**PHYSICAL ASSESSMENT WAIVER**

**Must be completed by a licensed medical provider.**

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please Print Legibly)**

**The above applicant has submitted an application for employment with the Tenafly Police Department.**

**Applicants will be tested according to the Cooper Standard for Law Enforcement Physical Assessment. This assessment includes push-ups, sit-ups, vertical jump, 300 meter run, and 1.5 mile run. Minimum passing standards are set as:**

**Push-ups 24 repetitions in 1 minute to determine upper body muscular endurance**

**Sit-ups 28 repetitions in 1 minute to determine back stability and abdominal endurance**

**Vertical Jump 15 inches to determine explosive power**

**300 Meter Run 70.1 seconds or less to determine overall speed**

**1.5 mile run 15:55 minutes or less to determine cardiovascular endurance**

**I hereby certify that the above applicant was examined by me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).**

**I have read the above description of the physical fitness assessment events. It is my opinion that the above individual is capable of safely performing in vigorous physical exercise with no restrictions. I certify that this individual is able to safely participate in all components of this physical fitness assessment.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Licensed Medical Provider Date**

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Printed Name of Licensed Medical Provider Phone Number