



# Springfield Police Department

130 Pearl Street  
Springfield, Massachusetts 01105

Cheryl C. Clapprood  
Police Commissioner

## Medical Endorsement

\_\_\_\_\_ is under my medical care. I have been informed by my patient of their intention to participate in a Cooper Standards Physical Assessment for the purpose of entering the Springfield Police Academy as a Student Officer. My patient has fully explained what standards will be assessed and what physical activities they will perform (see attached Cooper Standards Criteria).

Therefore, I understand what the Cooper Standards are and I have determined that my patient (please check one):

- \_\_\_\_\_ **Is** medically cleared to fully participate in the assessment.
- \_\_\_\_\_ **Is *not*** medically cleared to fully participate in the assessment.

**To Be Signed by a MD(doctor of medicine), PA(physician assistant), NP(nurse practitioner), or RN(registered nurse) ONLY:**

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_