

Date: [Insert Date]

To: Recruitment and Training Division

Subject: Medical Clearance for Special Tactics Unit (STU) Training

Patient Name: [Insert Candidate Full Name]

Date of Birth: [Insert Date of Birth]

Agency ID/Badge Number: [Insert ID Number]

To Whom It May Concern,

I have conducted a comprehensive physical examination of the above-named individual to determine their medical suitability for participation in the Special Tactics Unit (STU) selection process and operational training.

I have reviewed the physical requirements for this position, which include high-intensity cardiovascular activity, heavy lifting, strenuous tactical movements, exposure to environmental extremes, and the use of specialized protective equipment (body armor and gas masks).

Based on my clinical evaluation:

The candidate is **MEDICALLY CLEARED** for full participation in all physical training, testing, and operational duties without restriction.

The candidate is **NOT CLEARED** for participation at this time.

The candidate is **CLEARED WITH RESTRICTIONS** (Details provided below).

Comments/Restrictions:

[Insert comments or N/A]

Medical Professional Information:

Signature: _____

Printed Name: [Insert Doctor Name]

Medical License Number: [Insert Number]

Clinic/Hospital Name: [Insert Facility Name]

Phone Number: [Insert Phone Number]

[Office Stamp Here]