**PHYSICAL AGILITY MEDICAL CERTIFICATION FORM**

Candidates Name: ( Last, First, MI)

Candidates Address:

Candidates Date of Birth:

Candidates Signature:

The above-named candidate will participate in a physical agility test as outlined below. Kindly examine the candidate to determine his/her fitness in the physical agility test.

1. Vertical Jump: 15 inches (3 attempts)
2. 1 Minute Sit Ups: 28 repetitions minimum
3. 300-meter run: 70.1 seconds or less
4. 1 Minute Push Ups: 24 repetitions minimum
5. 1.5 Mile Run: 15:55 minutes or less
6. Pull Ups:(Non Scorable)

The candidate is encouraged to perform their maximum amount of exercises in the given time

Based upon the medical examination, the above-named candidate is determined to be:

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 and License Number:

\*\*\* Return signed copy to police hq or email [mapolice@mtarlingtonpd.com](mailto:mapolice@mtarlingtonpd.com) by 4/17/25