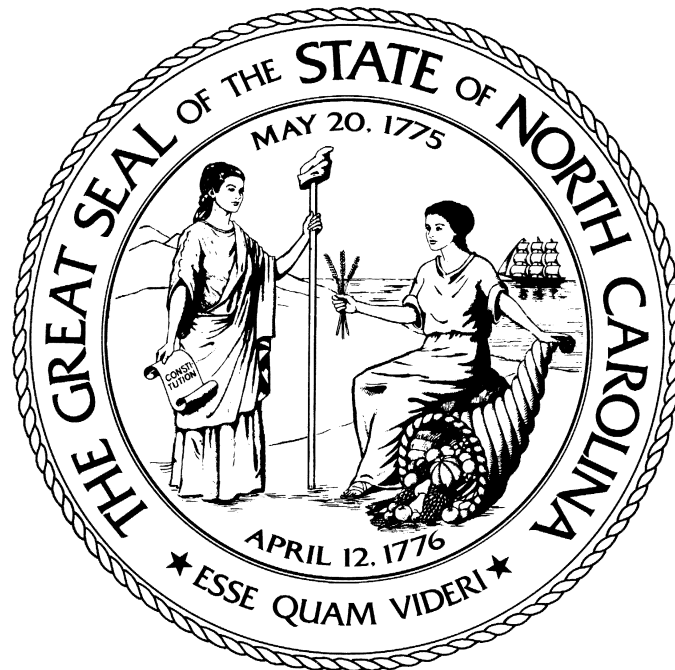


**Minimum Medical Qualifications for Law Enforcement Officers,
Corrections Officers, Juvenile Justice Officers, Court Counselors,
Chief Court Counselors, Detention Officers, and
Telecommunicators**



**NORTH CAROLINA CRIMINAL JUSTICE
EDUCATION AND TRAINING STANDARDS COMMISSION**

**NORTH CAROLINA SHERIFF'S
EDUCATION AND TRAINING STANDARDS COMMISSION**

Arrhythmogenic cardiomyopathy. (previously known as arrhythmogenic right ventricular cardiomyopathy)

4.2 Candidates with the following conditions should be referred to a qualified cardiologist for further evaluation and clearance, regardless of whether they have had surgical repair or ablation of the condition. Evaluation should include electrocardiography, transthoracic echocardiography, and exercise stress test.

Any history of myocarditis or pericarditis

5. Inherited or acquired arrhythmogenic syndromes

5.1 Due to the high risk for sudden cardiac death and other complications, the following conditions are disqualifying:

- Long QT syndromes
- Short QT syndromes
- Catacholaminergic polymorphic ventricular tachycardia
- Brugada syndrome
- Idiopathic ventricular tachycardia.
- Second degree heart block type II or third degree heart block
- Congenital heart block
- Complete left bundle branch block
- Wolff-Parkinson-White (WPW) syndrome
- Atrial fibrillation treated with anticoagulation
- Need for any implanted device: pacemaker, automatic internal cardiac defibrillator

5.2 Candidates with the following conditions should be referred to a qualified cardiologist for further evaluation and clearance, regardless of whether they have had surgical repair or ablation of the condition. Evaluation should include electrocardiography, transthoracic echocardiography, and exercise stress test.

- Intermittent supraventricular tachycardia
- Intermittent atrial fibrillation or history of ablation for atrial fibrillation
- History of recurrent or unexplained syncope or near syncope
- History of recurrent palpitations

6. Coronary heart disease

6.1 Due to the high risk for sudden cardiac death and other complications, the following conditions are disqualifying:

- Symptoms suggesting angina pectoris
- History of acute myocardial infarction (STEMI or non-STEMI)

6.2 Any history of evaluation by a medical provider for chest pain or a possible coronary syndrome is disqualifying until the evaluation is reviewed and documented to show no evidence of coronary heart disease. Clinical history of suspected coronary heart disease includes:

- History of acute myocardial infarction (STEMI or non-STEMI)
- History of cardiac catheterization, coronary angiography, computed coronary tomographic angiography, myocardial perfusion imaging, myocardial magnetic imaging, or exercise stress test

6.3 Use of medications for purely primary prevention of coronary or other atherosclerotic diseases including statin agents, antihypertensive agents, and other similar medications is non-disqualifying.

