

SCHEDULE "A"

MEDICAL EXAMINATION REPORT

Last name _____	First name _____
File Number _____	
Address _____	
Postal Code _____	Telephone _____

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

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:

Signature of assessing physician

Date