

PRE-EMPLOYMENT MEDICAL DISCLOSURE UPDATE

CANDIDATE NAME (Last, First, Middle Initial)	SSN
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Have you been under the care of a physician for a medical, vision and/or dental procedure, injury or illness for which you sought medical treatment since you cleared the Pre-Employment Medical with the Office of Peace Officer Selection?

Yes No

If marked yes above, please describe.

I hereby certify that I have provided true and complete information concerning my health (Any misrepresentation or material omission may be cause for disqualification or dismissal).

CANDIDATE SIGNATURE

DATE

TAKE TO ACADEMY CHECK IN