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ENDOCRINE

1. Thyroid

1.1 Hyperthyroidism

Hyperthyroid conditions include but are not limited to Grave's disease, toxic multinodular goiter, toxic adenoma, thyroiditis, medication. History of hyperthyroidism is not a disqualifying condition however some comorbidities may be disqualifying. Additional blood work needed for medical clearance includes TSH in physiological range (euthyroid). T3 and Free T4 should also be considered.

Manifestations of hyperthyroidism that require referral to a qualified medical provider for further evaluation and clearance include:

Cardiovascular symptoms (arrhythmias, High output Heart failure, hypertension) should be managed per cardiovascular section including evaluation with an echocardiogram, exercise tolerance test or other tests, as indicated. Anticoagulation use is a disqualifying medication. Most patients with hyperthyroid-related cardiovascular conditions may meet standards once treatment is initiated and euthyroid, which can take up to 6-8 weeks.

Vision symptoms (proptosis, diplopia, light sensitivity, decrease visual acuity, among others). If diplopia or severe decreased visual acuity are present, the candidate should be referred to a qualified ophthalmologist for further evaluation and clearance.

Mental health symptoms (psychosis, anxiety disorders, bipolar disorders) may be a disqualifying condition. Psychological assessment is not addressed in these guidelines.

Musculoskeletal symptoms (proximal muscle weakness, paralysis, tremors) may be a disqualifying condition and should necessitate referral to a qualified medical provider for further evaluation and clearance.

Disqualifications related to complications of hyperthyroidism may be reassessed in 4-6 weeks post-treatment.

1.2 Hypothyroidism

Hypothyroid conditions include but are not limited to Hashimoto's disease, thyroiditis, congenital hypothyroidism, surgical removal of thyroid, radiation treatment of thyroid. Hypothyroidism is not a disqualifying condition however some comorbidities may be disqualifying. Additional blood work needed for medical clearance includes TSH in physiological range (euthyroid). T3 and free T4 should also be considered.

The primary concern in patient with known or new hypothyroidism are the cardiovascular, neuromuscular, and mental health symptoms that may arise. These complications include:

Cardiovascular symptoms (arrhythmia, HTN, CHF, among other) should be managed per cardiovascular section including evaluation with an echocardiogram, exercise tolerance test or other tests, as indicated. Anticoagulation use is a disqualifying medication. Most patients with hypothyroid

related cardiovascular conditions may meet standards once treatment is initiated and euthyroid which can take up to 6-8 weeks.

Psychiatric conditions (depression, mood instability, mild cognitive dysfunction) should be managed by psychiatry evaluation and recommendations. Candidates who have been identified to have psychiatric conditions related to hypothyroidism may meet criteria once hypothyroidism is treated. Psychological assessment is not addressed in these guidelines.

Hypothyroidism without complications is not a disqualifying factor.

Candidates with hypothyroidism and hyperthyroidism can perform their duties effectively with proper medical management. Maintaining stable thyroid hormone levels through regular testing and medication is essential for safety and performance. Disqualifying factors typically include uncontrolled thyroid levels or severe symptoms that impair cognitive or physical abilities.

2. Diabetes Mellitus

Well controlled Diabetes Mellitus (DM) is not a disqualifying condition. The goal is to ensure that the candidate with DM can perform the duties safely and effectively while managing their health condition. Hemoglobin A1C (HbA1c) should be considered for all candidates 35 years old and greater and shall be obtained in all candidates with a history of DM.

Uncontrolled diabetes is a disqualifying condition. An HbA1c level above 8% indicates poor long-term glucose control. The A1C does **not** provide a measure of glucose variability (the daily highs and lows) or hypoglycemia. Blood glucose logs to determine the variability and stability of blood glucose should be reviewed by the examiner. This is especially important for patients currently treated with insulin or sulfonylureas due to the higher risk of hypoglycemic events that could affect a candidate's alertness and decision-making abilities.

Examiners should perform a thorough history and physical examination of candidates with a history of DM, with specific attention on potential diabetes-related complications. These complications include:

Diabetic retinopathy causing visual impairment. Severe decreased visual acuity would be a disqualifying condition.

