

[Physician or Medical Facility Letterhead]

[Date]

To: [Agency Name / Occupational Health Department]

Attn: [Health Coordinator or Chief of Police]

Address: [Agency Address]

RE: ANNUAL PHYSICAL CLEARANCE FOR ACTIVE DUTY

Patient Name: [Officer Full Name]

Date of Birth: [DOB]

Employee ID: [ID Number]

To Whom It May Concern,

This letter serves to certify that I have performed a comprehensive physical examination on the above-named individual on [Date of Examination].

Based on the medical evaluation, including a review of medical history and physical assessment, I have determined the following:

Status (Select One):

- **CLEARED:** The individual is physically fit to perform the full range of active law enforcement duties, including strenuous physical activity, without restrictions.
- **CLEARED WITH RESTRICTIONS:** The individual is cleared for duty with the following limitations: [List Restrictions].
- **NOT CLEARED:** The individual is not medically cleared for active duty at this time.

This clearance is valid until [Expiration Date, typically one year from exam].

If you require any further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]