



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**Police Officer Standards and Training Council**  
**Connecticut Police Academy**

**MEDICAL APPROVAL FORM FOR BASIC TRAINING PROGRAM (INCLUDING COOPER TEST)**

*PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE  
OFFICER STANDARDS & TRAINING COUNCIL'S BASIC TRAINING PROGRAM*

This is to certify that I have reviewed the following submitted material describing various aspects of the Police Officer Standards and Training Council's "Basic Recruit Training Program."

- Entry Level Physical Fitness Standards (Cooper Test)
- Defensive Tactics Training Program
- Chemical Agents Training
- Firearms Training Program
- Physical Wellness Program
- Driver Training Program
- Water Safety Program

After reviewing said material, it is my professional opinion that the candidate named below:

Candidate's Name: \_\_\_\_\_

Candidate's Employing Agency: \_\_\_\_\_

Date of this Physician's Exam: \_\_\_\_\_

***(Approval only valid for 60 days from date of exam)***

IS MEDICALLY CAPABLE OF PARTICIPATING IN THIS BASIC RECRUIT TRAINING PROGRAM.

Physician's Signature: \_\_\_\_\_

**Physician's Name (Typed or Imprinted with Office Stamp)**