

Date: [Date]

To: [Hiring Agency/Department Name]

Attention: [Background Investigator or Human Resources]

Address: [Agency Address]

RE: Medical Clearance for Law Enforcement Candidate

Candidate Name: [Candidate Full Name]

Date of Birth: [Candidate DOB]

To Whom It May Concern,

I have performed a formal medical evaluation of the above-named candidate on [Date of Examination]. The purpose of this examination was to determine the candidate's physical fitness to participate in a law enforcement training academy and perform the essential duties of a police officer.

The evaluation included a review of medical history, a physical examination, and assessment of the candidate's ability to engage in strenuous physical activities including, but not limited to: running, jumping, lifting, climbing, and defensive tactics training.

Based on my findings, it is my professional medical opinion that:

The candidate is **cleared for full duty** and participation in the physical agility test and academy training without restrictions.

The candidate is **not cleared** for duty at this time.

The candidate is cleared with the following **restrictions/accommodations:** [List restrictions if applicable]

This clearance is valid for [Number] months from the date of the examination.

Sincerely,

Physician Signature

Physician Name: [Print Name]

Medical License Number: [License #]

Clinic/Facility Name: [Name]

Phone Number: [Phone Number]