



Georgia Peace Officer Standards & Training Council
Physician's Affidavit

Physician's Affidavit – PAGE 1 of 2

Candidate's Name	SS#
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HEIGHT ft	HEIGHT in	WEIGHT lbs	SEX/GENDER	Date of Birth (mm/dd/yyyy)
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PHYSICIAN'S INSTRUCTIONS: Please complete this form & answer all questions related to your medical examination of this candidate. Do the following steps:

- **Review the candidate's job duties/responsibilities.** This candidate is applying to become a certified officer and will be required to meet the relevant job demands and working conditions of an officer in GA.
- **Complete the patient information and then conduct your physical exam.**
- **Review the patient's Medical and Physical History.**
- **Answer all questions.** Check the appropriate block for each question & provide any necessary comments.
- **SIGN & DATE** on the appropriate page of this form and provide your address & phone #.
- **Give all forms to the candidate** for return to the hiring agency.

Questions:

1.) In your opinion, does the candidate have, or is the candidate likely to develop, any physical symptoms or limitations that could impair performance in this position?

No - Proceed to question next question.

Indeterminate - Describe additional tests or information required prior to making final determination.

Yes - Describe the impact of these limitations including the following criteria: Job functions affected, Nature & degree of severity, Duration of impairment (if intermittent or temporary), & Likelihood(s) associated with this impact.

2.) In your opinion, could the candidate's performance in this position result in a risk to the health and safety of the candidate or others?

No - Proceed to next question.

Indeterminate - Describe additional tests or information required prior to making final determination.

Yes - Describe the impact of these limitations including the following criteria: specific job duties/functions and/or working conditions that precipitate the risk, nature & severity of potential harm, impact of harm on self and/or others, likelihood(s) associated with this risk, and imminence and duration of the threat;

3.) Please describe any means, devices or work restrictions that could reduce or eliminate any identified risks to a level not significantly greater than that posed by the average candidate. Include the manner in which the accommodation needs to be implemented, maintained, and monitored; any side effects or risks associated with the accommodation; and a revised estimate of the candidate's viability in this position if it is implemented.



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Candidate's Name:

4.) In summary, my overall evaluation of the ability of the above named candidate to safely perform the duties of this position? *(choose one below)*

This candidate has no physical, emotional, or mental conditions that might adversely affect his/her ability to perform the duties of a peace officer or take part in training programs relative to law enforcement. Comments:

This candidate has no physical conditions that might adversely affect his/her ability, but there are some concerns that should be addressed regarding one or more emotional or mental conditions that could adversely affect their ability. (Please state recommendations on how to address here.)
Comments:

This candidate has no emotional or mental conditions that could adversely affect their ability, but there are some concerns that should be addressed regarding one or more physical conditions that could adversely affect their ability. (Please state recommendations on how to address here.)
Comments:

This candidate has one or more physical, emotional, or mental conditions that could adversely affect their ability that need to be addressed. (Please state recommendations on how to address here.)
Comments:

(Please note that this exam must be conducted by a licensed physician or osteopath, and the form signed by a licensed physician or osteopath only. Forms signed by other personnel such as nurses, nurse practitioners, physician's assistant, or other staff WILL BE REJECTED.

EXAMINING PHYSICIAN'S NAME (printed)	SIGNATURE OF LICENSED EXAMINING PHYSICIAN (required)	DATE (m/d/yyyy)
Last _____ First _____		

ADDRESS OF LICENSED EXAMINING PHYSICIAN'S PRACTICE	Phone: Area Code+Number ()
Street _____	
City, State, Zip _____	

SECTION 2: HIRING AUTHORITY'S ASSESSMENT (TO BE COMPLETED BY HIRING AUTHORITY)

Based on the information provided by the physician and the candidate, it is my belief that the candidate meets the state standards for this position and can safely perform the essential job demands of the position for which they are being hired. If a reasonable accommodation is necessary for this individual and the state standards are still met, I have attached a letter explaining the necessary accommodations.

AGENCY HEAD (OR DESIGNEE) Signature (required)	DATE
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Accommodation Noted: Check here if a letter from agency head giving details of accommodation is attached (required). This letter indicates that the candidate needs a reasonable accommodation which can be implemented without undue hardship to the agency & still meets state standards.