



**CERTIFICATE OF PHYSICAL AND MENTAL FITNESS
CITY AND COUNTY OF DENVER
SECURITY GUARD APPLICATION**

REVISED 04/10/19

This form must be filled out by a Physician / Physician's Assistant, licensed by the Colorado Medical Board, or a Registered Nurse, licensed by the Colorado State Board of Nursing.

Legal Name of Applicant: _____
Print Name Legibly

The above named individual (the Applicant) intends to make an application to be licensed as a Security Guard in the City and County of Denver. The purpose of this examination is to determine if, in your professional capacity as a licensed Physician, Registered Nurse or Physician's Assistant, you consider the Applicant to be an emotionally stable person, of sound mind and in good physical condition.

EXAMINER INFORMATION

Date of Exam: _____ License Prefix & Number: _____
Name: _____ Work Telephone: _____
Work Address: _____

SECURITY GUARD RESPONSIBILITIES

Security services means the performance of at least one of the following activities:

- a) Observing, investigating, and/or reporting unlawful activity.
- b) Preventing or detecting theft or misappropriation of goods, money or other items of value.
- c) Protecting individuals or property from harm or misappropriation.
- d) Taking enforcement action by physically detaining or ejecting persons from premises.
- e) Controlling access to protected premises, except as otherwise provided in sections 42-132(c).

CIRCUMSTANCES OF CONCERN

If, as the result of this examination, the Examiner is unable to attest to the physical, mental and emotional fitness of the Applicant, please provide full details in the space below, printed legibly. Such as but not limited to, the Applicant showing signs or giving a history of experiencing seizures, heart trouble, vertigo, psychiatric illness, or any other observation or history related to body or mind which might render the Applicant unfit for the duties of a Security Guard.

STATEMENT OF EXAMINATION

I, _____, being a Physician, Physician's
Print Name Legibly

Assistant or Registered Nurse licensed in the State of Colorado, do attest that I have examined the above named individual and find that the Applicant is physically, mentally and emotionally capable of performing the duties required in the role of Security Guard.

Physician's Signature Date