

Medical Clearance  
**(Affiliated Students Only)**

RE: Yuba College Public Safety Training Center / Correctional Officer Core Course

Dear Agency Representative,

This individual is required to perform a variety of physically demanding activities including: repetitive bending, standing, rapid/multi dimensional foot movements, sustained and repeated application of pain compliance techniques to wrist/elbow/shoulder joints, and stretching/warm up exercises 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. Affiliated students must present this form or letter from their respective agency stating that a medical examination was performed as part of the employment process and there are NO limitations or restrictions that would prohibit the student from participating in this course.

Please complete the information below:

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

<b>Medical Clearance to Participate in the Physical Portion</b>
<b>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 Correctional Core Course as outlined above. The above named individual was medically cleared for employment on:</b>
_____
<b>Date</b>

<b>Department of Justice Fingerprint Clearance</b>
<b>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 p.c. The above named individual was cleared by the Department of Justice on:</b>
_____
<b>Date</b>

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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