

APPENDIX E

Police Physician Report

Name of Applicant: _____ DOB: _____

Agency: _____

Position applied for: Law enforcement officer

I certify that I reviewed the medical history, physical examination and diagnostic testing and all other documents included in the medical file for the individual named above.

It is my opinion that this individual, from a medical perspective:

- can perform the essential job functions with no limitations.
- cannot perform all the essential job functions due to limitations (see notes below).
- cannot make determination as this time, pending receipt of further information.

Notes: _____

 Signature of Medical Provider _____
Date

Printed Name of Medical Provider