



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 conditioning and exercises that will involve cardiovascular endurance, speed, agility, strength, and core stability. During the Physical Conditioning PREP Program, the individual may participate in six training sessions over a 3-week period. The physical exercises are designed to prepare him/her for the New Jersey Police Training Commission Physical Conditioning Pre-Assessment (entry test for the admittance into the Police Academy). The participants will participate in one or more of the Physical Conditioning Assessments, which will include the following events:

PHYSICAL CONDITIONING TEST

MINIMUM REQUIREMENT TO PASS

- | | |
|------------------|-----------------------|
| 1. VERTICAL JUMP | 12.5" or more |
| 2. SIT-UPS | 22 in 60 seconds |
| 3. 300 METER RUN | 84 seconds or less |
| 4. PUSH-UPS | 19 in 60 seconds |
| 5. 1.5 MILE RUN | 19:00 minutes or less |

Kindly examine the participant to determine his/her fitness for participation in this Physical Conditioning PREP Program and Physical Conditioning Assessment Testing.

Based upon the medical examination, the above-named candidate is determined to be:

(Check one)

_____ Medically fit to participate in the Physical Conditioning PREP Program and Physical Conditioning Assessments.

_____ Not medically fit to participate in the Physical Conditioning PREP Program and Physical Conditioning Assessments.

Physician's Name: _____

Physician's Address: _____

Physician's Signature and License Number _____ Date: _____