PRIVACY ACT INFORMATION

AUTHORITY: Title 5, Section 7901; Title 29, Section 655 and 668, of the United States Code

PURPOSE: Annual examination program to promote and maintain the physical and mental fitness of DEA special agents and DEA chemists.

ROUTINE USES: These records are maintained for internal DEA use. Only disclosure outside the agency would be to a physician when authorized by the subject.

EFFECT: Failure to provide information will result in an inadequate physical examination.

CIRCLEVILLE POLICE CHIT

verbal counseling

Name/Badge: DOUG DAVIS

Supervisor/Badge: SHAWN BAER

Date of notice: 07/11/14 Time of notice: 16:17

CHIT is for:

[X] Good Performance [ ] Poor Performance

[ ] Care of Equipment [ ] Radio Procedure

[X] Dedication [ ] Improvement Idea

[ ] Documentation [ ] Appearance

[ ] Attendance/ Tardiness [ ] Policy Violation

[ ] Traffic Enforcement [ ] Officer Safety

City of Circleville HR
OCT 08 2014
RECEIVED

DETAIL

YOUR DEDICATION TO HELPING 6 WITH FUNDRAISERS AND SUPPORT SHOWS YOUR STRONG CHARACTER AND DEDICATION. THANKS.

CHIT received by [signature]

CIRCLEVILLE POLICE CHIT

verbal counseling

Name/Badge: DOUG DAVIS

Supervisor/Badge: SHAWN BAER

Date of notice: 07/15/14 Time of notice: 12:30

CHIT is for:

[X] Good Performance [ ] Poor Performance

[ ] Care of Equipment [ ] Radio Procedure

[X] Dedication [ ] Improvement Idea

[X] Documentation [ ] Appearance

[ ] Attendance/ Tardiness [ ] Policy Violation

[ ] Traffic Enforcement [ ] Officer Safety

City of Circleville HR
OCT 08 2014
RECEIVED

DETAIL

YOUR DEDICATION TO DUTY IS APPRECIATED AS YOUR WORK ON DRUG ENFORCEMENT RESULTED IN A SEARCH WARRANT AND ARREST OF A DRUG HOUSE ON WALNUT STREET. THANKS

CHIT received by [signature] 6120

Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: (614) 628-8435
www.op-f.org

PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

Section A: Employee information

Name: First, MI, Last, suffix (Jr. III, etc.)
DOUGLAS A. DAVIS

☒ Police officer ☐ Firefighter ☒ Male ☐ Female

Social Security number
[redacted]

Street Address / Post office box
[redacted]

Date of Birth
01 29 1980

Date of hire as a police officer or firefighter
12 29 2013

Home phone [redacted] ☒ New

Alternate phone ☒ New

Email address ☒ New
ddavis@circlevillepolice.com

Section B: Marital and dependent information

Current spouse

Name	Gender: ☐ Male ☐ Female
Marriage date	Social Security number	Birth date

Dependent information (excluding current spouse)

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18	[redacted]			6-23-00
				12-15-03
				7-19-05
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

Section C: Multiple Ohio retirement system membership

☒ Yes ☐ No Are you **currently receiving**, or eligible to receive in the future, an age/service retirement benefit or disability benefit from any of the following Ohio retirement systems? (Please check all that apply)

- ☐ State Highway Patrol Retirement System
- ☒ Ohio Public Employees Retirement System
- ☐ Cincinnati Retirement System
- ☐ School Employees Retirement System
- ☐ State Teachers Retirement System
- ☐ **Ohio Police & Fire Pension Fund**

☐ Yes ☒ No Are you **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

- ☐ State Highway Patrol Retirement System
- ☐ Ohio Public Employees Retirement System
- ☐ Cincinnati Retirement System
- ☐ School Employees Retirement System
- ☐ State Teachers Retirement System
- ☐ **Ohio Police & Fire Pension Fund**

☒ Yes ☐ No Have you **received a refund of contributions** for full–time service from any of the following Ohio retirement systems? (Please check all that apply)

- ☐ State Highway Patrol Retirement System
- ☒ Ohio Public Employees Retirement System
- ☐ Cincinnati Retirement System
- ☐ School Employees Retirement System
- ☐ State Teachers Retirement System
- ☐ **Ohio Police & Fire Pension Fund**

☒ Yes ☐ No Do you have **contributions on deposit for full–time service, but are not currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

- ☐ State Highway Patrol Retirement System
- ☒ Ohio Public Employees Retirement System
- ☐ Cincinnati Retirement System
- ☐ School Employees Retirement System
- ☐ State Teachers Retirement System
- ☐ **Ohio Police & Fire Pension Fund**

Section D: Out-of-state, federal or military employment information

☐ Yes ☒ No Have you ever been employed full–time by an **out-of-state public employer** or as a **civil employee of the federal government?** If yes, please provide your employer's name, address, date of hire and termination date.

