

Ocean City Police Department

Ocean City, Maryland

PHYSICIANS STATEMENT OF AGILITY TEST ABILITY

**Applicants must have this form completed by a physician prior to taking the physical ability portion of the Ocean City Police Department's applicant testing.
NO FORM, NO TEST.**

I, _____, have reviewed a description of the
(Physician's Printed Name)

Ocean City Police Department's police officer agility test and certify that

(Applicant's Printed Name) :

Check one:

_____ Can safely perform this test _____ Can Not safely perform this test

Physician's Signature

Date

Applicant's Signature

Date

NO OTHER MEDICAL INFORMATION SHOULD BE INCLUDED ON THIS FORM