



*Georgia Public Safety Training Center
Physical Training Section*

Medical Waiver

Student Information:

Name (Print) _____	Age _____
Sex _____	Agency _____
Physician _____	Physician Phone _____

Physician:

This person is an applicant for Defensive Tactics Instructor Training. During this two-week block of instruction, this applicant will be exposed to various physical activities and drills that may be strenuous in nature.

To complete this course the applicant will also be exposed to Oleoresin Capsicum (OC) Spray. They will be exposed by receiving a direct spray to the face.

Physician's Impression:

_____ I find no medical conditions that I consider incompatible for the activities of this course including the OC exposure.

_____ I am unable to recommend this individual for this course.

Remarks: _____

Physician Signature _____ Date _____

(Nurse Practitioner may also sign this form)