



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

MEDICAL EVALUATION REPORT

REQUIRED TO MEET MINIMUM STANDARDS OF APPOINTMENT FOR PEACE OFFICER

Print Full Name of Individual

Date of Birth

Last 4 digits of Social Security Number

Having completed a pre-employment medical screening evaluation on the above named peace officer candidate, in accordance with Nevada Administrative Code 289.110.1.(e), and having personally examined the above named individual, it is my professional statement that:

Check One:

- I certify** that the candidate is medically suitable to perform the peace officer duties and responsibilities as defined and provided by the hiring department either without any accommodations, or provided that the specific work restrictions, limitations, or reasonable accommodations can be implemented as follows: (Describe any work restrictions, limitations, or reasonable accommodations required either below or on another page.)

- I cannot certify** that the candidate is medically suitable to perform the peace officer duties and responsibilities as defined and provided by the hiring department.

Physician's Name (Please Print): _____

Address: _____

Telephone Number: _____

Physician's Signature

Medical License Number

Date