

TENNESSEE PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF MEDICAL EXAMINATION

(To be completed by a licensed medical examiner)

OFFICER:		SSN:
AGENCY:		
TO THE HEAD OF LAY	W ENFORCEMENT AGENCY	
physical evaluation, the	examiner should sign the appropriathis form should then be attached to the	e purpose of police officer certification. Upon completion of e statement and this form should be returned to the law e Application for Certification – Police Officer, and should be
TO THE MEDICAL EX	<u>AMINER</u>	
examination by a licensed written protocol develop applicable, setting forth	d physician or a nurse practitioner or phoed jointly by the supervising physician the range of services that may be perf	plicants for police certification must have passed a physical ysician assistant, so long as the task is expressly included in the and the nurse practitioner or physician assistant, whichever is formed by the nurse practitioner or physician assistant. Upon and return this document to the law enforcement agency.
	CONFIRMATION STATEMENT	OF ATTENDING PHYSICIAN
I have performed a me	edical examination and find that this	officer is:
PHYS	SICALLY FIT – This person is physically	y fit within reasonable degree of medical certainty.
NOT	PHYSICALLY FIT – This person is not	physically fit for the following reasons:
Comment:		
(Signature of Medical Examiner)		(Street Address)
(Date)	(Telephone)	(City/State)