☐ Yes ☒ No Do you have previous active duty service in the **Armed Forces?** If yes, please provide your branch and dates of service.

Section E: Employee signature and acknowledgement

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.

Signature ▶	Date of signature
Douglas A Cox	12/29/13

Section F: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of OHIO, County of PICKAWAY, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this 29th day of December, 2013.

Affix seal here: NOTARIAL SEAL STATE OF OHIO

VALERIE DILLEY
Notary Public, State of Ohio
My Commission Expires 7-19-16

Notary's signature ▶ Valerie Dilley

Print name Valerie Dilley

My commission expires 7-19-2016

Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.

The following sections (G, H and I) must be completed by an authorized employer representative.

Section G: Employer Information

Employer name	Employer Code	Check one: ☐ Police ☐ Fire
Street address / Post office box	Employer phone	Employer fax
City, State, ZIP code	Employer e-mail address:	

Section H: Certification of membership eligibility

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

☐ Yes ☐ No The employee received an original appointment as a full-time, regular **police officer.** Check one of the following:

- ☐ A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
- ☐ A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- ☐ A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

☐ Yes ☐ No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

_____ *(month/day/year)* Date employee began contributing a percentage of his/her salary to OP&F (first date that compensation was earned as a full-time police officer or firefighter).

_____ *(month/day/year)* Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**

$_____ *(per year)* Member's initial salary rate (starting annual salary).

_____ *(month/year)* Date pension contributions will first appear on the *Report of Retirement Deductions.*

_____ *(A, B, C or D)* Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions.*

Section I: Employer certification

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature ▶	Date of signature
Print name	Title

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY **Entered/Date:** **Reviewed/Date:**

City of Circleville

Employee Data Form

Name (full legal name): DOUGLAS ALAN DAVIS Date of Birth: 01-29-1980

Address (city, state & zip): [redacted]

Home Phone (include area code): N/A Cell Phone (include area code): [redacted]

Social Security Number: [redacted] Email Address: ddavis@circlevillepolice.com

Name of school district you live in [redacted] Are you subject to municipal tax outside of the Circleville city limits? Yes

Name of Dependant Children	Date of Birth
[redacted]	6-23-2000
	12-15-2003
	7-19-2005

Do you wish medical insurance? (full time employees only) If so, please circle coverage type. Single Double (Family)

Do you wish dental insurance? (full time employees only) If so, please circle coverage type. Single Double (Family)

Do you wish vision insurance? (full time employees only) If so, please circle coverage type. Single Double (Family)

Note: Full time employees are eligible for benefits 30 days from the date of hire.

Are you allergic to any medication? If so, list: [redacted]

Do you have any known medical conditions? (asthma, diabetes, etc.) [redacted]

Are you legally married? No Spouse Name and Day phone: N/A

Drivers' license number: [redacted] State issued: OH Do you have a CDL? No

Who should be notified in case of an emergency? (other than your spouse)

Name: [redacted]

Name:

Completed by HR

Job Title: Police Officer Level Entry Rate of Pay: $ 16.72/HR

Hire Date: 12-29-2013 Employee Number _____
(Assigned by the Auditor)

Revised 2/2008

Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888–864–8363
Fax: (614) 628–1777
www.op–f.org

PRE-EMPLOYMENT PHYSICAL REQUIREMENTS

Instructions for OP&F Employers

Required items: A Pre-Employment Physical check-list

Under Ohio Revised Code (ORC) 742.38 and Ohio Administrative Code (OAC) 742-1-02, the following six items must be received no later than 60 days after the employee's first day of earning full-time compensation. The tests must be performed no later than the end of business on the employee's first day of full-time employment and no earlier than nine months prior to the employee's first day of full-time employment.

