STATE OF NEVADA
COMMISSION ON PEACE OFFICERS' STANDARDS AND TRAINING
5587 Wa Pai Shone Avenue Carson City, Nevada 89701
(775) 687-7678 Fax (775) 687-4911

BASIC LAW ENFORCEMENT ACADEMY

MEDICAL CLEARANCE
TO PARTICIPATE IN THE IN-SERVICE PHYSICAL FITNESS PROGRAM

_____
Print Name of Individual

Having read the provided Physical Activity Description, and having personally examined the above named individual, it is my professional opinion that:

Check One:

☐ The above named individual should participate in the Physical Fitness Program.

☐ The above named individual's participation in the Physical Fitness Program should be restricted as follows:

_____
_____
_____
_____

☐ The above named individual should not participate in the Physical Fitness Program because:

_____
_____
_____
_____

Physician's Name (Please Print): _____

Address: _____

Telephone Number: _____

_____ _____
Physician's Signature Date