



CITY OF PUNTA GORDA

POLICE

A Florida Accredited **EXCELSIOR AGENCY**

Police Application – Physician’s Clearance to Test

Name of Applicant: _____ **Date:** _____

Dear Physician,

The purpose of this communication is to inform you of the above-named individual’s intentions with regards to participation in the pre-employment Physical Abilities Test for the City of Punta Gorda Police Department. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above applicant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability testing.

The testing program will consist of a series of physical abilities tests conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the applicant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skills, and aerobic power. Tests will include two 220-yard runs, one 100-foot run (in lieu of dummy drag), jumping over obstacles (12-24 inches high, climbing over a wall (40 inches high), two 50-foot sprints, and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency. If you have any questions, please do not hesitate to contact our Employee Development Coordinator Lieutenant Christopher Salsman at 941-575-5571.

I have examined this applicant and his/her medical history, and based upon my evaluation, I recommend that (please check one):

_____ Participation is not advisable at this time (If you advise against participation, please do not disclose the applicant’s medical history on this form).

_____ Within a reasonable degree of probability, no medical condition or disorder exists that precludes this applicant from participation in the physical tests described.

Signature of Physician

Name of Physician (*please print*)