



BAKERSFIELD POLICE DEPARTMENT
JUNIOR POLICE ACADEMY



Physicians Statement

This certifies that _____

Print Name

has completed a basic physical on _____ and is cleared to participate in physical activity.

Patient's Blood Pressure: _____ Pulse: _____ Respiration: _____

Height: _____ Weight: _____

Physicians Name: _____

Physicians Signature: _____

Physicians Address: _____

Physicians Comments: _____

Bakersfield City School District Students*

*Free physicals provided by the Wellness Center for BCSD students only. To schedule an appointment, please call the Wellness Center at 661-631-3205 or 661-632-3203.