

# **ROXBURY TOWNSHIP POLICE DEPARTMENT**

**1715 State Highway Route 46**

**Ledgewood, NJ 07852**

**Phone 973-448-2100**

**Fax 973-448-9069**

## **MEDICAL CERTIFICATION FORM**

CANDIDATE'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

BASED UPON THE MEDICAL EXAMINATION AND REVIEW OF THE HEALTH CONCERNING THE ABOVE NAMED CANDIDATE, HE / SHE IS DETERMINED TO BE:

- ( ) MEDICALLY FIT TO PARTICIPATE IN THE ROXBURY TOWNSHIP POLICE DEPARTMENT'S PHYSICAL FITNESS EXAM WITHOUT LIMITATIONS.
  
- ( ) NOT MEDICALLY FIT TO PARTICIPATE IN THE ROXBURY TOWNSHIP POLICE DEPARTMENT'S PHYSICAL FITNESS EXAM.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

COMPLETED BY PHYSICIAN: BLOOD PRESSURE \_\_\_\_\_

RESTING PULSE \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_