Neuropathy that impairs motor skills or reflexes, would be a disqualifying condition.

Cardiovascular complications should be managed per cardiovascular section with.

Renal complications that impact overall health and limit the applicant's ability to perform essential job functions.

Frequent or severe hypoglycemic episodes.

Inability to recognize hypoglycemia is a disqualifying condition.

Medication adherence or management that should be managed and controlled by PCP and/or endocrinologist > 6 months.

Candidates with a history of uncontrolled DM (HbA1C >8%, a history of hospitalizations for glucose emergencies, or long-term complications as listed above) should be referred to a qualified medical provider for further evaluation and clearance.

3. Adrenal Insufficiency

Adrenal insufficiency can affect a person's ability to handle stress and physical tasks because of symptoms and the risk of an adrenal crisis. Adrenal insufficiency may be congenital, inherited (Addison's disease), or acquired (chronic steroid use or adrenalectomy). Treatment involves lifelong hormone replacement and any stressors such as infection and injury could trigger an adrenal crisis. If the condition is well-managed, with no associated symptoms, the candidate may be fit for duty. However, if the condition is poorly controlled or causes frequent health problems, it may be disqualifying. Candidates with a history of adrenal insufficiency should be referred to a qualified medical provider for further evaluation and clearance.

Evaluation may include a morning cortisol test and ACTH Stimulation test.

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GASTROINTESTINAL

Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, and telecommunicators with gastrointestinal (GI) conditions must adhere to established medical guidelines to ensure their safety, operational readiness, and overall well-being. A comprehensive gastrointestinal history should be obtained, with a particular focus on prior surgeries, inflammatory bowel disease, and other significant GI conditions.

Gastrointestinal conditions that cause chronic pain, unpredictable symptoms, or require ongoing medication—such as inflammatory bowel disease (IBD), severe gastroesophageal reflux disease (GERD), or conditions necessitating immunosuppressive therapy—may pose significant occupational challenges. Candidates must also avoid treatments that could impair alertness, mobility, or hydration status, such as long-term opioid use, frequent restroom needs, or dependence on total parenteral nutrition. Therefore, medical examiners must assess for GI disorders that could compromise duty performance or lead to incapacitation.

Certain gastrointestinal conditions may require additional evaluation and medical clearance from a specialist. The following list outlines key information that should be documented by a qualified medical provider to ensure a thorough assessment of full-duty fitness.

1. Esophageal Disease

1.1 Gastro-Esophageal Reflux Disease

Candidates with Gastroesophageal Reflux Disease (GERD) are evaluated based on symptom severity, treatment, and medical history to determine their fitness for duty. Severe or uncontrolled difficulty swallowing (dysphagia) may be disqualifying, while esophageal conditions causing significant pain or physical limitations require careful assessment. Medications that could impair job performance or safety may need further review. A history of serious complications, such as strictures or Barrett's esophagus, should be documented and evaluated. Candidates who have undergone surgical treatments like fundoplication or esophageal dilation within the past year must obtain medical clearance to confirm full recovery and ability to perform essential job functions.

1.2 Eosinophilic Esophagitis

Candidates with Eosinophilic Esophagitis (EoE) are assessed based on symptoms, treatment, and medical history. Difficulty swallowing (dysphagia) may increase the risk of choking, while chest or abdominal pain can affect physical tasks. Those with well-controlled EoE and no major limitations may be fit for duty, but medications affecting alertness or performance require review. Severe cases, including frequent esophageal dilations or emergency care, may need extra clearance. Candidates who had recent procedures must provide specialist approval to confirm full recovery.

2. GI Ulcers (Gastric or peptic)

Medical evaluations for stomach ulcers should assess current symptoms, severity, and impact on physical performance. Frequent abdominal pain, nausea, or discomfort may affect a candidate's ability to perform demanding law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator tasks. Medication usage and effectiveness

must be reviewed, especially if the treatment affects alertness, stamina, or safety. Certain medications or uncontrolled symptoms may require further assessment or be disqualifying condition.

