

PART V. ADDITIONAL INFORMATION

16. **MEDICAL CONDITIONS:** (From Sections III and IV)
Please describe, in layman's terms, the common characteristics of any condition(s) checked on the reverse side of this form.

17. **SYMPTOMS:** Please describe the specific symptoms of the condition(s) checked on the reverse side.

18. **EFFECTS OF SYMPTOMS:** Please indicate how the symptoms in #17 affect the applicant's ability to perform the duties of a peace officer.

19. **TREATMENT:** Please describe the type and duration of any treatment indicated.

20. **PROGRESSIVE NATURE OF CONDITION(S):** Are any of the condition(s) stated in #16 progressive in nature?

YES _____ NO _____

PART VI. CERTIFICATION: Important - Physician Please Read Carefully (Physician's Assistant certification not accepted)

21. I certify that I have examined the applicant whose name appears on the reverse of this form and that I am a licensed physician in the United States of America. I further certify that based upon the applicant's history (which I have reviewed) and my physical examination, the applicant:

- a. Is capable of performing the duties of a peace officer without accommodations.
- b. Is capable of performing the duties of a peace officer with the following accommodations. (list in comments section below)
- c. Has a condition which requires further evaluation by a specialist in the field of: _____
- d. Is not capable of performing the duties of a peace officer.

PHYSICIAN'S NAME AND ADDRESS (type or print):

PHYSICIAN'S SIGNATURE: _____ Date: _____

AZ POST Certificate No: _____ Medical Occupational Specialist:

PART VII. COMMENTS

PART VIII. MEDICAL INFORMATION RELEASE (To Be Completed By Applicant)

I hereby authorize the examining physician whose signature appears on this form to release all information concerning my medical condition and history to the listed hiring agency and Arizona POST staff. I also certify that I have provided the examining physician with full, complete and accurate medical history.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____