



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Police Officer Standards and Training Council
Connecticut Police Academy

MEDICAL APPROVAL FORM FOR BASIC TRAINING PROGRAM

PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE OFFICER STANDARDS & TRAINING COUNCIL'S BASIC TRAINING PROGRAM

This is to certify that I have reviewed the following submitted material describing various aspects of the Police Officer Standards and Training Council's "Basic Recruit Training Program."

- Entry Level Physical Fitness Standards
- Defensive Tactics Training Program
- Chemical Agents Training
- Firearms Training Program
- Physical Wellness Program
- Driver Training Program
- Water Safety Program

After reviewing said material, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Candidate's Employing Agency: _____

Date of this Physician's Exam: _____

(Approval only valid for 60 days from date of exam)

IS MEDICALLY CAPABLE OF PARTICIPATING IN THIS BASIC RECRUIT TRAINING PROGRAM.

Physician's Signature: _____

Physician's Name (Typed or Imprinted with Office Stamp)

CALEA Internationally Accredited Public Safety Training Academy