



City of Kingman PSPRS Board

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CITY OF KINGMAN
MEETING OF THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
POLICE BOARD
Council Chambers
310 N. 4th Street
Kingman, AZ

11:00 AM **AMENDED AGENDA** Tuesday, October 22, 2019

**** A member of the board may participate in the meeting telephonically****

Call to Order and Roll Call

1. Approval of Minutes

- a. The Meeting Minutes of July 18, 2019

2. Appointments

3. Police Personnel

- a. Acknowledgement of Mark Chastain's exit from the DROP program
- b. ****AMENDED**** Acknowledgement of Dennis Gilbert's entrance into the DROP program

4. Call to the Public

Visitors are provided time to make statements to the Board. Those wishing to do so please notify the PSPRS Secretary. Statements should be limited to no more than 5 minutes. Please keep in mind that the Board cannot take action on comments, questions, or concerns at this time.

5. Announcements- Limited to announcements, availability/attendance at conferences and seminars

6. Old Business-

- a. Discussion on Medical/Pre-Existing Conditions Draft Form

7. Future Agenda Items

8. Adjournment

*Pursuant to A.R.S. 38-431.03(A)2, the City of Kingman Public Safety Personnel Retirement System Board may vote to enter executive session, which will not be open to the public, to review records exempt by law from public inspection.



City of Kingman P S P R S Board

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*Pursuant to A.R.S. 38- 431.03 (A)3, the City of Kingman Public Safety Personnel Retirement System Board may vote to enter into Executive Session, which will not be open to the public, to receive legal advice from its attorney concerning items on this agenda.

If anyone has a disability that requires special accommodation, please call the City at (928) 753-5561 at least 24 hours prior to the scheduled time. The Local Board may consider any item on this agenda in any order and at any time during the meeting.

Posted By: _____

Date/Time: _____



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CITY OF KINGMAN
MEETING OF THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
POLICE BOARD
Council Chambers
310 N. 4th Street
Kingman, AZ

2:00 PM

MEETING MINUTES

Thursday, July 18, 2019

** A member of the board may participate in the meeting telephonically**

Call to Order and Roll Call- Board Member Ellico called the meeting to order at 2:00 P.M. and roll call was taken. All board members were present except for Chairperson Miles who was excused.

1. Approval of Minutes

- a. The Meeting Minutes of February 26, 2019

Boardmember Godfrey made a motion to approve the February 26, 2019 meeting minutes, Boardmember Boone seconded and it was approved by a vote of 4-0.

AYE: Boardmember Boone, Boardmember Ellico, Boardmember Gilbert, Boardmember Godfrey.

NAY: None

2. Appointments

3. Police Personnel

- a. Acknowledgement of James Brice's entrance into the DROP program.

Boardmember Gilbert made a motion to acknowledge the application from James Brice to enter into the DROP program. Boardmember Godfrey seconded and it was approved by a vote of 4-0.

AYE: Boardmember Boone, Boardmember Ellico, Boardmember Gilbert, Boardmember Godfrey.

NAY: None

4. Call to the Public

Visitors are provided time to make statements to the Board. Those wishing to do so please notify the PSPRS Secretary. Statements should be limited to no more than 5 minutes. Please keep in mind that the Board cannot take action on comments, questions, or concerns at this time.

5. Announcements- Limited to announcements, availability/attendance at conferences and seminars

- a. **Local Board Training 08/15/2019 in Lake Havasu City**

Boardmember Ellico said that carpooling is available if they wanted and to contact Secretary Meredith. Boardmember Boone said that she will tentatively



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attend. Boardmember Gilbert and Boardmember Godfrey said that they will attend.

6. Old Business-

a. Review PSPRS Model Rules of Local Board

Secretary Meredith shared that in researching she was not able to see where the City of Kingman local board ever created their own set of bylaws. She provided a copy of the PSPRS Revised Model Uniform Rules of Local Board Procedure. She shared that she also reached out to Lake Havasu City and Bullhead City shared with the board that Lake Havasu City has revised the model rules to be more tailored to them and that Bullhead City uses the model rules provided.

Boardmember Gilbert said that he reviewed it and it was pretty thorough.

Boardmember Boone said that it was straight forward.

Boardmember Ellico asked what the difference between the model rules and the Lake Havasu version was. Secretary Meredith said that it just seemed to be more personalized and that there were no substantial changes that she noticed.

Boardmember Gilbert made a motion to accept the Public Safety Personnel Retirement System Revised Model Uniform Rules of Local Board Procedure dated November 16, 2016. Boardmember Boone seconded and it was approved by a vote of 4-0.

AYE: Boardmember Boone, Boardmember Ellico, Boardmember Gilbert, Boardmember Godfrey.

NAY: None

b. Discussion on Medical/Pre-Existing Conditions Form

Secretary Meredith shared that in her research, a form had not been started for the City of Kingman. She reached out to Lake Havasu City and shared that they get a summary from their human resources department that the secretary of the board shares at their meeting. She also reached out to Bullhead City and shared that the board reviews medical evaluations for all new hires in executive session and if there is a pre-existing conditions it is noted in open session.

