Health Services Contract

DEPARTMENT OF HOMELAND SECURITY

FEDERAL LAW ENFORCEMENT TRAINING CENTERS

TRAINEE RESTRICTION STATUS

Part 9, Attachment 13

This form is to be filled out by Health Unit Staff only. Date: _____

Trainee _____ of [Agency/Class No.] _____

has been examined and

☐ is able to participate fully in all training programs (medically cleared).

☐ consultation with the Health Services Staff reveals the following program modifications/restrictions are necessary for subject staff/student

Modification/Restriction		Modification/Restriction		Explanation/Body Part/System Affected
☐	Isolation	☐	No Operation of Motor Vehicles or Equipment (including boats)	
☐	Sick in Quarters	☐	No use of Firearms	
☐	May Attend Class Virtually From Dorm	☐	No Use of LED Screens (Phones, Laptops, Monitors)	
☐	Participation in Sedentary Classroom Activities Only	☐	Avoid Sun/Heat/Cold Exposure	
☐	No Excessive Walking (May Walk to Class & Dining Hall Only)	☐	No Gas or Fume Exposure No Pepper Spray Exposure	
☐	No Running (Walking Permitted)	☐	No Use of Upper Extremity R L Bilateral	
☐	Must Keep Leg Elevated	☐	No Above Shoulder Activity R L Bilateral	
☐	No Lifting, Pushing, Pulling, Carrying	☐	No Grappling or Contact Sports	
☐	No Swimming	☐	Must Wear Brace/Splint Lower Extremity Upper Extremity R L Bilateral	☐ Occupational (Workers' Comp) ☐ Nonoccupational (Private)
☐	No Climbing Steps/Ladders			
☐	No Squatting/Kneeling/Crawling			

OTHER ACTIVITIES/COMMENTS:

Trainee Signature: _____ Date: _____

Estimated Length of Restriction: _____ Recheck Date: _____ Time Out: _____

Service Provider: _____

Training Decision required by Agency and or FLETC.

Instructor/Coordinator: Please contact the Health Unit for clarification, if necessary.

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