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Date: [Date]

To: [State POST Commission / Police Academy Name]

Address: [Academy Address]

City, State, Zip: [City, State, Zip Code]

Subject: Medical Clearance for Out-of-State Lateral Transfer

Applicant Name: [Applicant Full Name]

Date of Birth: [DOB]

Social Security Number (Last 4): [Last 4 Digits]

To Whom It May Concern,

I hereby certify that I have conducted a comprehensive physical examination of the aforementioned applicant on [Examination Date]. The purpose of this examination was to determine the applicant's physical fitness to perform the essential duties of a Law Enforcement Officer and to participate in the required physical agility testing for out-of-state lateral transfers.

Based on my clinical findings and the applicant's medical history, I have determined the following:

- The applicant is free from any physical, emotional, or mental condition that might adversely affect the performance of duty.
- The applicant is physically capable of participating in strenuous physical activities, including running, jumping, climbing, and lifting.
- The applicant meets or exceeds the minimum medical standards required for police certification in this jurisdiction.

Medical Recommendation:

[] The applicant is **CLEARED** for full participation in law enforcement training and testing without restrictions.

[] The applicant is **NOT CLEARED** for participation.

Respectfully submitted,

Physician Signature

Physician Name: [Print Name]

Medical License #: [License Number]

Clinic/Facility Name: [Clinic Name]

Phone Number: [Phone Number]