Montana Public Safety Officer Standards & Training Council
2260 Sierra Road East *Phone:(406) 444-9975*
Helena, MT 59602 *Fax: (406) 444-9978*
dojmt.gov/post

DECLARATION OF MEDICAL CONDITION

7-32-303(g), M.C.A.

***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

1. First Name	2. M.I.	3. Last Name	4. Suffix (Jr., etc.)	5. DOB

6. Home Mailing Address	7. City	8. State	9. Zip Code

APPOINTMENT AND DEPARTMENT INFORMATION

10. Appointing Agency

11. Agency Mailing Address	12. City	13. State	14. Zip Code

15. County	16. Phone Number	17. Fax Number

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 have completed my examination of the examinee and have concluded that on this date the examinee is found to be physically qualified for service as a peace officer in Montana.

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THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.