

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
POLICE TRAINING COMMISSION

SPECIAL LAW ENFORCEMENT OFFICER CLASS III
MEDICAL CERTIFICATION FORM
(Please Print)

Officers Name: _____

Social Security Number: _____

Employing Agency: _____

Agency Address: _____

Physician's Name: _____

Physician's Address: _____

Based upon the medical examination and a review of a Health History Statement, the above named individual is determined to be:

Please check one:

_____ Medically fit to perform duties associated with a Special Law Enforcement Officer Class III that will require, at a minimum, the utilization of defensive tactics, chemical agent exposure, firearms training, baton training and the capacity to physically restrain individuals.

_____ NOT medically fit to perform duties associated with a Special Law Enforcement Officer Class III that will require, at a minimum, the utilization of defensive tactics, chemical agent exposure, firearms training, baton training and the capacity to physically restrain individuals.

_____ Recommend additional testing before clearance.
Additional testing required: _____

Physician's Signature and License No.

Date