

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