



School of Public Safety
Criminal Justice Institute

Valencia College Physician Certification

Name: Valencia Student ID:

To Be Completed By Examining Physician

Physician Statement:

The above named applicant is seeking entry into a basic recruit training program and is required to complete a physical assessment test and physical requirements of the program. As the examining physician, I have reviewed the applicant's:

- 1. Health History
2. Performed a Physical Examination on (Date).
3. Conducted an EKG of the applicant on (Date).
4. Sight demonstrated to be a minimum of 20/20 with or without correction on (Date).
5. Hearing level of 25 decibels with or without correction on (Date).

In my medical opinion, within a degree of medical certainty, this applicant is cleared for participation in the basic recruit training program.

Physician's Printed Name Date Phone Number
Physician's Signature Address

This statement is valid for one (1) year from the above date.

I consent to have the above information forwarded to Valencia College, Criminal Justice Institute. I further consent to allow Valencia College to discuss the results of my physical examination and any and all other medical information, obtained by a medical records release, with the physicians and their agents at this Clinic. If I have not received results of this examination within 30 days after the completion of my exam, I will contact the provider listed above.

Student Signature Date