



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

dojmt.gov/post

Phone: (406) 444-9975
Fax: (406) 444-9978

DECLARATION OF MEDICAL CONDITION

§ 7-32-303(2)(g), MCA

** Please Note: This form is provided for use by employing agencies. This form does not need to be sent to the Montana POST Council Office*

Applicant Information:

Full Name: _____ Date of Birth: _____

Mailing Address: _____

City, State: _____ Zip/Postal Code: _____

Appointment and Department Information:

Agency: _____ Mailing Address: _____

City, State: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Attention Examining Professional: *The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.*

I certify that I am a Licensed Physician, that I am not the applicant's primary care provider, and I have completed an evaluation of the examinee's physical health and have concluded that on this date the examinee is found to be physically qualified for service as a peace officer in Montana.

Provider: _____
Printed Name State License Number Phone Number

Mailing Address: _____
Street City State Zip

Date of Examination(s) Signature Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.