

MINNESOTA WEST - WORTHINGTON CAMPUS 1450 Collegeway Worthington, MN 56187 507-372-3400

CONFIDENTIAL RECORD PEACE OFFICER PHYSICAL FORM

NAME				
-	Last	First	Middle	Maiden

I have examined the student named above, and indicate the results as followed:

Heart	
Blood Pressure	
Lungs	
Hernia	
Orthopedic Defects: Feet Spine	
Urine: Albumen Sugar	
Height	
Weight	
Age	

I have found no reason that would make it medically inadvisable for this student to participate in any strenuous physical activities, which may be associated with the training the student receives in the Peace Officer Program.

Date of Examination_____

Signed_____ Date _____

_____ I

(Print Name)

(Examining Physician)

Clinic Name:

Clinic Address:

Clinic Phone: