

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
POLICE TRAINING COMMISSION

MEDICAL CERTIFICATION FORM
(Please Print)

Candidate's Name: _____

Social Security Number: _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC-Approved School
Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Physician's Name: _____

Physician's Address: _____

Based upon the medical examination and review of the Health History Statement, the above-named individual is determined to be:

(Check one)

Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training and in the Police Training Commission's Physical Conditioning Training Program* without limitations.

Not medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program.

Physician's Signature and License No.

Date