

CITY OF STREATOR
BOARD OF FIRE AND POLICE COMMISSIONERS

ROBERT LEE II, CHAIRMAN
CHARLES DANIELS, SECRETARY
MICHAEL ABDNOUR, COMMISSIONER

PHYSICIAN'S RELEASE

The undersigned physician hereby certifies that he/she has examined _____
_____ and has found that he/she is physically capable of
participating in the Physical Agility Test administered to applicants consisting of various strenuous
exercises. A copy of the Physical Agility Test (P.O.W.E.R. Test) is attached to assist in this
determination.

This physical examination is at the applicant's expense.

This physical examination must be completed by a licensed medical doctor or doctor of osteopathy.

Physician's Signature _____

Physician's Name (Print) _____

Physician's Address _____

Telephone Number _____