SOUTH BRUNSWICK TOWNSHIP
Police Department

James E. Ryan, Acting Chief

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MEDICAL CLEARANCE FORM

Candidate's Name: _____

Candidate's Address: _____

Candidate's Date of Birth: _____

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 agility test.

1. **VERTICAL JUMP to measure leg power (Cut-off Score 12.5 inches)**
2. **SIT-UPS to measure abdominal muscular endurance (Cut-off Score 22 in 60 seconds)**
3. **300 METER RUN to measure anaerobic power (Cut-off Score 84 seconds or less)**
4. **PUSH-UPS to measure upper body muscular endurance (Cut-off Score 19 in 60 seconds)**
5. **1.5 MILE RUN to measure anaerobic power (Cut-off Score 19:00 minutes)**

The candidate is required to perform their maximum amount of exercises in the given time permitted.

Based upon the medical examination, 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: _____

License Number: _____

Date: _____