



# Mantua Township Police Department

Proudly serving Mantua Township and Wenonah Borough



**Darren E. White**  
Chief of Police

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**Arthur Hayes**  
Lieutenant

**William Murphy**  
Captain

**Brian Hauss**  
Lieutenant

## **PHYSICIAN'S CLEARANCE FORM:**

### ***To be completed by patient:***

Patient's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby authorize my physician to complete this form and supply the information requested herein. This information will be used to determine eligibility to participate in the physical training portion of the Mantua Township Police Department's selection process.

X

\_\_\_\_\_  
Patient's Signature

### **To be completed by physician:**

I have examined this patient on \_\_\_\_\_ (Date)

I have found the following:

- S/he may participate fully in a physical activity program consisting of 1 ½ mile run, 300 meter run, 1 rep max bench press, push ups, sit ups, and vertical jump.

X

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

X

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

By signing above, I certify that the information contained on this document is true to the best of my knowledge, and has been signed by a medical doctor or the official representative. If the doctor's office provides a prescription blank instead of this form to indicate that the candidate is capable of participating in the physical activities, then this signature certifies that the doctor was provided with this form to appraise them of the type of activity that will be performed (Please staple the prescription blank to the front of this form).

Please return to the Mantua Township Police Department, 405 Main St. Mantua, NJ 08051 or email to [mantua.apps@mantuatownship.com](mailto:mantua.apps@mantuatownship.com) with attention to the hiring manager. The form needs to be received prior to being permitted to participate in the PT testing process.