



**STATEMENT OF PERSONAL HEALTH  
(DOCTOR'S DECLARATION)**

Name (Medical Practitioner):.....

Qualifications.....

I have read the Medical Guidelines for the Selection of Recruits for the South Australia Police and have medically examined the applicant:.....

*(Full Name of Applicant)*

The applicant's general fitness is aligned to the Aim and General Observations stated within the guidelines. The examination revealed:

| System examination:        | Abnormalities detected |
|----------------------------|------------------------|
| • BMI                      | YES / NO .....         |
| • General physique         | YES / NO               |
| • Musculo-skeletal system  | YES / NO               |
| • Nervous system           | YES / NO               |
| • Respiratory system       | YES / NO               |
| • Lungs                    | YES / NO               |
| • Cardio Vascular system   | YES / NO               |
| • Gastro intestinal system | YES / NO               |
| • Genitor urinary system   | YES / NO               |
| • Endocrine system         | YES / NO               |
| • Skin diseases            | YES / NO               |
| • Allergies                | YES / NO               |
| • Surgical treatment       | YES / NO               |
| • Medical treatment        | YES / NO               |

Please specify the nature, management and prognosis of any abnormalities and indicate fitness for unrestricted physically and psychologically stressful operational police duties.

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I find that the applicant has / has not complied with all requirements of the 'Medical Guidelines for the Selection of Recruits for the South Australia Police.

Signed: .....  
*(Signature of Medical Practitioner)*

Dated: .....

