



DR. MICHAEL W. GOLZ
794 Franklin Avenue Suite 204
Franklin Lakes, NJ 07417
Phone: (201) 891-6100
Fax: (201) 891-7700

TEST EVENTS

EVENT	MINIMUM REQUIREMENT
Vertical Jump	15 Inches
Push-Ups	24 in 1 minute
Sit –Ups	28 in 1 minute
300 Meter Run	70.1 Seconds or less
1.5 Mile Run	15.55 Minutes or less

Please be advised that these are the MINIMUM standards for the police academy.

In order to continue, you **MUST** pass all minimum standards.

Furthermore, the higher your score in each event, the higher your overall score will be for consideration of the Police Officer position applied for.

PHYSICAL FITNESS EXAMINATION RELEASE

I understand that the selection process for the appointment of the position of Police Officer includes participation in a physical fitness examination that may involve physical exertion. I acknowledge that in my allowing my participation, Michael Golz, DC, will rely upon my physician's representation that I am fit for such participation. I further acknowledge that Dr. Golz and the Town have no other information available to them for which to determine my fitness or accuracy of my physician's representation. I accept full responsibility for any injury that I may sustain during the physical fitness test. In consideration of being allowed to participate in the test, I hereby release Dr. Golz and his employees and agents to indemnify and hold them harmless for any and all claims for damages because of bodily injury, death, or property loss arising out of, or related in any way to my participation in the examination.

Date

Candidate's Name (PRINT)

Witness

Candidate's Signature

MEDICAL CERTIFICATION FORM

Candidate's Name: _____

Candidate's Address: _____

Candidate's Date of Birth: _____

Candidate's Social Security Number: _____

The above named candidate will participate in a physical agility test as outlined below. Kindly examine the candidate to determine his/her fitness for participation in this physical agility test.

1. VERTICAL JUMP (Cut-off Score 15 inches)
2. SIT-UPS (Cut-off Score 28 in 60 seconds)
3. 300 METER RUN (Cut-off Score 70.1 seconds)
4. PUSH-UPS (Cut-off Score 24 in 60 seconds)
5. 1.5 MILE RUN (Cut-off Score 15:55 minutes)

The candidate is required to perform their maximum amount of exercises in the given time permitted.

Based upon the medical examination, the above named candidate is determined to be:

(Check one)

_____ Medically fit to participate in the physical agility test.

_____ Not medically fit to participate in the physical agility test.

Physician's Name: _____

Physician's Address: _____

Physician's Signature and License Number

Date