



**PHYSICIAN'S REFERRAL FORM  
HEALTH AND PERFORMANCE EVALUATION AND ASSESSMENT  
FOR LAW ENFORCEMENT**

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Dear Doctor:

Your patient \_\_\_\_\_ is scheduled to participate in a health and motor fitness evaluation and assessment at Bergen County Law and Public Safety Institute. The tests are designed to evaluate the individual's health and state of physical readiness prior to entering the **Academy's Basic Training Program**.

The assessment is separated into two test batteries. The first test is referred to as the **Health Fitness Test Battery**. Health fitness is a concept that includes those fitness components that can prevent disease and promote health. The requirements will include testing to determine general cardiovascular-respiratory endurance, muscle strength and endurance of the abdominal and lower back musculature.

The second test battery will be administered to determine the individual's performance or "Motor Fitness" as it specifically related to the law enforcement officers job function. The motor fitness requirements will include testing specific upper and lower body musculature strength, speed and endurance.

Please identify whether or not this individual is fit to participate in each test event by checking off **YES OR NO** on the attached sheet.

**NOTE:** The assessment will **NOT** be performed on this individual if this form is not filled out by you and returned to me as soon as possible.

Sincerely,

Michael W. Golz, D.C.



### **TEST EVENTS**

| <b>EVENT</b>  | <b>MINIMUM REQUIREMENTS</b> |
|---------------|-----------------------------|
| VERTICAL JUMP | 15 INCHES                   |
| PUSH-UPS      | 24 IN 1 MINUTE              |
| SIT-UPS       | 28 IN 1 MINUTE              |
| 300 METER RUN | 70.1 SECONDS OR LESS        |
| 1.5 MILE RUN  | 15.55 MINUTES OR LESS       |

Please be advised that these was the MINIMUM standards for the police academy.

In order to continue, you MUST pass all minimum standards.

Furthermore, the higher your score in each event, the higher your overall score will be for consideration of the Police Officer position applied for.

PATIENT'S NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

| YES | NO | TEST EVENTS                                                      |
|-----|----|------------------------------------------------------------------|
|     |    | 1.5 mile run- to determine cardiovascular/ respiratory endurance |
|     |    | Sit-ups- to determine back stability and abdominal endurance     |
|     |    | Push- ups- to determine upper body muscular endurance            |
|     |    | Vertical jump- to determine explosive power                      |
|     |    | 300 meter run- to determine overall speed                        |

- Does this individual have any per-existing medical condition requiring continued or long term medical treatment or follow up? \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, please explain \_\_\_\_\_
- Are you aware of any medical conditions that this individual may have that could be aggravated by this testing? \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, please explain \_\_\_\_\_
- Please list any current prescribed medications(s): \_\_\_\_\_

\_\_\_\_\_ (MD initials) I certify that this individual is fit to participate in the preceding health-fitness and motor-fitness evaluation and testing.

\_\_\_\_\_ (MD initials) I certify that this individual is **NOT** fit to participate in the preceding health-fitness and motor-fitness evaluation and testing.

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### PHYSICAL FITNESS EXAMINATION RELEASE

I understand that the selection process for the appointment to the position of Police Officer includes participation in a physical fitness examination that may involve physical exertion. I acknowledge that in allowing my participation, Michael W. Golz, DC, will rely upon my physician's representation that I am fit for such participation. I further acknowledge that Dr. Golz and the Town have no other information available to them for which to determine my fitness or accuracy of my physician's representation. I accept full responsibility for any injury that I may sustain during the physical fitness test. In consideration of being allowed to participate in the test, I hereby release Dr. Golz and his employees and agents to indemnify and hold them harmless from any and all claims for damages because of bodily injury, death, or property loss arising out of, or related in any way to my participation in the examination.

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Date

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Candidate's Name (PRINT)

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Witness

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Candidate's Signature