



U. S. Department of Energy National Training Center

SPO MEDICAL CERTIFICATION FOR TRAINING

Student Name: _____

Course Title and Number: _____

Each individual shall have a medical examination per 10 CFR 1046.13 Medical Certification preceding participation in a physical fitness training program and the physical fitness qualification standards test, and shall submit a determination and written certification by a designated physician that there are no foreseeable medical risks as disclosed by the medical examination to the individual's participation in either the physical fitness training program or the physical fitness qualification standards test.

Student's Physical Fitness Test and Medical Exam

½ Mile Run	Date: _____	Time: _____
Mile Run	Date: _____	Time: _____
40 Yard Dash	Date: _____	Time: _____
Medical Exam	Date: _____	

NOTE: ONLY STUDENTS ATTENDING PFT-215, TRF-100, AND TRF-200, AND INSTRUCTORS WHO ARE ADJUNCT SECURITY POLICE OFFICERS, NEED TO LIST A RUN DATE AND TIME.

TO BE SIGNED BY THE TRAINING MANAGER

Manager's Name: _____

Signature: _____ Date: _____