Boardmember Ellico said that human resources said that the City of Kingman will not share fit for duty evals with the local board and that if the board wants a fit for duty report we would need to create our own form to go with the employee when they went to get the evaluation.

Boardmember Godfrey asked if they would review and give us a summary. Boardmember Ellico said that she was told no.



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Boardmember Boone said that while they get their initial evaluation, they could get one for us as well.

Boardmember Ellico said that it would have our name on it and come to us as the local board. She said that the thought process is that someone can have an injury in high school which does not exclude them from being fit for duty for the police department, but if they hurt their knee at academy and it wasn't noted by the board we would have to pay it out.

Boardmember Gilbert asked if we just ask the hospital to note it.

Boardmember Ellico said that if they are currently fit for duty they can be hired and that does not mean that they don't have a pre-existing condition and the city is responsible to pay.

Boardmember Boone asked if there is a form that the state can provide us.

Boardmember Ellico said that there is not. She said that PSPRS will not go there because it is not in their statutory regulation.

Boardmember Gilbert asked Secretary Meredith to reach out to some other larger agencies and see how they handle it.

Boardmember Boone asked if you had a preexisting condition and were injured on the wall and something happens would it relieve you of the obligation.

Boardmember Ellico said that it would not prevent workers compensation but it would prevent medical retirements that are connected to preexisting conditions.

Boardmember Gilbert said that it is important, because we have never done that before. He said that the City will still have them get a thorough medical evaluation to determine. Boardmember Gilbert asked if we can get the information from the police department.

Boardmember Ellico said that she was told it would not be released because we are considered an outside agency.

Boardmember Boone asked Boardmember Godfrey to get an example of what they receive.

Boardmember Ellico said that she has the post form on file that we can bring.

The board gave direction to have Secretary Meredith investigate further and bring the information back to the next board meeting.



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- c. Review Confidentiality Policy
Boardmember Ellico said that if there are no corrections she would entertain a motion to approve the confidentiality policy as presented. Boardmember Gilbert made a motion to accept the confidentiality policy. Boardmember Godfrey seconded and it was approved by a vote of 4-0.
AYE: Boardmember Boone, Boardmember Ellico, Boardmember Gilbert, Boardmember Godfrey.
NAY: None

7. Future Agenda Items

- a. Pre existing form draft
- b. Report from training

8. Adjournment

Boardmember Boone made a motion to adjourn. Boardmember Gilbert seconded and it was approved by a vote of 4-0.

AYE: Boardmember Boone, Boardmember Ellico, Boardmember Gilbert, Boardmember Godfrey.

NAY: None

ADJOURNED at 2:18 P.M.

*Pursuant to A.R.S. 38-431.03(A)2, the City of Kingman Public Safety Personnel Retirement System Board may vote to enter executive session, which will not be open to the public, to review records exempt by law from public inspection.

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STATE OF ARIZONA)
COUNTY OF MOHAVE)ss:
CITY OF KINGMAN)

CERTIFICATE OF MINUTES

I, Annie Meredith, PSPRS Local Board Secretary of the City of Kingman, Arizona, hereby certify that the foregoing Minutes are a true and correct copy of the Minutes of the Public Safety Personnel Retirement System Board of the City of Kingman held on Thursday, July 18, 2019.

Dated this 18th day of July, 2019.

Annie Meredith, PSPRS Local Board Secretary



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Pre-Existing Condition Certification

I _____, have examined _____
in consideration of employment with Kingman Police Department and entrance into the Public
Safety Personnel Retirement System. It is my professional determination that this employee,

- Does not have any pre-existing injuries or conditions that could be aggravated while performing the normal duties of the position they have applied for.
- Has the following pre-existing injuries or conditions that could be aggravated while performing the normal duties of the position they have applied for and should be noted at this time:

Signature of Reviewing Physician

Date

By signing below, I _____, am authorizing the above declaration
by my physician to be placed into my personnel file for future use and consideration by the local
PSPRS Board as needed.

Signature of Employee

Date



Arizona Peace Officer Standards and Training Board



MEDICAL EXAMINATION REPORT

INSTRUCTIONS TO THE EXAMINING PHYSICIAN: The person being examined is an applicant for the position of peace officer within the State of Arizona. Peace officers are required to perform a variety of strenuous and difficult job functions, including those described in the job description for Arizona entry level peace officer available from the Agency where application is being made. The purpose of this examination is to determine if the applicant is able to safely perform these essential job functions. Applicants may be required to attend a police academy where both physical and mental stresses are encountered. Please use the "Medical History Form" provided by the applicant in conjunction with the medical examination as a basis for completing this report. Minimum medical guidelines for Arizona peace officers are specified in Arizona Administrative Code R13-4-107 and in the AZ POST Medical Screening Manual.

