

## PHYSICIAN'S MEDICAL CLEARANCE FORM

**Date:** [Insert Date]

**To:** [Insert Police Academy Name] Admissions Department

**Patient Name:** [Insert Recruit Full Name]

**Date of Birth:** [Insert Recruit DOB]

Dear Academy Director,

I have conducted a comprehensive physical examination of the above-named individual on [Insert Date of Exam]. This examination was performed to determine the candidate's medical fitness to participate in a Law Enforcement Basic Training Academy.

I have reviewed the physical requirements of the academy, which include, but are not limited to:

- High-intensity cardiovascular exercise and sprinting.
- Strength and endurance testing (push-ups, sit-ups, etc.).
- Defensive tactics and combat maneuvers.
- Exposure to extreme weather conditions and high-stress environments.
- The ability to carry heavy equipment and firearms.

### Medical Result:

**CLEARED:** I find the candidate physically fit to participate in all aspects of the law enforcement training program without restrictions.

**NOT CLEARED:** The candidate is not physically fit to participate at this time.

**Physician Comments (Optional):** [Insert any specific notes or limitations here]

Sincerely,

**Physician Signature:** \_\_\_\_\_

**Physician Printed Name:** [Insert Name]

**Medical License Number:** [Insert License #]

**Clinic/Facility Name:** [Insert Clinic Name]

**Phone Number:** [Insert Phone Number]

[Official Medical Office Stamp Here]