CHICAGO POLICE DEPARTMENT

Medical Release for Physical Agility / Performance Test

DATE: _____ **, 2022**

TO: **Human Resources Division**

FROM: _____

(Physician, Nurse Practitioner, Physician's Assistant, Please PRINT your full name)

I hereby certify that the following individual:

_____

(First Name) **MI** **(Last Name)** **Employee #**

was examined by me on _____ _____ **, 2022.**

(Month) **(Day)**

I also certify that this individual is able to participate in a physical agility/performance test, including a series of job-related tasks and movements. Abilities to be assessed in the Physical Agility Test include muscular endurance, muscular strength, and cardiovascular fitness as related to the duties of **Police Officer (Assigned as Canine Handler)**. Examples may include, walking, running and lifting up to 75 pounds.

_____

(Medical Professional Signature)

_____

(Address-Please Print)

_____

(City, State and Zip Code)

_____

(Telephone Number)

_____

(Name of Hospital Affiliation)