



## Medical Release and Request for Physical Fitness Assessment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_ SSN (Last 5) \_\_\_\_\_  
School Name \_\_\_\_\_ School Number \_\_\_\_\_ Start Date \_\_\_\_\_

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

I, \_\_\_\_\_ *[name of medical professional]*, hereby release  
\_\_\_\_\_ *[patient name]* from my care and find that the student 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.

Signature of Medical Professional \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Issuing State \_\_\_\_\_ License Number \_\_\_\_\_ Examination Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Request for Physical Fitness Assessment

All Peace Officer Basic Training students granted a Medical Extension will be required to perform their Physical Fitness Assessment (PFA) at their enrolled academy training facility. Commanders will coordinate PFA with respective regional compliance officer. Commanders must submit this form at least two weeks prior to the requested test date.

Medical Extension Deadline \_\_\_\_\_ Previous PFA Date \_\_\_\_\_  
Student's Signature \_\_\_\_\_  
Commander's Name \_\_\_\_\_ Date \_\_\_\_\_  
Commander's Signature \_\_\_\_\_  
Commander's Email Address \_\_\_\_\_

Please submit completed form to: [SF194@ohioattorneygeneral.gov](mailto:SF194@ohioattorneygeneral.gov)