

Form T-1

Kentucky Law Enforcement Council

MEDICAL RELEASE

Office Use Only

Mail: Kentucky Law Enforcement Council
Funderburk Building
521 Lancaster Ave.
Richmond, KY 40475-3102
Phone: 859-622-6218 Fax: 859-622-5943

INSTRUCTIONS: This form must be completed by the applicant prior to participating in the physical agility. Please have applicant bring form to the test site at the time of testing along with picture identification.

Name of Applicant _____

Date of Birth _____ SSN _____

Table with 3 columns: YES, NO, and Question. Contains 13 numbered questions regarding heart health, diabetes, family history, and blood pressure/cholesterol.

If any one item between numbers 1-11 is checked "YES," the Physician's Medical Release Form (T-1a) must be completed. These forms must be received in the KLEC office on or before the scheduled date for Phase I Testing.

I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20_____.

Signature of Applicant

Printed Name of Applicant