

**Medical Clearance  
(Affiliated Students Only)**

RE: Yuba College Public Safety Training Center / Specialized Investigators' Basic Course

Dear Agency Representative,

The individuals are required to perform a variety of physically demanding activities including: repetitive bending, standing, rapid/multi0dimensional foot movements, sustained and repeated application of pain compliance techniques to wrist/elbow/shoulder joints, and stretching/warm up exercised to include push-ups and sit-ups. The individual must have sufficient and flexibility to run short distances and rapidly change body position while controlling the firearm.

Please complete the information below:

This letter is to certify that \_\_\_\_\_ is currently employed by this agency in the capacity of a \_\_\_\_\_.

<p><b>Medical Clearance to Participate in the Physical Portion</b></p> <p>Subsequent to her/his employment with this agency, a medical examination was conducted to determine that this individual met the physical requirements for this portion. This examination has revealed NO physical limitations or restrictions that would prohibit this individual from participating in the physical requirements for the Specialized Investigators' Basic Course as outlined above. The above named individual was medically cleared for employment on:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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<p><b>Department of Justice Fingerprint Clearance</b></p> <p>Subsequent to her/his employment with this agency, fingerprints were submitted to the Department of Justice in order to determine that this individual is in compliance with section 13511.5. The above named individual was cleared by the Department of Justice on:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_