



**ATTENDING PHYSICIAN'S STATEMENT  
MEDICAL WAIVER**

**To Be Completed by APPLICANT:**

APPLICANT: \_\_\_\_\_  
(print legibly)

Position Applied For: \_\_\_\_\_ POLICE OFFICER \_\_\_\_\_

**To Be Completed by PHYSICIAN:**

Please complete, sign, and return to the applicant

\_\_\_\_\_,  IS or  IS NOT,  
(print applicant's name)

physically and medically fit to participate fully in the police physical assessment test and the Police Academy's training programs such as: walking/running 2 miles, push-ups, sit-ups, pull-ups, aerobics, defensive tactics (leg sweeps, throws, holds, pressure points, physical restraint of struggling people), chemical agents (OC Spray) exposure, firearms training (handguns, shotguns & rifles), extended sitting, exposure to weather, and mental stress.

LIST SPECIFIC RESTRICTIONS (IF ANY): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature (must be personally signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone