



Academy Physical Examination Form

To: Examining Physician

From: Arapahoe Community College Law Enforcement Staff (303.797.5793)

The person presenting this form for your signature has applied for the Law Enforcement Academy at Arapahoe Community College. Your patient will be participating in a Physical Fitness Program that will include, but not limited to the following: Weight Training, Running, Stretching, Graduated Sit-ups, Push-ups, and Wind Sprints.

Please conduct a Physical Exam to determine if your patient is medically qualified to participate in our Physical Fitness Program.

Thank you.

Student Name: _____

Student ID Number: _____

Physician Statement:

- 1. I have examined the Student named above and found that they are medically qualified to participate in the Arapahoe Community College Academy Physical Fitness Program.

Physician Signature: _____ Date: _____

- 2. I have examined the Student named above and found that they are **not** medically qualified to participate in the Arapahoe Community College Academy Physical Fitness Program.

Physician Signature: _____ Date: _____

- 3. I have examined the Student named above and found that they are medically qualified to participate in the Arapahoe Community College Academy Physical Fitness Program with the following limitations:

Physician Signature: _____ Date: _____

Physician Printed Name: _____ Phone: _____

Address: _____