

# Pennsylvania State Police Troop J Camp Cadet

## Doctor's Evaluation

### Cadet Applicant Information:

Name: _____ (First) (Middle) (Last)
Birth Date: _____
Insurance Company: _____ Policy Number: _____ (Insurance is highly recommended but not required)

### Physical Information:

Cadets are expected to participate in daily exercise and activities which include, but are not limited to running, jumping and swimming.	
Are there any injuries, illnesses or operations which are still being cared for? If Yes, please describe: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any known reason or condition which would not allow the Applicant from fully participating in the above described activities? If Yes, please describe: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the Applicant have any life-threatening allergies or conditions? If Yes, please describe: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are all of Pennsylvania's required school immunizations current?	<input type="checkbox"/> Yes
Date of the last Tetanus shot, must be within 10 years.	/ /
Is there any other medical information the Camp Staff should be aware of? If Yes, please describe: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

### Doctor's Information:

<b><i>A Doctor's Evaluation must have occurred within one year of August 15<sup>th</sup> of the current year.</i></b>	
Practice Name: _____	Doctor: _____
Phone: _____	(Stamp if desired)
_____ Doctor's Signature (Required)	_____ Date

**Must be received by July 1<sup>st</sup> for Accepted Cadets**

Return Via Email, [PSPJ1CSO@PA.GOV](mailto:PSPJ1CSO@PA.GOV) OR to

PSP Lancaster, Attention Camp Cadet, 2099 Lincoln Hwy. East, Lancaster PA 17601