3. Inflammatory Bowel Disease (Crohn's disease and Ulcerative colitis) and Irritable Bowel Syndrome

IBD itself is not an automatic disqualifying condition from employment however there are additional considerations to evaluate fitness for duty. Law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers and telecommunications must be able to perform essential job functions including long shifts and emergency response. Telecommunications personnel must remain at their workstation for extended periods, which can be challenging for individuals with IBS or IBD. Severe cases with frequent hospitalizations, inability to maintain hydration/nutrition, or incapacity to perform duties require referral to a qualified medical provider for further evaluation and clearance. Candidates should also provide written documentation of disease course, including any associated surgeries, hospitalizations, treatments, and complications.

4. Gastrointestinal Hernias

Hernias can significantly impact a candidate's ability to perform the physical tasks required for law enforcement officer, corrections officer, juvenile justice officer, detention officer, and telecommunications roles. Untreated inguinal or abdominal hernias may restrict movement and pose a risk of medical emergencies during strenuous activities.

Symptomatic hernias (causing pain or limited mobility) are generally disqualifying due to the risk of incarceration or strangulation. If surgical intervention was performed, details such as procedure type (open vs. laparoscopic), date, and any complications must be documented. Recovery times typically range from 4–6 weeks, and if surgery occurred within a year of application or academy enrollment, a surgical clearance may be required to confirm fitness for duty.

Any law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates with hernias should be referred to a qualified medical provider for further evaluation and clearance. Clearance is not required for telecommunicator candidates.

5. Abdominal surgeries

Abdominal surgery during the preceding 6 months, including cesarean section, is a disqualifier. Uncomplicated laparoscopic surgeries may meet the standard after 3 months with surgeons' clearance. Surgery performed less than 1 year from application/initiation of the academy or job may require a surgical clearance for fitness for duty.

5.1 Bowel obstruction or perforation

A candidate with a history of bowel obstruction or perforation may be considered fit for duty if the condition is stable, well-managed, and does not affect performance or safety. A medical clearance from a qualified surgeon or gastroenterologist is required to confirm there are no lingering issues such as infections, adhesions, or bowel function abnormalities. Reversible causes (e.g., adhesions, tumors, or ulcers) are not disqualifying if treatment has resolved the issue without long-term complications.

However, progressive or unknown causes may be disqualifying due to the higher risk of medical emergencies under physical and high-stress conditions. If the obstruction/perforation is linked to chronic conditions like Crohn's disease or diverticulitis, the candidate must show effective medical management with a low risk of recurrence. The overall assessment focuses on ensuring the candidate can safely perform all essential job functions without a significant risk of obstruction during duty.

5.2 Bariatric Surgeries

Bariatric surgery can affect a candidate's health, energy levels, and ability to handle physical tasks, so a thorough recovery assessment is important. The type of surgery (gastric sleeve, Roux-en-Y, or gastric bypass) and at least one year of recovery without complications are key factors for medical clearance. Since these surgeries can cause nutrient absorption issues, candidates must manage vitamin and mineral deficiencies to prevent fatigue, weakness, or anemia. Some may also experience complications like dumping syndrome, GERD, or gallstones, which could impact job performance. A medical clearance by a qualified medical provider should confirm that the candidate has no major health issues and can safely perform physically demanding or high-stress duties. The goal is to ensure they have the strength and stamina needed for the job.

5.3 Bowel Resection Surgery

Bowel resection surgery can vary in extent, from removing small sections of the intestine to more complex procedures. If the underlying condition (such as obstruction, ulcerative colitis, or diverticulitis) has been successfully treated and the candidate has no symptoms, the surgery itself is not disqualifying. However, complications like chronic diarrhea, recurring bowel obstructions, motility issues (ileus or partial small bowel obstruction), or the need for a colectomy/ileostomy may affect job performance and could be disqualifying. Candidates must demonstrate good bowel function and no major ongoing issues that would interfere with their duties. Medical clearance by a qualified medical provider is required to confirm the candidate can safely handle physical and high-stress tasks.

6. Hepatobiliary Diseases

6.1 Gallstones/Cholelithiasis

A history of gallstones is not disqualifying; however, a thorough history should be obtained including any surgeries, treatments, recurring symptoms, or complications. If a candidate has any recurring symptoms or complications, a referral to a qualified medical provider may be considered.

