



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

**Physician's Affidavit – PAGE 1 of 2**

|                  |              |               |            |                                     |
|------------------|--------------|---------------|------------|-------------------------------------|
| Candidate's Name |              |               |            | SS#                                 |
| HEIGHT<br>ft     | HEIGHT<br>in | WEIGHT<br>lbs | SEX/GENDER | Date of Birth ( <i>mm/dd/yyyy</i> ) |

**PHYSICIAN'S INSTRUCTIONS:** Please complete this form & answer all questions related 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.

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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, impact of harm on self and/or others, likelihood(s) associated with this risk, and imminence and duration of the threat;

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3.) Please describe any means, devices or work restrictions that could reduce or eliminate any identified risks to a level not significantly greater than that posed by the average candidate. Include the manner in which the accommodation needs to be implemented, maintained, and monitored; any side effects or risks associated with the accommodation; and a revised estimate of the candidate's viability in this position if it is implemented.

