



General Application and Evidence of Physical Condition

Instructions:

- 1. Have a physician complete this "Evidence of Physical Condition" form.
2. Submit form with all application documents.
3. Type of Denver License being applied for: Merchant Guard

Applicant Name: _____

Physician Name: _____

Physician Address: _____

Physician Telephone Number: _____

Date of Exam: _____

Examining Physician: The above named individual has made application to be licensed by the City and County of Denver. The purpose of this examination is to determine if you consider him/her to be an emotionally stable person, of sound mind and in good physical condition. If the applicant shows signs or gives a history of seizures, heart trouble, vertigo, psychiatric illness, or any other history of body or mind which might render the applicant unfit for the duties of a merchant guard, please so state and give full details. Please print.

I, _____, being a licensed Medical Doctor in the State of Colorado, do attest that I have examined the above named individual and find that the applicant is physically capable of performing the duties required by their position.

Physician's Signature

Date

Please place physician's stamp in this box.