



**BOARD OF FIRE AND POLICE COMMISSIONERS**

ROBERT LEE II, CHAIRMAN

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**PHYSICIAN'S RELEASE FORM**

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.) is attached to assist in this  
determination.

THIS PHYSICAL EXAMINATION IS AT THE APPLICANT'S EXPENSE.

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

Physician's Name: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_