

MEDICAL CERTIFICATION FORM

Candidate's Name: _____

Candidate's Address: _____

Date of Birth: _____ Social Security Number: _____

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.

ENTRY LEVEL FITNESS STANDARDS

As per Directive 4-2016

Certified by NJ Police Training Commission

1. 1.5 MILE RUN ----- 15.55 minutes or less
2. VERTICAL JUMP ----- 15 inches
3. PUSH-UP ----- 24 in one minute
4. SIT-UPS ----- 28 in one minute
5. 300 METER RUN ----- 70.1 seconds or

Based upon the medical examination: _____

(Print Name of Candidate)

The above-named candidate is determined to be: (Check One)

_____ 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

Date