Name_____ Last 4 Digits of SS#_____

EAST GREENWICH TOWNSHIP POLICE DEPARTMENT MEDICAL CERTIFICATION FORM

Candidate's Name_____

Social Security No._____

Name of Course: Pre Employment Physical Assessment Course Dates:_____

Physician's Name:_____

Physician's Address:_____

Based upon the medical examination and review of the Health History Statement, the above named individual is determined to be: (Check one)

_____ Medically fit to participate in Physical Conditioning Training Program without limitation to include: 1 ½ Mile Run, Sit Ups, Pushups, 50 yard Dash, Shuttle Run and Pull-ups

Date individual will be cleared to fully participate in training program:_____

_____ Not medically fit to participate in Physical Conditioning Training Program

_____ _____

Physician's Signature & License No. Date