

Last Name: _____	First Name: _____
File Number: _____	
Address: _____	
Postal Code: _____	Telephone: _____

The above-mentioned applicant underwent a medical examination on ____/____/____.

- Montreal
- Quebec
- Other Specify the city: _____

It is my opinion that this applicant:

- Passed the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec.
- Did not pass the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec by reason of:
 - Permanent disability
 - Temporary disability

I cannot reach a decision at this point because I am expecting:

- Additional information
- The medical problem to be remedied
- Specialized advice
- Additional medical testing
- Other (specify): _____

Additional comments:

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Last Name

First Name

Licence Number

Signature of assessing physician
or specialized nurse practitioner

Date