6.2 Gilbert's syndrome

For candidates with a history of Gilbert's syndrome, the medical guidance is generally favorable. Gilbert's syndrome is considered a benign condition that typically does not disqualify candidates from law enforcement officer, corrections officer, juvenile justice officer, detention officer or telecommunicator positions. The most common symptom is mild jaundice, which usually does not affect job performance. Some individuals may experience fatigue, which could impact alertness during long shifts, and gastrointestinal issues such as nausea or an upset stomach, which may cause discomfort during active duty. While these symptoms are typically mild, candidates should be aware of their potential effects on physical performance and endurance. Overall, Gilbert's syndrome alone is not disqualifying, but

symptom management should be considered for demanding law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer roles. Candidates should also be counseled on the importance of proper hydration, especially in the setting of heavy physical exertion and viral gastrointestinal illness, as these conditions can exacerbate the condition.

6.3 Hepatitis

Hepatitis can impact a candidate's ability to perform the essential job functions in several ways, depending on the type and stage of the infection. Candidates with a history of hepatitis seeking employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer or telecommunicator must be referred to a qualified medical provider for further evaluation and clearance. Candidates with chronic hepatitis B may safely perform all essential job tasks with a viral load of <1000 IU/mL

6.4 Cirrhosis

Cirrhosis can significantly affect a candidate's ability to perform essential job functions. It may cause muscle weakness, fatigue, and reduced strength, making it hard to perform physical tasks and maintain stamina required for long shifts. Advanced disease can affect mental alertness, decision making capabilities among many other physical concerns.

Cirrhosis (alcoholic or non-alcoholic) is usually a disqualifying condition. Candidates with milder cases may be considered and should be referred to a qualified medical provider for further evaluation and clearance.

6.5 Non-alcoholic Steatohepatitis (NASH) NASH

NASH may be disqualifying depending on the disease severity and impact on overall health. Advanced fibrosis (F3) or cirrhosis (F4) increases the risk of serious liver problems, which may limit physical performance and lead to disqualification. However, mild NASH (F0-F1 fibrosis) usually has good prognosis and can often be managed with lifestyle changes like weight loss and exercise. Candidates with mild disease may be fit for duty if they have no major health complications affecting job performance. Candidates should be referred to a qualified medical provider to ascertain level of disease and overall health to determine qualifying status.

6.6 Hereditary Hemochromatosis

Candidates with hereditary hemochromatosis should be based on the severity of iron overload and the presence of end-organ damage. Candidates with significant organ involvement, such as advanced liver disease (cirrhosis), cardiomyopathy, or diabetes, would be considered a disqualifying condition, while well-managed HH without significant organ damage may be considered a qualifying condition with documentation by patient gastroenterologist of stable condition.

6.7 Pancreatitis

An isolated history of pancreatitis is not disqualifying. Candidates with a history of chronic or recurrent pancreatitis should be referred to a qualified medical provider for further evaluation and clearance. Severe chronic pancreatitis, with constant pain requiring narcotics, digestive issues (weight loss,

malnutrition), or diabetes, may disqualify candidates due to its impact on job performance. However, well-managed pancreatitis without major complications may be considered, depending on the candidate's overall health and ability to perform the essential job functions.

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HEMATOLOGY

There are a variety of hematologic conditions which may significantly increase the risk of morbidity and mortality in the setting of heavy exertion and dehydration as well as isolated or repetitive trauma. Certain conditions may be disqualifying due to the inability to make reasonable accommodations based on the essential job functions of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer. These conditions should not be disqualifying for telecommunicator candidates.

1. Sickle Cell Trait

Individuals with sickle cell trait (SCT) generally do not experience symptoms and have normal life expectancy. However, they may be at increased risk for exertional rhabdomyolysis and heat-related illnesses during intense physical activity

No routine screening for SCT is recommended. Recruits may know that they have SCT based on family history or prior testing. Hemoglobin electrophoresis or high-performance liquid chromatography (HPLC) can be done to confirm the presence of SCT.

Candidates with SCT should be counseled on the following:

- a) Ensure proper hydration and allow for adequate rest periods during training or after periods of intense physical activity
- b) Educate candidates on recognizing early symptoms of heat-related illnesses.

