

**Medical Practitioner's Certification of
Applicant Ability to Perform
Kent County Sheriff's Office
Physical Fitness Assessment**

Applicant Name: _____

Dear Medical Practitioner;

The above referenced applicant will be required to participate in the Kent County Sheriff's Office pre-employment Physical Fitness Assessment (PFA). The PFA will be performed under the guidance of Kent County Sheriff's Office personnel and consist of the following elements. The Practitioner need only certify that the applicant may safely participate in:

- ***Push-Ups** (muscular endurance) – Maximum number of reps performed in one minute
- ***Sit-ups** (muscular endurance) – Maximum number of reps performed in one minute
- ***1.5 Mile run** (cardiovascular endurance) – Scored in minutes and seconds

TO BE COMPLETED BY APPLICANT'S MEDICAL PRACTITIONER

Can perform at this time: YES _____ NO _____ (Must be checked)

The Section below must be completed **in its entirety and personally signed** by the applicant's medical Practitioner. **Please ensure that EACH LINE is completed. Illegible or incomplete forms will not be accepted, and you will not be allowed to complete the assessment. Stamped signatures will not be accepted.**

I hereby certify that I am a licensed medical Practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. I further certify that I have reviewed this applicant's condition in a manner consistent with the prohibitions contained in regulations adopted by the State Board of Quality Assurance or its equivalent. My opinions are based on my personal review of the applicant's examination, and the conclusions reached are based on a reasonable degree of medical certainty.

****NO STAMPS FOR THE PRACTITIONER'S SIGNATURE ALLOWED****

Practitioner's Signature _____ Date of Examination _____

Printed Last Name _____ Specialty _____

License No. _____ Expiration Date _____

Address _____

Phone _____

Kent County Sheriff's Office
Pre-Employment Physical Fitness Assessment

Name: _____ Sex: _____ Race: _____
 (Last) (First) (M.I.)

Age: _____ Height: _____ Weight: _____

Date Of Birth: _____

Assessment Date _____

Waiver of Liability

In consideration of my being permitted to participate in the Physical Fitness Assessment for the Kent County Sheriff's Office, I agree that I shall not hold the Kent County Sheriff's Office or the Kent County Government or any of its employees and any public or private facility building or organization at which the Physical Fitness Assessment is held responsible for any injury or damage that I may receive during or as a result of this Physical Fitness Assessment.

Signature _____

Date _____

Witness (print) _____

(sign) _____