

Rappahannock Regional Criminal Justice Academy
3630 Lee Hill Drive
Fredericksburg, VA 22408
Tel: (540) 371-2875 Fax: 371- 4404

REPORT OF LICENSED EXAMINING PHYSICIAN

This is to certify that I, _____, M.D.,
examined candidate _____ on ___/___/___ for the
position of (Law Enforcement Officer, Jailer/Custodial Officer, Courtroom Security/Process
Server) at _____

(Address of facility or office)

Based on my review of his/her past medical history, family history, physical
examination and laboratory studies, candidate _____ is

(Check one) is able is not able

to participate in training for the duties of the position noted above without restrictions, now
and for the foreseeable future.

Signature: _____, M.D.

Date: _____

*Details of the physical aspects of training are available at the candidate's Agency
for your information.*