

MEDICAL INFORMATION

FOR PARTICIPATION IN KANSAS COLLEGIATE LAW ENFORCEMENT ACADEMY

To be completed by the Applicant's Physician

Name of Applicant:

Date of Birth:

PLEASE CHECK ALL ILLNESSES YOU HAVE HAD:

Appendicitis	Diphtheria	Lung Trouble	Sinus Trouble
Asthma	Ear Trouble	Measles	Small Pox
Chicken Pox	Heart Trouble	Mumps	Typhoid Fever
Convulsions	Indigestion	Pneumonia	
Diabetes	Infantile Paralysis	Scarlet Fever	

LIST ALL ALLERGIES INCLUDING ALLERIGES TO MEDICINE:

Date of last Tetanus Shot:

Have you had a Polio immunization:

Yes

No

WHAT IS THE CONDITION OF:

Heart:

Lungs:

Ears:

Eyes:

Throat:

Skin:

Is the applicant using medication or under medical treatment?

Yes

No

If so, what? Please be specific:

Existing physical defects:

I certify the above-named applicant is physically capable to compete in the Kansas Collegiate Law Enforcement Academy.

Physician's Signature:

Date:

**KANSAS COLLEGIATE LAW ENFORCEMENT ACADEMY
MEDICAL AUTHORIZATION**

Due to the rigorous schedule of the week-long session, no one receiving special medication or with a physical impairment will be accepted. No Student will be excused prior to the close of the session except in cases of an emergency such as illness of the student or illness or death in the immediate family.

Date of Birth: _____ Date of last Tetanus Booster _____

Known allergies, including any allergies to medicine:

Any other medical problems which should be noted:

Family Physician: _____ Phone: _____

Address: _____ Fax: _____

Name of Parent/Guardian:

Address: _____ City/State/Zip: _____

Place of Employment: _____ Insurance Group #: _____

Employer's Address:

Home Phone: _____ Work Phone: _____ Cell #: _____

Insurance Carrier: _____ Policy #: _____

Person to notify if Parent/Guardian is unavailable:

Home Phone: _____ Work Phone: _____ Cell #: _____

Signature of Parent/Guardian

STATE OF

COUNTY OF

Sworn to and subscribed before me on the _____ day of _____, 20

Notary Public in and for the State of
Commission Expires