MEDICAL CERTIFICATION AFTER EXAMINATION

Last Name	First Name	MI	Date of Birth

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 is found on the New York State Police website – joinstatepolice.ny.gov.

Based upon my interview and examination, which is **documented below**, it is my opinion that the patient **can** 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)

Examination

Height	Weight	Gender	
BP _____/_____	Pulse	Vision R 20/_____ L 20/_____	Corrected? Yes ☐ No ☐

Medical	**Normal**	**Abnormal Findings**
Appearance -Marfan stigmata	☐	
Eyes/ears/nose/throat -Pupils equal / Hearing	☐	
Lymph nodes	☐	
Heart - murmurs -location of point of maximal impulse (PMI)	☐	
Pulses -Simultaneous femoral and radial pulses	☐	
Lungs	☐	
Abdomen	☐	
Genitourinary (males only)	☐	
Skin -HSV, lesions suggestive of MRSA, tinea corporis	☐	
Neurologic	☐	

Musculoskeletal	**Normal**	**Abnormal Findings**
Neck	☐	
Back (including scoliosis screening)	☐	
Shoulder/arm	☐	
Elbow/forearm	☐	
Wrist/hand/fingers	☐	
Hip/thigh	☐	
Knee	☐	
Leg/ankle	☐	
Foot/toes	☐	

Name of medical provider (print/type)	Date	License/NPI number
Address	Phone	
Signature of medical provider ,MD/DO/NP/PA		STAMP HERE