



Student Health Data

Name: _____ Age: _____ Sex: Male _____ Female _____
Last First Middle

School Name: _____ School Number: _____

Commander Name: _____ Commander Email: _____

Do you have any physical or psychological limitations/injuries that might in any way restrict your full participation in physical activities during training?

_____ Yes _____ No If yes, please describe: _____

Student's Signature _____

Date _____

This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP), licensed by the Ohio State Medical Board or the Ohio State Board of Nursing, or a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.): 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: _____ 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

- _____ 1. Uncorrected visual deficiency
_____ 2. Major impairment of the senses
_____ 3. Asthma or Breathing difficulties
_____ 4. Heart attack; Angina Pectoris
_____ 5. Stroke
_____ 6. Hemorrhage
_____ 7. Hypertension
_____ 8. Allergies _____

Yes No

- _____ 9. Dizziness/Fainting
_____ 10. Back/Neck injury or recurrent pain
_____ 11. Pregnancy
_____ 12. Communicable diseases
_____ 13. Amputation/Prosthetic devices
_____ 14. Bone/joint injury or recurrent pain
_____ 15. Taking medication
_____ 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 _____

Printed/Typed Name with Title (MD, DO, PA or CNP) _____

License Number _____

Issuing State _____

Phone Number _____

Address _____

Date of Examination _____

City, State, Zip _____

***Please give completed form back to the student to return to the commander or send to the above noted commander's email address.**