If the individual is asymptomatic and has no history of exertional complications, they may be cleared with recommendations for proper hydration and monitoring during physical activities. If there is a history of complications, especially in the setting of exertion, candidates should be referred to a qualified hematologist for further evaluation.

2. Sickle Cell Disease

Most adults with sickle cell disease (SCD) may have complications that preclude employment as a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, detention officer, or telecommunicator. Specifically, these individuals often have chronic anemia, joint and bony disease (e.g. osteonecrosis of the bone), strokes, eye disease (retinopathy), increased risk for infections, hypoxia, acute pain episodes and chronic pain. These complications often lead to decreased physical performance, and these individuals are susceptible to acute pain episodes or other complications after physical exertion. Other triggers include change in ambient temperature, stress, infections/inflammation, and various other exposures.

All candidates should be tested for sickle cell disease. Candidates with active sickle cell disease should be excluded as they are unlikely to meet the physical requirements of a law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, or detention officer.

Telecommunicator candidates should be referred to a qualified hematologist for additional evaluation and clearance.

Some individuals with well-controlled disease (e.g. after transformative treatments such as stem cell transplant/gene therapy), or those with variant genotypes with minimal symptoms may be appropriate after demonstrating an extended period of stability. These individuals, which comprise a minority of the SCD population, will require a detailed assessment by a hematologist experienced in managing SCD for clearance for roles requiring physical exertion. Clearance generally may be granted for non-strenuous roles with regular medical follow-ups, provided the capacity for tailored work accommodations.

3. General Anemia

Anemia (typically due to iron deficiency) is common in the general population, with up to 5% of non-pregnant females in the US affected. People with anemia may experience increased fatigue/weakness, reduced cognitive function, shortness of breath, and depression/anxiety. These factors may negatively impact job performance for officers and affect physical performance. Other conditions may also lead to anemia, including renal disease, other nutrient deficiency, inflammation/infection, autoimmune disorders, and bone marrow disorder/malignancy.

All individuals should be screened for anemia and treated appropriately. This can be done with a complete blood count (CBC) with measurement of hemoglobin.

For those who screen positive for anemia, additional studies should be pursued. This can include: Iron studies (serum iron, ferritin, total iron-binding capacity), vitamin B12 and folate levels, creatinine and other measures of renal function, and referral to a specialist if etiology of anemia cannot be easily determined.

Clearance depends on the severity and cause of anemia. Mild anemia with effective treatment may allow for clearance with periodic monitoring. Some individuals may have mild baseline anemia from genetic conditions such as thalassemia trait, which generally does not impact physical activity and thus should not be disqualifying. Severe or untreated anemia will warrant further treatment and improvement before clearance.

4. Thalassemia and other mild congenital anemias

As previously noted, some individuals are born with conditions that are associated with mild anemia, such as alpha or beta thalassemia trait. Individuals with mild baseline anemia are usually well compensated and thus there are no specific indications for additional interventions or monitoring. These conditions are not disqualifying.

5. Leukopenia

Many individuals have low white blood cell (WBC) count or leukopenia. Oftentimes, leukopenia is benign, such as in transient bone marrow suppression after infection, or congenital (e.g. Duffy-associated neutrophil count), or medication associated. People with chronic, persistent leukopenia should be evaluated for conditions which may impact job performance. Depending on the cause, leukopenia can increase susceptibility to infections, which can impact roles that involve frequent contact with the public and potential exposure to pathogens.

It is recommended to obtain a CBC on all candidates to determine WBC count and identify the type of leukopenia (e.g., neutropenia, lymphopenia).

Screen all candidates for blood disorders with a CBC.

Individuals with chronic leukopenia should be evaluated and cleared by a medical specialist who should conduct a thorough risk assessment to evaluate the likelihood of recurrent infections and the impact on job performance. This may involve consultation with a hematologist and/or infectious disease specialist. Individuals with mild leukopenia and no history of recurrent infections may be cleared for duty with regular monitoring. Those with severe leukopenia or frequent infections may require further evaluation and risk assessment with a specialist.

