



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
740-845-2700
800-346-7682
Fax 740-845-2675

P.O. Box 309
London, Ohio 43140
www.OhioAttorneyGeneral.gov

OPOTC MEDICAL RELEASE FORM

Student Name: _____
(Last) (First) (Middle)

School Name: _____

School Number: _____ School Start Date: _____

Commander Name: _____

.....

This section to be completed by attending physician (please type or print legibly)

Examination Date: _____

**I, _____ [physician name],
hereby release _____ [patient name]
from my care and find that they may immediately resume
physical activity (to include, but not limited to, sit-ups, push-
ups, and a timed 1.5-mile run), with no restrictions.**

Physician Signature: _____

Physician Name: _____

Physician Address: _____

Physician Phone #: _____