



## RECRUIT INJURY / PAIN MEMO

Date: \_\_\_\_\_

Recruit Name: \_\_\_\_\_ Class # \_\_\_\_\_

Date & Time of Injury / Pain: \_\_\_\_\_

Explain type of injury / pain and circumstances leading to injury / pain (use back if needed): \_\_\_\_\_

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List any/all witnesses: \_\_\_\_\_

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Describe medical treatment: \_\_\_\_\_

If professional medical help: Doctor's name/phone: \_\_\_\_\_

Diagnosis (Be specific, list limitations, doctor's note must be attached): \_\_\_\_\_

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If limitations apply, date to return to unlimited activities: \_\_\_\_\_

I have read and understand the Jefferson College Law Enforcement Training Program Rules and Regulations 14.0, "Physical Training Standards" and 7.0 "Injury Reports." Yes \_\_\_\_\_ No \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

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**This memo shall be submitted to the Academy Office within 24-hours of injury / pain.**