

MAO / POLICE SURGEON QUESTIONNAIRE

In order to evaluate members' police surgeons visit and MAO investigation the PBA requests that the following information be provided:

NAME _____ SERIAL# _____

DATE OF APPOINTMENT _____ COMMAND _____

SCHEDULED TIME OF APPOINTMENT _____ TIME SEEN _____

I# _____

EXAMINED BY (NAME OF SURGEON) _____

MAO SUPERVISOR VISITED (IF APPLICABLE) _____

1. Was a medical exam conducted? Yes No

2. What did the medical exam consist of (What did the doctor do?) _____

3. Did the Police Surgeon perform any medical tests as part of the examination? (feel for spasm, test for sensory loss, use a tape to measure for atrophy, test for reflex loss, make you walk on heel/toes, test straight leg raising, etc.)? _____

4. How long did the medical exam take? _____

5. Were you ordered to either Restricted Duty or Full Duty? Yes No

6. Was the Police Surgeon aware of the duties and responsibilities of your position before you were assigned back to full duty? Yes No

7. If you were ordered back to work, who gave the order, Police Surgeon or MAO Supervisor? _____

7a Did this order conflict with any of your doctors evaluations? Yes No

8. Do you feel the Police Surgeon treated you fairly and professionally? If not, please provide details. _____

9. Do you feel the MAO Supervisor / Staff treated you fairly and professionally? If not, please provide details. _____

10. Were you asked to complete any forms by the Police Surgeon? Yes No
If yes, what forms? _____

11. After completion of any forms, were you asked, ordered or in any way coerced into making any changes on any of the forms? Yes No
If yes what forms? _____

12. Did the Police Surgeon discuss your symptoms, such as pain that you might have? Yes No
Did you feel that this was a full and complete discussion? Yes No

13. Did the Police Surgeon or MAO Supervisor make any suggestions that you seek treatment with any doctors or physical therapists? Yes No

If you feel that you were not treated professionally by any of the medical staff of the Police Surgeon's office, or MAO please complete the form and then contact a PBA representative.