

Subject Control/Arrest Techniques (SCAT)

**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)**

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