



## Medical Extension Request

### I. Student

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Student Email: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School Name: \_\_\_\_\_ School Number: \_\_\_\_\_ School Start Date: \_\_\_\_\_

I am submitting a Medical Extension Request to my commander for my injury and/or illness listed below. I have been informed that once I am released to full activity, my assessment will be held at the enrolled academy training facility; includes sit-ups, push-ups and 1.5-mile run; and that I must meet the established requirements in each event. I am aware that if the requirements for any event are not met, or if required training (including testing and re-testing, if appropriate) is not successfully completed within the extended time, I will not be permitted to take the State Certification Examination.

\_\_\_\_\_  
Student's Signature Date

### II. Medical Professional

This section to be completed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP) licensed in Ohio. Upon completion, please return to the student/patient listed.

Examination Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Prognosis: \_\_\_\_\_  
\_\_\_\_\_

Limitation(s) (check all that apply):

**Calisthenics   Running   Jumping   Wrestling   Unarmed Self-defense**  
**Firearms   Driving   Physical Fitness Assessment consisting of sit-ups, push-ups, and a**  
**timed 1.5-mile run**

Estimated date of recovery from injury/medical condition: \_\_\_\_\_

Estimated time after recovery from injury/medical condition needed for student to reach pre-injury physical condition: \_\_\_\_\_

Signature of Medical Professional: \_\_\_\_\_ Title (MD, DO, PA, or CNP): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Issuing State: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_  
No./Street and/or P.O. Box City State Zip



### III. Commander:

I have reviewed the document and I submit the student's request for an extension to allow the student to recuperate and participate in the below listed topics and assessments missed, at a later date. I have informed the student that before further participation in these matters, the student must provide the Medical Release and Request for Physical Fitness Assessment form, SF194unv, signed by their MD, DO, PA, or CNP, releasing them to full activity. If this extension request involves a physical fitness assessment, I have informed the student that the assessment will be held at the enrolled academy training facility; includes sit-ups, push-ups, and a 1.5-mile run; and that the student must meet established requirements in each event. I have further informed the student that if the requirements for any event are not met, or if required training (including testing and re-testing, if appropriate) is not successfully completed within the extended time, then the student will not be permitted to take the State Certification Examination.

Topics/Assessments:

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Date of Request: \_\_\_\_\_

Commander's Phone Number: \_\_\_\_\_

Commander's Email: \_\_\_\_\_

OPOTC Compliance Officer Name: \_\_\_\_\_

\_\_\_\_\_  
Commander's Signature

\_\_\_\_\_  
Commander's Name