



**COLORADO RANGERS LAW ENFORCEMENT SHARED RESERVE  
PHYSICAL EXAMINATION FORM**

To: Examining Physician

From: The Colorado Rangers Law Enforcement Shared Reserve

The person presenting this form for your signature has applied to join the Colorado Rangers. Your patient will be serving Colorado as a certified reserve peace officer performing duties that will include, but are not limited to the following: patrol, arrest control, crowd control, and other activities typically associated with the duties of a law enforcement officer.

Please conduct a physical exam to determine if your patient is medically qualified to serve as a reserve peace officer.

Thank you.

**Applicant Name:** \_\_\_\_\_

Physician Statement (PLEASE INITIAL ONE)

1. I have examined the applicant named above and found that they **are** medically qualified to serve as a Colorado Ranger.

**Physician Initial:** \_\_\_\_\_

2. I have examined the applicant named above and found that they **are not** medically qualified to serve as a Colorado Ranger.

**Physician Initial:** \_\_\_\_\_

3. I have examined the applicant named above and found that they are medically qualified to serve as Colorado Ranger **with the following limitations:**

**Physician Initial:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician Printed Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_