



Medical Extension Request

I. Student

Student Name: _____ DOB: _____
Last First Middle

Student Email: _____ Male _____ Female _____

School Name: _____ School Number: _____ School Start Date: _____

I am submitting a Medical Extension Request to my commander for my injury and/or illness listed below. I have been informed that once I am released to full activity, my assessment will be held at the enrolled academy training facility; includes sit-ups, push-ups and 1.5-mile run; and that I must meet the established requirements in each event. I am aware that if the requirements for any event are not met, or if required training (including testing and re-testing, if appropriate) is not successfully completed within the extended time, I will not be permitted to take the State Certification Examination.

Student's Signature Date

II. Medical Professional

This section to be completed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP) licensed in Ohio. Upon completion, please return to the student/patient listed.

Examination Date: _____

Diagnosis: _____

Prognosis: _____

Limitation(s) (check all that apply):

**Calisthenics Running Jumping Wrestling Unarmed Self-defense
Firearms Driving Physical Fitness Assessment consisting of sit-ups, push-ups, and a
timed 1.5-mile run**

Estimated date of recovery from injury/medical condition: _____

Estimated time after recovery from injury/medical condition needed for student to reach pre-injury physical condition: _____

Signature of Medical Professional: _____ Title (MD, DO, PA, or CNP): _____

Printed Name: _____ Issuing State: _____ License No.: _____

Address: _____
No./Street and/or P.O. Box City State Zip



III. Commander:

I have reviewed the document and I submit the student’s request for an extension to allow the student to recuperate and participate in the below listed topics and assessments missed, at a later date. I have informed the student that before further participation in these matters, the student must provide the Medical Release and Request for Physical Fitness Assessment form, SF194unv, signed by their MD, DO, PA, or CNP, releasing them to full activity. If this extension request involves a physical fitness assessment, I have informed the student that the assessment will be held at the enrolled academy training facility; includes sit-ups, push-ups, and a 1.5-mile run; and that the student must meet established requirements in each event. I have further informed the student that if the requirements for any event are not met, or if required training (including testing and re-testing, if appropriate) is not successfully completed within the extended time, then the student will not be permitted to take the State Certification Examination.

Topics/Assessments:

Date of Request: _____

Commander’s Phone Number: _____

Commander’s Email: _____

OPOTC Compliance Officer Name: _____

Commander’s Signature

Commander’s Name