

Georgia Peace Officer Standards & Training Council *Physician's Affidavit*

Physician's Affidavit – PAGE 1 of 2							
Candidate's Na	ıme	-			SS#		
HEIGHT ft	HEIGHT in	WEIGHT lbs	SEX/GENDER	Date of Birth (mm/d	dd/yyyy)		
PHYSICIAN	'S INSTRUCT	TONS: Please co	omplete this form & answer all	questions relate	ed to your medical		
 examination of this candidate. Do the following steps: Review the candidate's job duties/responsibilities. This candidate is applying to become a certified officer and will be required to meet the relevant job demands and working conditions of an officer in GA. Complete the patient information and then conduct your physical exam. Review the patient's Medical and Physical History. Answer all questions. Check the appropriate block for each question & provide any necessary comments. 							
 SIGN & DATE on the appropriate page of this form and provide your address & phone #. Give all forms to the candidate for return to the hiring agency. 							
Questions:							
1.) In your opinion, does the candidate have, or is the candidate likely to develop, any physical symptoms or limitations that could impair performance in this position?							
 □ No - Proceed to question next question. □ Indeterminate - Describe additional tests or information required prior to making final determination. 							
Yes - Describe the impact of these limitations including the following criteria: Job functions affected, Nature & degree of severity, Duration of impairment (if intermittent or temporary), & Likelihood(s) associated with this impact.							
2.) In your opinion, could the candidate's performance in this position result in a risk to the health and safety of the candidate or others?							
☐ No - Proceed to next question. ☐Indeterminate - Describe additional tests or information required prior to making final determination.							
Yes - Describe the impact of these limitations including the following criteria: specific job duties/functions and/or working conditions that precipitate the risk, nature & severity of potential harm, ipact of harm on self and/or others, likelihood(s) associated with this risk, and imminence and duration of the threat;							
3) Please (lescribe any m	neans devices or	work restrictions that could re	educe or eliminat	e any identified risks		
to a level no accommoda	t significantly of tion needs to b	greater than that poe implemented,	posed by the average candida maintained, and monitored; a e of the candidate's viability in	ate. Include the ny side effects or	manner in which the risks associated with		



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Candidate's Name:							
4.) In summary, my overall evaluation of the a duties of this position? (choose one below)	ability of the above named candidate	to s	afely perform the				
☐ This candidate has <i>no</i> physical, emo	otional, or mental conditions that migh	t adv	ersely affect				
his/her ability to perform the duties of a penforcement. Comments :							
This candidate has <u>no physical conditions</u> that might adversely affect his/her ability, <u>but</u> there are some concerns that should be addressed regarding <u>one or more emotional or mental conditions</u> that could adversely affect their ability. (Please state recommendations on how to address here.) <u>Comments</u> :							
This candidate has no emotional or mental conditions that could adversely affect their ability, but there are some concerns that should addressed regarding one or more physical conditions that could adversely affect their ability. (Please state recommendations on how to address here.) Comments :							
☐ This candidate has one or more physical, emotional, or mental conditions that could adversely affect their ability that need to be addressed. (Please state recommendations on how to address here.) Comments:							
(Please note that this exam must be conducted	l hy a licensed physician or osteona	th ar	nd the form signed				
(Please note that this exam <u>must be conducted by a licensed physician or osteopath</u> , and the form <u>signed</u> by a licensed physician or osteopath only. Forms signed by other personnel such as nurses, nurse practitioners, physician's assistant, or other staff <u>WILL BE REJECTED</u> .							
EXAMINING PHYSICIAN'S NAME (printed)	SIGNATURE OF LICENSED EXAMINING PHYSICIAN (required)		DATE (m/d/yyyy)				
Last First							
ADDRESS OF LICENSED EXAMINING PHYSIC	CIAN'S PRACTICE		none:				
		Ar	ea Code+Number				
Street	_	()				
City, State, Zip							
SECTION 2: HIRING AUTHORITY'S A	ASSESSMENT (TO BE COMPLETED B	Y HIF	RING AUTHORITY)				
Based on the information provided by the physic							
the state standards for this position and can safely perform the essential job demands of the position for which							
they are being hired. If a reasonable accommodation is necessary for this individual and the state standards							
are still met, I have attached a letter explaining the							
AGENCY HEAD (OR DESIGNEE) Signature (required)		DATE					
Accommodation Nataria Observatores Value	u fuero e con est be est aliabate details a face						
Accommodation Noted: Check here if a letter							
attached (<i>required</i>). This letter indicates that the candidate needs a reasonable accommodation which can be implemented without undue hardship to the agency & still meets state standards.							