



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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OPOTC STUDENT HEALTH DATA FORM

Name: _____ Age: _____ Gender: _____ Female _____ Male
(Last) (First) (MI)

School Name: _____ School Number: _____

Do you have any physical or psychological limitations/injuries (recent or old) that might in any way restrict your full participation in physical activities during training?

_____ Yes _____ No If "yes," please describe: _____

(Student Signature)

(Date)

***** This section to be completed by examining physician *****

TO THE PHYSICIAN: This physical examination should ascertain any conditions which may preclude the student's ability to participate in, or which may be aggravated by, strenuous physical exercise. As a part of peace officer basic training, the student will engage in calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and other physically demanding exercises.

Height (without shoes): _____ feet _____ inches Weight: _____ pounds

Resting Pulse Rate: _____ beats per minute Blood Pressure: _____ / _____

Does the patient have a medical history of, or presently demonstrate symptoms of, any of the following?

YES	NO		YES	NO	
_____	_____	1. Uncorrected visual deficiency	_____	_____	9. Dizziness/Fainting
_____	_____	2. Major impairment of the senses	_____	_____	10. Back/Neck injury or recurrent pain
_____	_____	3. Asthma or Breathing difficulties	_____	_____	11. Pregnancy
_____	_____	4. Heart attack; Angina Pectoris	_____	_____	12. Communicable diseases
_____	_____	5. Stroke	_____	_____	13. Amputation/Prosthetic devices
_____	_____	6. Hemorrhage	_____	_____	14. Bone/joint injury or recurrent pain
_____	_____	7. Hypertension	_____	_____	15. Taking medication
_____	_____	8. Allergies (Drug, Environmental, Etc.)	_____	_____	16. Under physician's continuing care

Please note any other condition(s) not listed above which may affect the student's participation. Also please explain each "Yes" response above, indicating the item number:

As a result of my physical examination, I have determined that the student can, without limitation, safely function in all phases of strenuous physical training including, but not limited to, calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5 mile run.

Typed/Printed Name and Title of Examining Physician

Signature of Examining Physician

Typed/Printed Address of Examining Physician

Telephone Number of Examining Physician

Typed/Printed City, State, ZIP of Examining Physician

Date of Examination