

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET
DEPARTMENT OF CRIMINAL JUSTICE TRAINING
BASIC TRAINING BRANCH

BASIC TRAINING - MEDICAL CONFIRMATION

RECRUIT :

| | | |
|-----------|------------|----|
| Last name | First Name | MI |
|-----------|------------|----|

DATE OF FULL EXAMINATION: _____

DATE OF REVIEW & ADDITIONAL
TESTING (if initial exam occurred over
120 days before date for entry into basic
training): _____

I have examined the above named recruit in full compliance with the criteria listed in the Peace Officer's Professional Standards Medical Screening Guidelines (Form G-3). I have completed the Medical Examination Report (Form G-1) and have forwarded it to the recruit's agency where it will be retained for future reference.

Please indicate which of the following statements applies to your medical evaluation of the recruit:

The full examination was completed within 120 days of the recruit's scheduled entry date into the Department of Criminal Justice Training's Law Enforcement Basic Training.

OR

The full examination was performed more than 120 days prior to the recruit's scheduled entry date into the Department of Criminal Justice Training's Law Enforcement Basic Training. I have reviewed the recruit's present medical condition and performed additional testing as indicated, and have found no change which would preclude entry into Basic Training.

I **have found the recruit able** to physically perform all essential job functions as described in the Medical Screening Guidelines, and therefore **able to safely participate** in all aspects of the Law Enforcement Basic Training Course. There are no restrictions or limitations on the recruit's ability to enroll in the Law Enforcement Basic Training Course.

PHYSICIAN'S
SIGNATURE: _____

DATE: _____

ADDRESS:
(Please Print) _____

TELEPHONE _____
