Georgia Peace Officer Standards & Training Council

Basic Law Enforcement Officer Mandate

Examination and Physician's Affidavit

Applicant Name: ____

Date of Examination: ____

TO THE PHYSICIAN:

Law enforcement training is physically demanding, your assessment is intended to identify any readily apparent physical injuries, malformities or limitations which may place the applicant or others at risk for physical injury or aggravation of existing injury. The applicant will be required to participate in the following job related training activities while attending the academy.

1. Run over various terrains for a distance of at least 75 yards.

2. Tolerate occasional exposure to heat/cold/humidity/inclement weather.

3. Climb, crawl, wrestle, jump, lift and drag heavy objects.

4. Safely operate a motor vehicle.

5. Tolerate loud noises that may be sudden and sustained.

6. Participate in physically rigorous defensive tactics training that will require normal dexterity and range of motion in the applicant's arms, legs, and waist.

7. Complete a timed physical agility assessment course for a duration of up to 2 minutes and 6 seconds, including, but not limited to running up and down stairs, climbing through an open window, and dragging a l40 lbs. dead weight dummy for a distance of 25 feet, and crossing over a 4-foot-high chain-link fence.

8. Tolerate exposure to commonly used Law Enforcement chemical irritants such as O.C. Spray and tear gas (no known life-threatening allergies).

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Applicant Name: ____ **DOB:** _____/_____/_______

Employing Law Enforcement Agency: ____

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

______ can perform the essential job training functions with no limitations.

______ cannot perform all the essential job training functions due to limitation (see notes below).

______ cannot make determination at this time, pending receipt of further information.

NOTES: ____

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Signature of Physician, PA, or NP ____

Name of Physician, PA, or NP (Print) ____________________________________Date: ___/___/_____

Phone: ________________________________

Address: ____

City: _____________________________________ State: _______________ Zip: _________________