

MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748

<http://www.psp.pa.gov/MPOETC>



**ACADEMY INJURY REPORT
CADET FORM**

This form is to be used by police academy cadets to report an injury sustained during training

All information on this form must be neatly printed and legible even when scanned

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	DATE OF INJURY
STREET ADDRESS		CITY	STATE	ZIP CODE

1. Address where injury occurred:

2. What were you doing at the time the injury occurred (be specific):

3. Were there any witnesses? Yes No

If you answered "yes" to this question, you must provide the name(s) of the witness(es).

4. What is the extent of your injury?

5. Name of the instructor:

6. When was the instructor notified of the injury?

7. Did you seek medical treatment from a licensed physician? Yes No

If you answered "yes", please provide the name and address of the physician.

8. Have you received medical clearance that allows you to participate in intense physical activity such as physical fitness and defensive tactics?

Yes No

Additional Comments:

Prior to participating in further training and testing in the academy physical requirements instructional block of the basic curriculum, you will be required to provide written proof from the physician treating you for your injury that you are able to resume regular training.

Signature (Student)

Date