MIKE DEWINE
OHIO ATTORNEY GENERAL

OHIO ATTORNEY GENERAL
PEACE OFFICER TRAINING COMMISSION

Ohio Peace Officer Training Commission
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London, OH 43140
www.OhioAttorneyGeneral.gov

STUDENT HEALTH DATA FORM

Name: _____ _____ _____ Age: _____ Gender: ____ Female ____ Male
(Last) (First) (MI)

School Name: _____ School Number: _____

Do you have any physical or psychological limitations/injuries (recent or old) that might in any way restrict your full participation in physical activities during training?
____ Yes ____ No If "yes," please describe: _____

_____

_____ _____
(Student Signature) (Date)

This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA) or certified nurse practitioner (CNP)): This physical examination should ascertain any conditions which may preclude the student's ability to participate in, or which may be aggravated by, strenuous physical exercise. As a part of peace officer basic training, the student will engage in calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and other physically demanding exercises.

Height (without shoes): _____ feet _____ inches Weight: _____ pounds

Resting Pulse Rate: _____ beats per minute Blood Pressure: _____ / _____

Does the patient have a medical history of, or presently demonstrate symptoms of, any of the following?

YES	NO		YES	NO	
____	____	1. Uncorrected visual deficiency	____	____	9. Dizziness/Fainting
____	____	2. Major impairment of the senses	____	____	10. Back/Neck injury or recurrent pain
____	____	3. Asthma or Breathing difficulties	____	____	11. Pregnancy
____	____	4. Heart attack; Angina Pectoris	____	____	12. Communicable diseases
____	____	5. Stroke	____	____	13. Amputation/Prosthetic devices
____	____	6. Hemorrhage	____	____	14. Bone/joint injury or recurrent pain
____	____	7. Hypertension	____	____	15. Taking medication
____	____	8. Allergies (Drug, Environmental, Etc.)	____	____	16. Under physician's continuing care

Please note any other condition(s) not listed above which may affect the student's participation. Also please explain each "Yes" response above, indicating the item number:

_____

_____

As a result of my physical examination, I have determined that the student can, without limitation, safely function in all phases of strenuous physical training including, but not limited to, calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5 mile run.

_____ _____
Signature of Medical Professional Typed/Printed Name

_____ _____ _____
Title (MD, DO, PA, or CNP) License Number Issuing State

_____ _____
Address Phone Number

_____ _____
City, State, ZIP Date of Examination