PART I. APPLICANT'S INFORMATION (Please type or print)

1. NAME (Last, First, Middle): _____ 2. BIRTH DATE (month, day, year): _____
 3. Social Security Number: _____ 4. Weight (without coat or shoes): _____ 5. Height (without shoes): _____
 6. Sex: Male: _____ Female: _____ 7. Hiring Agency: _____

PART II. VISION AND HEARING

8. VISUAL ACUITY <u>DISTANCE</u> Uncorrected: R20/____ L20/____ B20/____ Corrected: R20/____ L20/____ B20/____ <u>NEAR VISION</u> Uncorrected: R20/____ L20/____ B20/____ Corrected: R20/____ L20/____ B20/____	9. HORIZONTAL FIELD OF VISION Right: _____ Left: _____ Both: _____ Check if Present: Scatoma: _____ Quadrantanopia (large blind spot): _____	10. COLOR PERCEPTION <u>(NOTE ANY DEFICIENCIES)</u> Red: _____ Green: _____ Yellow: _____ Color Plates: _____ _____ No Deficiency Noted _____ Partial Deficiency Noted																								
11. CORRECTION None: _____ Spectacles: _____ Hard Contact Lenses: _____ Soft Contact Lenses: _____ Required if uncorrected vision is 20/80 or more.	12. HEARING: (Audiometer must be used) <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>500HZ</td> <td>1000HZ</td> <td>2000HZ</td> <td>3000HZ</td> <td>4000HZ</td> <td>6000HZ</td> <td>8000HZ</td> </tr> <tr> <td>dbL</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>dbR</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Hearing aid used? _____ Note any abnormalities in Comments - Section VII			500HZ	1000HZ	2000HZ	3000HZ	4000HZ	6000HZ	8000HZ	dbL	_____	_____	_____	_____	_____	_____	_____	dbR	_____	_____	_____	_____	_____	_____	_____
	500HZ	1000HZ	2000HZ	3000HZ	4000HZ	6000HZ	8000HZ																			
dbL	_____	_____	_____	_____	_____	_____	_____																			
dbR	_____	_____	_____	_____	_____	_____	_____																			

PART III. CONTAGIOUS DISEASES

13. Does the applicant have contagious hepatitis? YES _____ NO _____ 14. Does the applicant have contagious tuberculosis? YES _____ NO _____

PART IV. CONDITIONS IN AZ POST MEDICAL CATEGORY II

15. Based upon your examination and review of the applicant's Medical History Questionnaire, please check any of the listed conditions that apply:

Angina pectoris	Diabetes, insulin, dependent or ketosis-prone	Paralysis	Substance abuse
Asthma		Pilonidal cyst	
Cancer - metastatic or leukemia	Fixation of major joint	Prosthetic device, e.g. limbs, hearing aid, colostomy	Valvular heart disease (uncorrected)
Cardiac arrhythmias or murmurs	Herniated lumbar disc	Recurrent dislocation of major joint	Wasting disease, chronic, e.g. multiple sclerosis, myasthenia gravis, amyotrophic lateral sclerosis
Cerebral vascular accident	Hypertension, uncontrolled	Schizophrenia, manic depressive, psychosis	
Chest pains of unknown origin	Inguinal hernia		
Chronic respiratory disease	Liver or renal dysfunction	Scoliosis greater than fifteen (15) degrees	Any other physical or mental conditions that may interfere with the applicant's ability to effectively function as a peace officer on a continuing basis or may create a reasonable probability of substantial harm to the applicant or others.
Contagious disease not covered in Part III	Migraine headache	Seizure disorders	
	Myocardial infarction history		
	Neurosis		

PART V. ADDITIONAL INFORMATION

16. **MEDICAL CONDITIONS: (From Sections III and IV)**
Please describe, in layman's terms, the common characteristics of any condition(s) checked on the reverse side of this form.

17. **SYMPTOMS:** Please describe the specific symptoms of the condition(s) checked on the reverse side.

18. **EFFECTS OF SYMPTOMS:** Please indicate how the symptoms in #17 affect the applicant's ability to perform the duties of a peace officer.

19. **TREATMENT:** Please describe the type and duration of any treatment indicated.

20. **PROGRESSIVE NATURE OF CONDITION(S):** Are any of the condition(s) stated in #16 progressive in nature?

YES _____ NO _____

PART VI. CERTIFICATION: Important - Physician Please Read Carefully (Physician's Assistant certification not accepted)

21. I certify that I have examined the applicant whose name appears on the reverse of this form and that I am a licensed physician in the United States of America. I further certify that based upon the applicant's history (which I have reviewed) and my physical examination, the applicant:

- a. is capable of performing the duties of a peace officer without accommodations.
- b. is capable of performing the duties of a peace officer with the following accommodations. (list in comments section below)
- c. has a condition which requires further evaluation by a specialist in the field of: _____
- d. is not capable of performing the duties of a peace officer.

PHYSICIAN'S NAME AND ADDRESS (type or print):

PHYSICIAN'S SIGNATURE: _____

Date: _____

AZ POST Certificate No: _____

Medical Occupational Specialist:

PART VII. COMMENTS

PART VIII. MEDICAL INFORMATION RELEASE (To Be Completed By Applicant)

I hereby authorize the examining physician whose signature appears on this form to release all information concerning my medical condition and history to the listed hiring agency and Arizona POST, its staff, or designated representatives. I also certify that I have provided the examining physician with full, complete and accurate medical history.

Print Applicant Name: _____

Applicant Signature: _____

Date: _____