

PHYSICIAN'S CERTIFICATION OF FITNESS

This is to certify that I, _____, M.D., am a physician licensed to practice medicine in North Carolina. I am familiar with the medical history of _____ who has applied to participate in the North Carolina Justice Academy's Specialized Subject Control/Arrest Techniques Instructor Training program. I do not know of any conditions physical, mental or emotional that would limit this person's ability to participate in the North Carolina Justice Academy's Specialized Subject Control/Arrest Techniques Instructor Training program, and I do not have any reservations about this person's ability to physically participate in this program.

(Physician's Signature)

(Date)

**Name and Address of Physician
(Print or type)**

