

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

MEDICAL CERTIFICATION FORM  
(Please Print)

Candidate's Name: \_\_\_\_\_

Last 4 SS 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, Baton Training, Physical Restraint 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