

[Physician or Medical Practice Name]

[Address]

[City, State, Zip Code]

[Phone Number]

Date: [Current Date]

To: [Agency Name / Training Coordinator]

[Department Address]

RE: Medical Clearance for Firearms Qualification

Patient Name: [Officer/Applicant Name]

Date of Birth: [DOB]

To Whom It May Concern,

I have medically evaluated the above-named individual on [Date of Examination]. Based on this physical examination, I find the individual to be physically capable of participating in law enforcement firearms qualification and training activities.

This clearance includes the physical ability to:

- Handle and discharge duty firearms (handgun, rifle, and/or shotgun).
- Assume various shooting positions (standing, kneeling, and prone).
- Tolerate repetitive recoil and the weight of tactical gear.
- Perform movements associated with holster draws and rapid target acquisition.
- Withstand exposure to loud noise and outdoor environmental conditions.

Clearance Status:

Cleared for full duty/participation without restrictions.

Cleared with the following restrictions: [List restrictions or N/A].

Not cleared for participation.

This clearance is valid until [Expiration Date, if applicable].

Sincerely,

[Physician Name, MD/DO/NP/PA]

[State Medical License Number]