

Date: [Date]

To: [Law Enforcement Agency Name / Training Academy]

Attention: [Occupational Health / Background Unit]

Subject: Cardiovascular Health Clearance for Law Enforcement Duty

Patient Name: [Candidate Full Name]

Date of Birth: [DOB]

To Whom It May Concern,

I have performed a formal cardiovascular evaluation of the above-named individual to determine their medical suitability for law enforcement duties and rigorous physical training. This evaluation included a review of medical history, a physical examination, and [List tests performed, e.g., Resting EKG, Stress Test, Echocardiogram].

Based on my clinical findings and the patient's current cardiovascular health status, it is my professional opinion that:

CLEARANCE GRANTED: The patient is cardiovascularly fit to participate in high-intensity physical agility testing, defensive tactics training, and the essential functions of a law enforcement officer without restrictions.

CLEARANCE WITHHELD: The patient is not cleared for physical duty at this time due to [Reason/Follow-up required].

LIMITED CLEARANCE: The patient is cleared with the following specific restrictions: [List restrictions].

This clearance is valid until [Expiration Date]. Should the patient experience any cardiac symptoms or significant changes in health status, this clearance is subject to re-evaluation.

Sincerely,

[Physician Signature]

Physician Name: [Print Name]

Board Certification: [e.g., Cardiology / Internal Medicine]

Medical License Number: [Number]

Clinic Name: [Name]

Phone Number: [Phone]

Email: [Email]