



Woolwich Township Police Department Medical Certification Form

Candidates Name: _____

Social Security No.: _____

Name of Course: Pre-Employment Physical Assessment

Course Dates: _____

Physicians Name: _____

Physicians Address: _____

Based upon the medical examination, the above named individual is determined to be:
(Check one)

_____ Medically fit to participate in the Physical Conditioning Training Program without limitation to include: 1 ½ Mile Run, Sit Ups, Pushups, 1R Body Weight Bench Press and 300 Meter Run.

Date individual will be cleared to fully participate in training program: _____

_____ Not medically fit to participate in Physical Conditioning Training Program

Physicians Signature & License No.

Date: _____