

**[Physician Name/Medical Clinic Name]**

[Address Line 1]

[City, State, Zip Code]

[Phone Number]

**Date:** [Date]

**To:** [Agency Name/Law Enforcement Department]

**Attn:** [Personnel Department/Human Resources]

**RE: Physical Fitness Clearance for Law Enforcement Duty**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

To Whom It May Concern,

I have performed a formal physical examination of the above-named individual on [Date of Exam]. Based on the medical history provided and the clinical findings of this examination, I have determined the following:

The individual is **MEDICALLY CLEARED** to perform the essential functions and duties of a Law Enforcement Officer without restrictions. This includes, but is not limited to:

- Rigorous physical activity and aerobic exertion.
- Running, jumping, and climbing.
- Lifting, carrying, or dragging heavy objects/persons.
- Use of force and defensive tactics.
- Operating a motor vehicle under high-stress conditions.
- Safe handling and discharge of firearms.

**Comments/Special Considerations:**

[Enter "None" or specify any minor accommodations]

I certify that I am a licensed healthcare provider authorized to conduct such evaluations and that the information provided is true and accurate to the best of my knowledge.

Sincerely,

---

**Signature of Physician**

[Physician Name, Title]

[Medical License Number]

[State of Licensure]