It is the employer's responsibility to timely file the following:

- ☑ Electrocardiogram (EKG) and cardiac stress test performed consistent with standard Bruce protocol;
- ☑ Chest x-ray that is at least a P.A. 72" (i.e. front to back);
- ☑ Lipid profile that includes total cholesterol, triglycerides, LDL and HDL levels;
- ☑ Spirometry that represents at least a valid and reproducible forced expiratory volume at one (1) second (FEV1), forced vital capacity (FVC), and forced expiratory volume at one second/forced vital capacity (FEV1/FVC) that meets the criteria of the American Thoracic Society;
- ☐ Examining physician's certification (Section E of the Member's Medical Questionnaire)
- ☑ Member's Medical Questionnaire (Sections A, B and C)

Penalties associated with the Pre-Employment Physical

If an employer does not timely file the six medical reports listed above, penalties will be assessed based on the number of days past due. If OP&F receives the physician's certification and at least two of the required tests and diagnostic procedures (not including the medical questionnaire) by the PEP due date and the tests were done not more than nine months prior to the membership date, then OP&F will provide the employer with notice of any deficiency in its filing along with an opportunity to correct these items within six months from the date of OP&F's notice. Otherwise, fines will be assessed from the original due date according to the table below.

Phase	Days past due	Penalty applied per incident*
1	1-15 days	$100
2	16-60 days	$500
3	61-180 days	$1,000
4	181 + days	$3,000
Annual cap *(per calendar year per employer)*		**$20,000**

* Employers with five or fewer OP&F members are capped at $500 per incident.

Terminated or transferred employees

If there is no loss of the employee's OP&F membership, a pre-employment physical will not be required, unless the employee was hired after Sept. 16, 1998, and the previous employer did not file a complete Pre-Employment Physical with OP&F.

If an employee has left employment or transferred to another employer, and penalties were applied due to insufficient filing of the required medical reports, all penalties will stop on the earlier of the termination date or the date that the employer complied with the pre-employment physical requirements. The former employer must provide written documentation to OP&F of the employee's termination. In order to avoid the assessment of penalties, please contact OP&F prior to the employee's hire date to make this determination.

Penalties associated with the Pre-Employment Physical *(continued)*

Reinstated employees by agreement, court order or arbitrator

If a reinstated employee's OP&F membership was terminated (either by the employee's withdrawal of contributions following resignation or dismissal; or, if contributions remain on deposit with OP&F 12 months after the first day of resignation, dismissal or leave of absence) the employer must cause the reinstated employee to undergo the pre-employment physical requirements. The employer must then file the required medical reports within 60 days of the employee's return to full-time employment (e.g., the first day of earning compensation as a full time member) after the agreement, court order or arbitration has been filed. In order to avoid the assessment of penalties, the employer should immediately notify OP&F and submit a complete copy of the agreement, court order or arbitration when reinstating an employee.

Special penalty provisions

Under the following situations, employers in good standing can submit a written request for a reduction in penalties:

1. the employer hired a new clerk who did not undergo OP&F training prior to the late filing;
2. the employer is a new filer (within the past year) with OP&F and the person responsible for filing did not undergo OP&F training prior to the late filing;
3. an act of God (i.e. natural disaster, fire, flood) adversely impacts the employer's ability to timely file. This is not intended to apply to overall computer problems, a clerk being sick, or other related items;
4. there is a medical leave exceeding ninety (90) days involved for the person responsible for the filing;
5. theft in office has occurred by the person responsible for the filing; or
6. the penalties assessed will result in the employer being declared in fiscal emergency.

If the event is documented to the satisfaction of OP&F's Director of Member Services and Director of Financial Services, a penalty reduction of between 25 percent and 75 percent may be given as allowed for in Section 742-8-13 of the OAC.

Frequently Asked Questions about the Pre-Employment Physical

Why is a pre-employment physical required?

Under ORC 742.38 and OAC 742-1-02, Ohio Police & Fire Pension Fund (OP&F) can evaluate disability cases resulting from heart, cardiovascular or respiratory disease incurred in performing an employee's official duties. This is done by establishing a pre-employment health baseline through the prospective member of OP&F undergoing prescribed medical tests and procedures.

Which employees must have a Pre-Employment Physical?

The employee must be paid from public funds of the employing municipal entity and be:

POLICE OFFICERS:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411;
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full–time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

FIREFIGHTERS:

- A full-time firefighter who is employed by a fire department of the state, instrumentally of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

What if the employer cannot obtain one or more of the required tests?

If the employer is unable to obtain a test due to the member's specific medical condition, religious beliefs, or the member's refusal to undergo a specific test, the employer can provide supporting documentation to OP&F and may submit a written request to waive the test or report for such reason. In addition to the employer's written waiver request, if the waiver is for:

- *medical reasons*, submit supporting documentation signed by the physician
- *religious beliefs*, submit a notarized affidavit signed by the member certifying such fact
- *member's refusal*, submit a notarized affidavit signed by the member certifying such fact

OP&F will notify the employer in writing within thirty (30) days upon receipt of such a request if the waiver is granted or denied. If granted, the employer shall not be obligated to cause the employee to undergo the specific test that was waived. A waiver shall result in the member's inability to use the presumptive disability provision outlined in Section 742.38 of the Ohio Revised Code.

Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888-864-8363
Fax: (614) 628-1777
www.op-f.org

MEMBER'S MEDICAL QUESTIONNAIRE

and examining physician's certification

Sections A, B and C of this form are to be completed by the prospective member of the Ohio Police & Fire Pension Fund (OP&F). Sections D and E are to be completed by the licensed examining physician, including the date.

Section A: Patient information

Name: First, MI, Last, suffix (Jr. III, etc.)
DOUGLAS A. DAVIS

Social Security Number
[redacted]

Street Address / Post office box
[redacted]

Date of Birth
01 29 1980

[redacted]ernate phone:

Name of potential employer:
City of Circleville

Check one: ☒ MALE ☐ FEMALE

Check one: ☒ POLICE ☐ FIRE

Potential Date of Hire

Section B: Medical History

[redacted]

Section B: Medical History (continued)

Date of last tetanus shot: ☐☐☐☐☐☐☐☐ ☒ Not sure

Family Medical History

Please indicate the status of the following blood relatives:

Mother:	Living? ☒ Yes (age: 56), ☐ No (age and cause of death):	
Father:	Living? ☒ Yes (age: 57), ☐ No (age and cause of death):	
Maternal grandmother:	Living? ☐ Yes (age:), ☒ No (age and cause of death):	
Maternal grandfather:	Living? ☐ Yes (age:), ☒ No (age and cause of death):	
Paternal grandmother:	Living? ☐ Yes (age:), ☒ No (age and cause of death):	
Paternal grandfather:	Living? ☐ Yes (age:), ☒ No (age and cause of death):	
Siblings:	Living? ☐ Yes (age:), ☐ No (age and cause of death):	
	Living? ☐ Yes (age:), ☐ No (age and cause of death):	
	Living? ☐ Yes (age:), ☐ No (age and cause of death):	

Indicate if any of the below illnesses have occurred in your blood relatives listed above:

[redacted]

Section C: Authorization to release medical records and acknowledgement

An authorization to release the medical records is needed in order to allow the examining physician to forward such medical tests and reports to OP&F. By failing to grant the authorization provided in this section, you acknowledge and agree that to the extent you become a member of OP&F, you will not be permitted to use the presumption conditions of disability provided under Ohio law.

I, the person described in section A of this form, represent that I am the person herein described; I agree that all statements made are true and correct and also authorize the examining licensed physician who examined me to release to OP&F the physician's report and certification, as referenced herein.

Signature of prospective member:	Date of signature:
▶ [signature]	12/6/13

Examining licensed physician's certification

(as required by Ohio Revised Code 742.38 and Ohio Administrative Code 742-1-02)

Section D: Tests and procedures to be administered and submitted

A prospective member of OP&F must undergo the tests and procedures set forth in this section. The examining physician, who must be licensed to practice medicine in the state in which the examination was conducted, must sign the certification provided in Section E below, or a form substantially similar, as determined by OP&F in its sole and absolute discretion. The certification must include the physician's diagnosis and evaluation of the existence of any heart disease, cardiovascular disease or respiratory disease identified in the questionnaire, medical tests and physical examination referred to below. Copies of these tests and procedures must be included as part of the physician's report. **ALL INFORMATION MUST BE FILLED OUT COMPLETELY.**

It is the employer's responsibility to timely file the following:

- ☑ Electrocardiogram (EKG) and cardiac stress test performed consistent with standard Bruce protocol;
- ☑ Chest x-ray that is at least a P.A. 72" (i.e. front to back);
- ☑ Lipid profile that includes total cholesterol, triglycerides, LDL and HDL levels;
- ☑ Spirometry that represents at least a valid and reproducible forced expiratory volume at one (1) second (FEV1), forced vital capacity (FVC), and forced expiratory volume at one second/forced vital capacity (FEV1/FVC) that meets the criteria of the American Thoracic Society;
- ☑ Examining physician's certification (Section E of this form)
- ☑ Completed Member's Medical Questionnaire (Sections A, B and C of this form)

Section E: Examining Physician's Certification

Opinion of the Examining Licensed Physician:
The undersigned physician hereby certifies that: Douglas Davis
(person being examined)

has undergone the tests and procedures referred to in Section D above on: 12/06/13
(date of exam)

[redacted]

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