

Medical Approval Form

To be completed by physician:

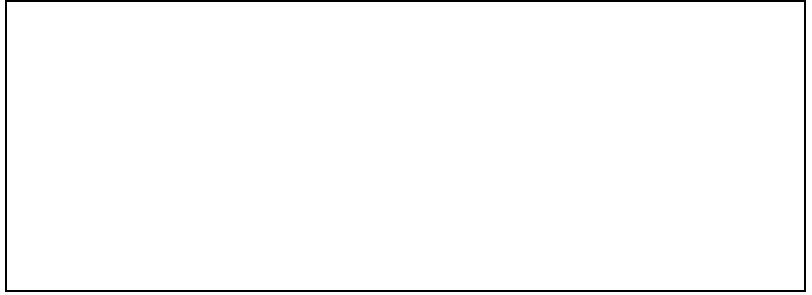
This is to certify that I have reviewed the attached elements of the Sheffield Police Department Physical Ability Assessment and after reviewing said document, it is my professional opinion that the candidate named below:

Candidate's name: _____

- ☐ Can safely perform the physical ability assessment. Int: _____
- ☐ Cannot safely perform the physical ability assessment. Int: _____

Physicians Signature: _____ Date: _____

**Physicians Name and
Address** (Type or Imprint
With office stamp) >

A large, empty rectangular box with a thin black border, intended for the physician's name and address. It is positioned to the right of the text label.