

OFFICIAL CLEARANCE LETTER: VISION AND HEARING

Date: [Date]

To: [Law Enforcement Agency Name / Training Academy]

Attn: Recruitment/Medical Division

Address: [Agency Address]

PATIENT INFORMATION

Candidate Name: [Full Name of Candidate]

Date of Birth: [DOB]

Exam Date: [Date of Examination]

VISION EXAMINATION RESULTS

Uncorrected Vision: Right [20/XX] Left [20/XX] Binocular [20/XX]

Corrected Vision: Right [20/XX] Left [20/XX] Binocular [20/XX]

Color Vision: [Pass/Fail] - Method used: [e.g., Ishihara/Farnsworth]

Peripheral Vision: [Horizontal Field in Degrees]

HEARING EXAMINATION RESULTS

Pure tone threshold average (500, 1000, 2000, 3000 Hz):

Right Ear: [XX] dB

Left Ear: [XX] dB

Hearing Aid Required: [Yes/No]

PHYSICIAN DETERMINATION

I have examined the above-named candidate in accordance with the [State/Agency Name] law enforcement medical standards. Based on the results of the vision and hearing screenings, I have determined that this individual is:

CLEARED: Meets the required vision and hearing standards for law enforcement duties without restrictions.

CLEARED WITH RESTRICTIONS: Meets standards only with corrective lenses or hearing aids as specified below:

[Specify Restrictions]

NOT CLEARED: Does not meet the minimum medical standards for this position.

Provider Signature: _____

Provider Name: [Printed Name and Title]

License Number: [Number]

Clinic/Facility Name: [Name]

Phone Number: [Phone Number]

[Official Clinic Stamp/Seal]