

**Lehigh County Chiefs of Police Association Consortium Test**

5 N Main St  
Coopersburg, PA 18036

**Medical Release Form**

Dear Physician:

In order for (print applicant's name) \_\_\_\_\_, an applicant for the position of police officer, to participate in the physical performance test, it is necessary for him / her to obtain clearance from a licensed physician. Please review the test guidelines attached to this form and sign the appropriate line below. Additional space is allowed for comments, including any limitations on the applicant's participation.

All testing is monitored by certified fitness coordinators. A test event is ended when the applicant meets the requirement, i.e. if the standard is 25 push-ups, the test event ends when the applicant meets the standard. The test's events and battery are of a Pass / Fail type.

I have examined the applicant, whose name is listed above.  
The applicant **MAY** participate in the Physical Performance Test.

Physician's Signature: \_\_\_\_\_

**OR**

I have examined the applicant, whose name is listed above.  
The applicant **MAY NOT** participate in the Physical Performance Test.

Physician's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any questions regarding this form or the Physical Performance Test shall be directed to:  
William H. Gibson, Fitness Consultant, Pennsylvania Chiefs' of Police Association,  
3905 North Front Street, Harrisburg, Pennsylvania 17110  
[bgibson@pachiefs.org](mailto:bgibson@pachiefs.org), or (717) 579 - 7299.