

PHYSICAL REPORT

Indicate your present physical condition: _____
 Do you use habitual drugs? _____ Do you habitually use alcohol? _____
 Do you now have or have you ever had any physical disability or other condition which this
 squad should be aware of? _____

PHYSICIAN'S STATUS

I, _____ have no physical conditions which would preclude
 me from performing duties as a member of this squad (i.e. night blindness, lifting 125 lbs., able
 to squat/kneel on the ground, etc.).

 (APPLICANTS SIGNATURE)

If under 18 years of age following must be signed.

I _____ confirm the above physical condition of my child is accurate.

 (PARENT/GUARDIAN'S SIGNATURE)