



TOWNSHIP OF DERRY POLICE DEPARTMENT

An Accredited Law Enforcement Agency

Medical Release Form

Dear Physician:

In order for (print applicant's name) _____, an applicant for the position of police officer, to participate in the physical performance test, it is necessary for him/her to obtain clearance from a licensed physician.

The test will require the applicant to complete:

- Vertical jump of 15.5"
- 30 sit-ups in 1 minute
- 300 meter run in 66 seconds
- 25 push-ups
- 1.5 mile run in 15 minutes, 54 seconds

Please sign the appropriate line below following your examination of the applicant. There is additional space for comments including any limitations on the applicant's performance.

I have examined the applicant, whose name is listed above. The applicant **MAY** participate in the Physical performance test.

Physicians signature: _____ Date: _____

Physician Printer Name: _____

I have examined the applicant, whose name is listed above. The applicant **MAY NOT** participate in the physical performance test.

Physicians signature: _____ Date: _____

Comments: _____

