

KENTUCKY LAW ENFORCEMENT COUNCIL
Peace Officer Professional Standards
Funderburk Building
Eastern Kentucky University
521 Lancaster Ave
Richmond, KY 40475-3102
(859) 622-6218
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FORM T-1
Medical Release – Phase I Testing

NAME: _____

Date of Birth ____/____/____ **SS#** ____-____-_____

➤ **If any one item (#1-11) is checked “YES,” the Physician’s Medical Release Form (T-1a) must be completed by a licensed physician. The physician medical release must be received by POPS along with this form “Medical Release—Phase I Testing” on or by the scheduled date for POPS Phase I Testing. If you checked, “NO” to all items, you do NOT need to complete the Physician’s Medical Release Form (T-1a).**

	YES	NO	
1.			Has a doctor ever said you have heart trouble?
2.			Do you frequently suffer from chest pains?
3.			Do you often feel faint or have severe spells of dizziness?
4.			Are you over age fifty (50) and not accustomed to vigorous exercise?
5.			Has a doctor ever said you have an abnormal electrocardiogram (ECG)?
6.			Do you have diabetes?
7.			Do you have a close family relative (mother, father, sister, brother) who has heart disease before age 50?
8.			Has a doctor ever said you have high cholesterol or blood fats?
9.			Has a doctor ever said you have high blood pressure?
10.			If you are 35 or older: Do you smoke?
11.			Has a doctor ever told you that you have a muscle, skeletal, or joint problem which would stop you from doing any type of exercise?
12.			Do you know your readings on the following: Blood Pressure: SBP_____ DBP_____
13.			Blood lipids: Total Cholesterol_____
			Total to HDL Ratio _____

I hereby verify that the above information is true and accurate.

Signed this _____ day of _____, 20_____.

Signature of Applicant

Printed Name of Applicant