

Gloucester County Police Academy 1400 Tanyard Road Sewell, NJ 08080

PHYSICAL CONDITIONING PREP PROGRAM MEDICAL CERTIFICATION FORM

| Participant's Name: Participant's Address: Participant's Date of Birth: Participant's Last Four of Social Security Number: | | | |
|---|---|---|--|
| | | The above-named subject will participate in physical condition | - |
| | | endurance, speed, agility, strength, and core stability. During | ng the Physical Conditioning PREP Program, the |
| | | individual may participate in six training sessions over a 3-w | |
| prepare him/her for the New Jersey Police Training Commission | on Physical Conditioning Pre-Assessment (entry test | | |
| for the admittance into the Police Academy). The participant | nts will participate in one or more of the Physical | | |
| Conditioning Assessments, which will include the following ev | ents: | | |
| PHYSICAL CONDITIONING TEST | MINIMUM REQUIREMENT TO PASS | | |
| 1. VERTICAL JUMP | 15" or more | | |
| 2. SIT-UPS | 28 in 60 seconds | | |
| 3. 300 METER RUN | 70.1 seconds or less | | |
| 4. PUSH-UPS | 24 in 60 seconds | | |
| 5. 1.5 MILE RUN | 15:55 minutes or less | | |
| Kindly examine the participant to determine his/her fitness for Program and Physical Conditioning Assessment Testing. | or participation in this Physical Conditioning PREP | | |
| Based upon the medical examination, the above-named cano | didate is determined to be: | | |
| (Check one) | | | |
| Medically fit to participate in the Physical Cond Assessments. | ditioning PREP Program and Physical Conditioning | | |
| Not medically fit to participate in the Physical Conditioning Assessments. | Conditioning PREP Program and Physical | | |
| Physician's Name: | | | |
| Physician's Address: | | | |
| Physician's Signature and License Number | Date: | | |
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