

TOWNSHIP OF LEBANON
HUNTERDON COUNTY

POLICE DEPARTMENT



Jason J. Crouce
Chief of Police

PHYSICAL AGILITY MEDICAL CERTIFICATION FORM

Candidate's Name: (Last, First, MI) _____

Candidates Address: _____

Candidates Date of Birth: _____

Candidates Social Security Number: _____

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 for participation in this physical agility test.

1. Vertical Jump: 15 inches (Minimum 3 Attempts)
2. 1 Minute Sit Up: 28 repetitions minimum
3. 300 Meter Run: 70.1 Seconds or less
4. 1 Minute Push Up: 24 repetitions minimum
5. 1.5 Mile Run: 15:55 Minutes or less

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