



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

dojmt.gov/post

Phone: (406) 444-9975  
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## DECLARATION OF MEDICAL CONDITION

§ 7-32-303(2)(h), MCA

*\* Please Note: This form is provided for use by employing agencies. This form does not need to be sent to the Montana POST Council Office*

### Applicant Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Appointment and Department Information:

Agency: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attention Examining Professional:** *The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.*

I certify that I am a Licensed Physician or Health Care Provider, that I am not the applicant's primary care provider, and I have completed an evaluation of the examinee's physical health and have concluded that on this date the examinee is found to be physically qualified for service as a peace officer in Montana.

Provider: \_\_\_\_\_  
Printed Name State License Number Phone Number

Mailing Address: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Date of Examination(s) Signature Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.**