

MEDICAL CONSENT FORM
Police Officer (Assigned as Canine Handler)
Chicago Police Department

Name (Last, First, M.I.)

Star No.

Employee No.

Home Address

Home Telephone

NOTE TO APPLICANT'S PHYSICIAN / NURSE PRACTITIONER

You are receiving this form because the above individual is applying for a position with the Chicago Police Department as Police Officer (Assigned as Canine Handler). An applicant must present their Medical Statement to their reviewing medical professional for thorough review and confirmation. Your examination of the applicant is required to ensure they are medically fit to proceed further in the selection process, especially if the applicant has indicated a prior and/or existing medical condition on their Medical Statement. For your convenience, guidelines for the duties of a Police Officer (Assigned as Canine Handler) are noted in Employee Resource E05-10.

PHYSICIAN'S / NURSE PRACTITIONER'S INFORMATION

Name _____ Date _____

Clinic/Hospital _____

Address _____ Telephone Number (____) _____

I have reviewed the duties of a Police Officer Assigned as Canine Handler.

Physician's / Nurse Practitioner's Signature _____

NOTE: Physician / Nurse Practitioner must also sign below to indicate consent.

PHYSICIAN'S / NURSE PRACTITIONER'S CONSENT

1. APPROVE

_____ (print applicant's name) has no medical condition that I consider incompatible with the duties of a Police Officer (Assigned as Canine Handler).

Physician's / Nurse Practitioner's Signature _____

2. DISAPPROVE

I do not recommend _____ (print applicant's name) for Police Officer (Assigned as Canine Handler) duties because of the following medical conditions:

If more space is needed, attach a separate sheet of letterhead paper.

Physician's / Nurse Practitioner's Signature _____