



BRIGANTINE POLICE DEPARTMENT MEDICAL CLEARANCE FORM

APPLICANT NAME _____

APPLICANTS MUST HAVE THIS FORM COMPLETED AND SIGNED BY A DOCTOR AND BRING IT ON THE DAY OF THE PHYSICAL FITNESS TEST.

APPLICANTS WHO DO NOT HAVE THIS LETTER WILL NOT BE ELIGIBLE TO PARTICIPATE.

Individuals working in the field of public safety are required to perform a variety of essential physically demanding tasks including the following:

- Walking and standing for extended periods
- Short sprints
- Long pursuit running lasting over 2 minutes
- Running up and down stairs
- Pushing heavy objects
- Jumping over and around obstacles
- Lifting and carrying objects sometimes up and down stairs
- Using hands and feet in use of force situations
- Using force in short and long-term (greater than 2 minutes) efforts
- Bending and reaching
- Dragging people and objects

To measure an individual's capability to perform these critical tasks, examinees must undergo a physical fitness indicator test consisting of the following items:

1. 1.5 mile run to measure aerobic power
2. 300 meter run to measure anaerobic power
3. Maximum push-up to measure upper body muscular endurance
4. 1 minute sit-up to measure abdominal muscular endurance
5. Vertical jump to measure leg power

Your professional opinion is requested as to whether the individual can safely participate in physical fitness testing and exercise training.

PLEASE CHECK ONE:

____ There **are no contraindications** to the individual: 1) being capable of performing the essential physical tasks and 2) being capable of undergoing the physical fitness indicator test.

____ There **are contraindications** and it is NOT RECOMMENDED that the individual participate in physical fitness testing or exercise training at this time.

PHYSICIAN'S NAME (PLEASE PRINT) _____

PHYSICIAN'S SIGNATURE _____ Dated: _____

Physician's Office Address _____

Physician's Phone Number _____