Medical Report. This form attests to the applicant's ability to meet the established standards.
- Return the entire packet to the employing agency or applicant (not DPSST).

Physical Standard Waivers

If an applicant does not meet the established minimum physical standards, the employing agency or applicant can request a waiver pursuant to OAR 259-008-0011. DPSST cannot grant waivers if the applicant is not able to complete the critical and essentials tasks of the discipline they are applying. Waiver requests must include the following information:

- The completed F2Ta form
- The Physical Standards Waiver
 - If applicable, a color vision field test can be found on the DPSST Web Page (oregon.gov/dpsst) under Criminal Justice Forms
- If an exam from another physician is necessary, for instance an audiologist, bring the F2a signed by original the physician to that exam and ask that physician to complete the waiver portion.

These Physical Standards and Critical & Essential tasks are derived from Job Task Analysis (JTA) for Telecommunicators. Each JTA meets the Americans with Disabilities Act (ADA) criteria to identify the Essential Functions/Tasks of the position. A physician developed the medical standards based upon the essential tasks

This page intentionally left blank
for double sided printing.



Final Report Communicator Medical Examination

Physical Standards/Critical & Essential Tasks Report

F2Ta

Final Report

Applicant Name: (Last, First Middle)		DOB: (mm/dd/yyyy)	DPSST No.:
Agency Name:	Discipline: Telecommunicator Emergency Medical Dispatcher		Exam Date:

Physical Standards Review

Based on the examination, indicate whether the applicant meets the following established physical standards per OAR 259-008-0011.

Physical Standards (must meet all physical standards or have appropriate waiver)	Yes	No
1. Visual Acuity: Corrected vision must be at least 20/30 (Snellen) when tested using both eyes together.		
2. Color Vision: The ability to distinguish red, green, blue and yellow as determined by the HRR Test, 4th Ed; <ul style="list-style-type: none"> ▪ If red or green deficiencies, the ability to read at least nine of the first 13 plates of the Ishihara Test; Check here if failure on above tests, and licensed physician or surgeon, recommends an employer conducted field test. <i>If checked, employing agency must complete F2a Waiver and attach to the F2a when submitting to DPSST.</i>		
3. Hearing: <ul style="list-style-type: none"> • No average hearing loss greater than 25 decibels (db) at the 500, 1000, 2000, 3000, 4000, and 6000 Hertz levels in either ear; or • Sound Field Testing (Speech Discrimination); quiet test will be a score no poorer than 90% correct; noise test will be a score no poorer than 70% correct. 		
4. Medications: <ul style="list-style-type: none"> • Applicant meets the standard of having no prescribed medications with side effects that would interfere with the ability to perform the critical and essential tasks of the job. 		
Physician: If the applicant does not meet the above standards and, in your opinion, can still perform the critical and essential tasks, please include the waiver on the next page. If the applicant needs further evaluation by another physician, please indicate here. Comments:		

Critical and Essential Tasks

All applicants must demonstrate the physical abilities to perform the critical and essential tasks of a communicator.

Based on your examination, does the applicant meet the Critical and Essential Tasks for the discipline indicated?

Critical and Essential Tasks	Yes	No	Listing of Critical and Essential tasks can be found here: Medical Forms
Telecommunicator/Emergency Medical Dispatcher			

I certify that I am a licensed medical provider, have conducted an examination on the above-mentioned applicant, and the information on this form is true and accurate.

Signature _____ License Number _____ Date _____

Printed Name: _____ Phone Number: _____

Address: _____



Final Report Communicator Medical Examination Physical Standards Waiver

F2Ta

Waiver

Applicant Name: (Last, First Middle)	DOB: (mm/dd/yyyy)	DPSST No.:
--------------------------------------	-------------------	------------

Licensed Medical Provider: If applicable, please explain why you believe the applicant would be able to perform the critical and essential tasks for the discipline indicated on the attached F2Ta when the applicant does not meet the Physical Standards per OAR 259-008-0011. Attach separate documents if necessary; however, please do not provide specific medical information related to the applicant.

To grant a waiver, the F2Ta must reflect the applicant meets the critical and essential tasks of the discipline indicated.

Explanation:

I certify that I am a licensed medical provider, have conducted an examination on the above-mentioned applicant, and the information on this form is true and accurate.

Signature	License Number	Date
Printed Name: _____	Phone Number: _____	
Address: _____		

The following section is to be completed by the employing agency.

Color Vision Field Testing (if applicable) <i>Only employers can complete this field-test, not applicants.</i>	Yes	No	Not Applicable
The applicant has demonstrated, via a field test administered by the employer, that regardless of his/her inability to discriminate colors, he/she is fully able to successfully perform the critical and essential tasks for the discipline indicated on the attached F2Ta			

Based on the information provided, I request a waiver of the physical standards per OAR 259-008-0010. I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign. If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to suspension or revocation under ORS 181A.640 and OAR 259-008-0300.

Signature: _____	Date: _____	DPSST No.: _____
Title: _____	Phone: _____	
Printed Name: _____	Email Address: _____	