Montana Public Safety Officer Standards & Training Council
2260 Sierra Road East *Phone:(406) 444-9975*
Helena, MT 59602 *Fax: (406) 444-9978*

https://doj.mt.gov/post/

DECLARATION OF MENTAL AND PHYSICAL CONDITION

7-32-303(2)(g), M.C.A.
7-32-213(8), M.C.A.

APPLICANT INFORMATION

1. Last Name	2. First Name	3. M.I.	4. Suffix (Jr., etc.)	5. DOB

6. Mailing Address	7. City	8. State	9. Zip Code

APPOINTING AGENCY

10. Appointing Agency

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 have completed my examination of the examinee and have concluded that on this date the examinee is found to be free from any mental or physical condition that might adversely affect performance by the applicant of the duties of a peace officer.

☐ The examinee is not qualified to perform the duties of a peace officer.

Physician: _____
Printed Name State License Number Phone Number

Mailing Address: _____
Street City State Zip

_____
Date of Examination(s) Signature Date