

SOUTH BRUNSWICK TOWNSHIP Police Department



James E. Ryan, Acting Chief

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MEDICAL CLEARANCE FORM

Candidate's Name: _____

Candidate's Address: _____

Candidate's Date of Birth: _____

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 agility test.

- 1. VERTICAL JUMP to measure leg power (Cut-off Score 15 inches)**
- 2. SIT-UPS to measure abdominal muscular endurance (Cut-off Score 28 in 60 seconds)**
- 3. 300 METER RUN to measure anaerobic power (Cut-off Score 70.1 seconds or less)**
- 4. PUSH-UPS to measure upper body muscular endurance (Cut-off Score 24 in 60 seconds)**
- 5. 1.5 MILE RUN to measure anaerobic power (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)

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Medically fit to participate in the physical agility test

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Not Medically fit to participate in the physical agility test

Physician's Name: _____

Physician's Address: _____

Physician's Signature: _____

License Number: _____

Date: _____

