Fairview Heights Board of Fire and Police Commissioners

MEDICAL PERMISSION FORM

This form must be completed to participate in the 2019 test cycle on June 1st, signed by your examining physician. **You must bring the completed form with you to the physical test.** Failure to bring the form will result in you being unable to participate in the test process. The date of examination for this medical permission must be within 90 days of Test Date.

(Notice to Candidates: legibly print your name & date of birth below)
Applicant's Name & Date of Birth:

_____

Last ***First*** ***MI*** ***Date of Birth***

Test Required	**Men**				**Women**			
Age Group	**20-29**	**30-39**	**40-49**	**50-59**	**20-29**	**30-39**	**40-49**	**50-59**
Sit & Reach – in.	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1-Minute Sit up #	37	34	28	23	31	24	19	13
Max Bench Press % of body weight	.98	.87	.79	.70	.58	.52	.49	.43
1.5 mile run (time)	13:46	14:31	15:24	16:21	16:21	16:52	17:53	18:44

Based on my physical examination I conclude the above named person:
( ) IS ABLE to participate in the physical activities described above.

Physician Signature:_____ **Date:**_____

AUTHENTICITY CHECK:
Examining Physician (*print*):_____

Physician's Address:_____

Physician's Telephone:_____

Physician's E-mail:_____