

MEDICAL CERTIFICATION AFTER EXAMINATION

Patient: _____

On the below date, I, a duly licensed physician^{*}, examined the above patient, who is a candidate for a police officer position with the New York State Police.

I am aware that the New York State Police selection process requires such candidates to engage in a physical ability test. Before completing this certification, I reviewed the description of the physical ability test, which was provided to me by the New York State Police.

Based upon my examination, it is my opinion that:

- The patient **can** safely engage in the physical ability test.
- The patient **cannot** safely engage in the physical ability test.

Date Examined: _____

(The date of the examination must be within one year prior to the date of processing)

Examining Physician's Name (Print)

Date

Examining Physician's Address (Print)

Examining Physician's Signature

TO BE COMPLETED BY A DULY LICENSED PHYSICIAN^{*}

^{*} (Registered Nurse Practitioner or Registered Physician's Assistant acceptable)