

CARLSBAD POLICE DEPARTMENT

602 W. Mermod

Carlsbad, NM 88220

Telephone (505) 885-2111

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Applicant: \_\_\_\_\_

I hereby indicate that \_\_\_\_\_ is medically fit to participate in the Carlsbad Police Department Physical Assessment Program as described in the attached applicant notification letter.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code