

# MEDICAL CONSENT FORM

Police Officer (Assigned a Helicopter Pilot)  
Chicago Police Department

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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 Helicopter Pilot). 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 Helicopter Pilot) are noted in Employee Resource E05-32.

## PHYSICIAN'S / NURSE PRACTITIONER'S INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

I have reviewed the duties of a Police Officer (Assigned as Helicopter Pilot).

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 Helicopter Pilot).

Physician's / Nurse Practitioner's Signature \_\_\_\_\_

### 2. DISAPPROVE

I do not recommend \_\_\_\_\_ (print applicant's name) for Police Officer (Assigned as Helicopter Pilot) 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 \_\_\_\_\_