



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

Medical Release and Request for Physical Fitness Assessment

Last Name _____ First Name _____ Middle Initial _____
Male _____ Female _____ DOB _____ SSN (Last 5) _____
School Name _____ School Number _____ Start Date _____

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

I, _____ *[name of medical professional]*, hereby release
_____ *[patient name]* from my care and find that the student may
immediately resume physical activity (to include, but not limited to, sit-ups, push-ups, and a timed 1.5-mile run), with no restrictions.

Signature of Medical Professional _____ Title _____
Printed Name _____ Phone Number _____
Issuing State _____ License Number _____ Examination Date _____
Address _____ City _____ State _____ Zip Code _____

Request for Physical Fitness Assessment

All Peace Officer Basic Training students granted a Medical Extension will be required to perform their Physical Fitness Assessment (PFA) at their enrolled academy training facility. Commanders will coordinate PFA with respective regional compliance officer. Commanders must submit this form at least two weeks prior to the requested test date.

Medical Extension Deadline _____ Previous PFA Date _____
Student's Signature _____
Commander's Name _____ Date _____
Commander's Signature _____
Commander's Email Address _____

Please submit completed form to: SF194@ohioattorneygeneral.gov