Further workup for the underlying etiology for those with chronic leukopenia should be considered. Additional tests may include specific tests to identify underlying causes (e.g., infections, autoimmune disorders, and bone marrow disorders). For some individuals with slightly low neutrophil counts and no history of frequent infectious complications, Duffy antigen testing may be sufficient.

Individuals at increased risk of infectious complications should be instructed on proper hygiene, vaccinations, and avoiding exposure to known sources of infection

6. Bleeding Disorders

Bleeding disorders include inherited (congenital) disorders such as von Willebrand disease, hemophilia, factor deficiencies, and platelet disorders (including thrombocytopenia or low platelet count). Bleeding disorders may also be acquired: Acquired hemophilia or von Willebrand disease, vitamin K deficiency, and liver disease such as cirrhosis, and chronic kidney disease.

Bleeding disorders can increase the risk of excessive bleeding from injuries, which is a significant concern in law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer roles.

A detailed medical history on prior bleeding issues should be considered. Laboratory tests do not reliably identify all individuals with bleeding disorders and may be falsely abnormal and lead to over-testing.

The following severe bleeding disorders are disqualifying:

- Hemophilia

- Factor Deficiencies

For those candidates with a bleeding diathesis who are found fit for duty, there should be appropriate training and procedures in place to manage a bleeding episode.

Individuals with mild bleeding disorders may be cleared with precautions and regular monitoring by a bleeding disorder specialist. Those with severe bleeding disorders may not be suitable for roles with high physical risk unless cleared by a hematologist with a specific mitigation plan.

7. History of Thrombophilia or Thrombosis (Not on Active Anticoagulation)

Many individuals have a personal history of venous thromboembolism (VTE) or have inherited genetic traits, which altogether increase the risk of developing a subsequent VTE. Detailed medical history, including the type, location, and frequency of thrombotic events, any underlying thrombophilia (e.g., Factor V Leiden, prothrombin gene mutation, antiphospholipid antibody syndrome), and any risk factors that were present at each event. A hematologist may be helpful obtaining this history and providing corresponding documentation.

A history of thrombosis or thrombophilia can increase the risk of recurrent thrombotic events, which may be exacerbated by prolonged periods of inactivity, dehydration, or injury. Overall, the impact law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, and telecommunicators on a day-to-day basis is low, but may increase the risk of complications after injuries.

Conduct a thorough risk assessment to evaluate the likelihood of recurrent thrombotic events. This may involve consultation with a hematologist or vascular specialist with anticipated job duties.

Individuals with a well-managed history of thrombosis or thrombophilia, no recent thrombotic events, and otherwise in good health should be cleared for duty. Those with recurrent thrombotic events or significant risk factors should be referred to a qualified hematologist for further evaluation and clearance.

Preventive measures such as ensuring proper hydration, encouraging regular physical activity, and avoiding prolonged periods of inactivity may be helpful. Educate individuals on recognizing early signs of thrombosis and seeking prompt medical attention if symptoms do develop.

8. Current Anticoagulation Use

An increasing number of individuals take anticoagulation and/or antiplatelet medications on a regular basis to reduce the risk for thrombosis. Similarly to those with bleeding disorders, individuals on anticoagulation may be at higher risk for bleeding especially after trauma. All candidates should be asked to provide a list of medications they use daily. This list should be reviewed for any medications that increase the risk for bleeding.

For individuals on anticoagulation, activities that contain a substantial risk for injury should be avoided. Individuals solely on single antiplatelet agents can be considered for more active roles and should be referred to a qualified medical provider for further evaluation and clearance.

Generally, law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates who take lifelong anticoagulation should be disqualified due to the risk of morbidity and mortality in the setting of trauma.

Some individuals with lower thrombosis risk may be able to tolerate brief pauses in their anticoagulation dosing to allow for higher risk activities. These candidates should be referred to the prescribing provider

for clearance to participate in these specific functions. A detailed mitigation plan with clear instructions on when to hold their medication should be developed prior to clearance.

If brief pauses in anticoagulation use are not possible to accommodate high risk activities like defensive tactics training, law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates taking anticoagulation should be disqualified.

Anticoagulation use is not disqualifying for telecommunicator candidates, but they should be encouraged to maintain good medication compliance and follow up with the prescribing provider due to the sedentary nature of the position.

