



# Monmouth County Police Academy

2000 Kozloski Rd.  
Freehold, NJ 07728  
732-577-8710

## MEDICAL CERTIFICATION FORM

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

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

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

The above named applicant was given a medical examination on \_\_\_\_\_

I understand that the applicant wishes to participate in a physical assessment involving the test components listed on the attached sheet.

Based upon the medical examination, the above named applicant is determined to be:  
(check one)

\_\_\_\_\_ Medically fit to participate in the Monmouth County Police Academy, Police Applicant Testing process without limitations.

\_\_\_\_\_ **Not** medically fit to participate in the Monmouth County Police Academy, Police Applicant Testing process.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_