

Tewksbury Township Police Department

TIMOTHY P. BARLOW
CHIEF OF POLICE

167 Old Turnpike Road
Califon, NJ 07830



Dispatch 908-439-2503
Administration 908-439-3477
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PHYSICAL AGILITY MEDICAL CERTIFICATION FORM

Candidate's Name: (Last, First, MI) _____

Candidate's Address: _____

Candidate's Date of Birth: _____

Candidate's Social Security Number: _____

Candidate's Signature: _____

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. 300m run in 70.1 seconds or less
2. 24 push-ups in 1 min or less
3. Vertical jump of 15 inches or more
4. 28 sit-ups in 1 min or less
5. 1.5 mile run in 15.55 min or less

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

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

_____ Medically fit to participate in the physical agility test.

_____ NOT Medically fit to participate in the physical agility test.

Physician's Name: _____

Physicians Address: _____

Physician's Signature and License Number

Date