

**MEDICAL EXAMINER'S CERTIFICATE**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**This is to certify that I have made a medical examination of the above person and find that he/she is physically able to take part in a strenuous performance test consisting of a distance run, push-ups, sit ups, as well as other tests of physical endurance. He/she will be participating in these exercises to demonstrate physical agility in performing the duties for the City of Marion Police Department.**

**Signed:** \_\_\_\_\_  
**Signature of Physician**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Dated:** \_\_\_\_\_