

# Tewksbury Township Police Department

*TIMOTHY P. BARLOW*  
*CHIEF OF POLICE*

*167 Old Turnpike Road  
Califon, NJ 07830*



*Dispatch 908-439-2503  
Administration 908-439-3477  
Fax 908-439-3422*

## PHYSICAL AGILITY MEDICAL CERTIFICATION FORM

Candidate's Name: (Last, First, MI) \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_

Candidate's Social Security Number: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

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 physical agility test.

1. Push Ups – 30 seconds
2. Sit-Ups – 30 seconds
3. Squat Thrusts – 30 seconds
4. Standing Broad Jump
5. Pull Ups – no time limit
6. 1.5 mile run

The candidate is required to perform their maximum amount of exercises in the given time.

Based upon the medical examination, the above named candidate is determined to be:  
\_\_\_\_\_ Medically fit to participate in the physical agility test.  
\_\_\_\_\_ NOT Medically fit to participate in the physical agility test.

Physician's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Physician's Signature and License Number

\_\_\_\_\_  
Date