

MEDICAL CONSENT FORM

**Sergeant Assigned As A Special Weapons And Tactics (SWAT) Team Member
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 a Sergeant Assigned as a Special Weapons and Tactics (SWAT) Team Member. An applicant must present their Medical Statement to their physician 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 Sergeant Assigned as a Special Weapons and Tactics (SWAT) Team Member are noted in Employee Resource E05-25.

PHYSICIAN / NURSE PRACTITIONER'S INFORMATION

Name _____ Date _____

Clinic/Hospital _____

Address _____ Telephone Number (____) _____

I have reviewed the duties of a Sergeant Assigned as a Special Weapons and Tactics (SWAT) Team Member.

Physician / Nurse Practitioner's Signature _____

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

PHYSICIAN / NURSE PRACTITIONER'S CONSENT

1. APPROVE

_____ (print applicant's name) has no medical condition that I consider incompatible with the duties of a Sergeant Assigned as a Special Weapons and Tactics (SWAT) Team Member.

Physician / Nurse Practitioner's Signature _____

2. DISAPPROVE

I do not recommend _____ (print applicant's name) for Sergeant Assigned as a Special Weapons and Tactics (SWAT) Team Member duties because of the following medical conditions

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

Physician / Nurse Practitioner's Signature _____