



**Gainesville Police Department
Personnel/Recruitment Unit
PO Box 1250, 413 NW 8th Ave.
Gainesville, FL 32602
(352) 393-7595**

Physician's Recommendation Form

Name of participant: _____

Dear Physician:

The purpose of this communication is to inform you of the Gainesville Police Department's Physical Ability testing requirements. We are aware that strenuous physical activity may be inadvisable for some individuals. As such, we are requesting that you indicate whether the above-named participant has any medical condition or disorder that would preclude participation. 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 tasks conducted at the Santa Fe Community College Institute of Public Safety. The battery of job related field tasks are 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 skills and aerobic power. Tasks will include sprints of various lengths, dragging a 150 pound dummy 50 feet, climbing over a 4-foot and 6-foot fence, jumping over and going under obstacles which are 2-feet high and movement around a series of cones.

Ultimately, the primary goal of this testing is to determine whether the participant is capable of performing minimum standards appropriate to law enforcement.

Gainesville Police Department Selection Process Medical Waiver Form

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

- Participation is not advisable at this time. (If you advise against participation, please do not disclose the participant's medical condition on this form.)

- No medical condition or disorder exists which precludes this applicant from participation in the physical abilities test as described.

Signature of Physician

Date

DEA #

Physician's Printed Name

Address

Phone Number

Please bring this form with you to the first day of the selection process!!