



City of Crestview  
**POLICE DEPARTMENT**

201 Stillwell Boulevard - Crestview, Florida. 32539  
Tony R. Taylor, Chief of Police



Administration  
850.682.3544  
850.682.2080 fax

Communications center  
850.682.2055  
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**OFFICE OF THE ADMINISTRATIVE DIVISION COMMANDER**

**NAME OF PARTICIPANT:** \_\_\_\_\_

Dear Physician:

The Purpose of this communication is to inform you of the above named individuals intentions with regards to participating in the Crestview Police Department’s pre-employment physical abilities test. We are aware of the fact that strenuous activity may be inadvisable for some individuals. As such, we request that you indicate whether the above named participant has any medical condition or disorder that would preclude participating. It must be emphasized that we are not asking you to assume responsibility for the participant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning applicability of testing. The testing program will consist of a series of physical abilities tests conducted at our training site.

The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the participant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include two 220-yard runs, dragging a 150-pound object 100 feet, jumping over obstacles (12-24 inches in height), and climbing over a wall (40 inches high), two-foot sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the participant is capable of performing the minimum standards appropriate to law enforcement, corrections, or correctional probations. Thank you for your cooperation.

**I have examined this participant and his/her medical history, and based upon my evaluation I recommend that:**

- Participation is not advisable at the present time. (If you advise against participation, please do not disclose the participant's medical condition on this form.)**
- Within a reasonable degree of probability, no medical condition or disorder exists which precludes this participant from participation in the physical tests as described.**

\_\_\_\_\_  
(Signature of Physician and/or Physician Assistant) (DATE)

\_\_\_\_\_  
(Printed Name and Address of Physician and/or Physician Assistant)

**Name and Address of Agency Representative:**

Commander Andrew G. Schneider  
Crestview Police Department  
201 Stillwell Boulevard, Crestview, FL 32539