Acadiana Law Enforcement Training Academy

Lafayette Parish Sheriff's Office

Mark Garber, Sheriff

DOCTOR REFERRAL

Date *(mm/dd/yyyy):* _____

Dear Doctor _____

Physician Name (Print)

Patient Name: _____ is about to participate in a police officer physical fitness program for a period of fifteen weeks. He/She will be required to give a maximum effort on push-ups, sit-ups, stretching, and running several miles per day. Additionally, he/she will be required to execute numerous self-defenses, suspect arrest, restraints, take-downs, and other physically demanding activities including exposure to Oleoresin Capsicum (OC). OC is classified as an inflammatory: a substance which causes burning sensation, redness, swelling and pain to all contaminated skin and tissues. The primary target when deploying OC is the facial area assuring coverage of the eyes, brow and mouth, if accepted into the Acadiana Law Enforcement Training Academy.

Please examine this individual and advise us if he/she can participate in the required testing and training. If this individual has limitations that would not allow him/her to participate, please make that clear to us.

In addition, all participants in the academy shall have been certified by a physician within the last 180 days of the academy start date that they have been tested for and are free of active tuberculosis.

This person will not be permitted to participate until he/she is medically cleared to participate. To expedite matters, please make your comments and recommendations in the space below.

Thank you for your cooperation in this matter. If you have any questions, please contact the Training Coordinator at 231-6363 or 236-5607.

TO BE COMPLETED BY PHYSICIAN:

Patient Name (Print): _____

Please select one of the following:

☐ **YES**, the patient may participate fully with no limitations or contraindications.

☐ **NO**, the patient cannot participate.

COMMENTS:

Location of Assessment: _____

Street Address, City, State, Zip Code

Physician (Print Name): _____

Physician Signature: _____ **Date** *(mm/dd/yyyy):* _____