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PHYSICIANS RELEASE FORM

Candidate's Name (Last, First, Ml) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. 24 PUSH UPS IN ONE (1) MINUTE
2. 28 SIT-UPS IN ONE (1) MINUTE
3. VERTICAL JUMP OF AT LEAST FIFTEEN (15) INCHES
4. 300 METER RUN IN 70.1 SECONDS OR LESS
5. 1.5 MILE RUN IN 15.55 MINUTES OR LESS

The candidate is required to perform their maximum amount of exercises in the given time period. Based upon the medical examination, the above named candidate is determined to be: (Please check the appropriate space)

\_\_\_\_\_\_\_ Medically fit to participate in the physical agility test.

\_\_\_\_\_\_\_ NOT Medically fit to participate in the physical agility test.

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

Physician's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

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