DOCTOR’S CERTIFICATION OF FITNESS TO PERFORM PHYSICAL AGILITY TEST

NOTE: This form must be returned at time of Notarized Exam Application. If you have had a Doctor’s Physical within the past 6 months no new physical is required, but proof of the physical is required by the Doctor. Your Doctor is then only required to fill out this form as proof.

The Physical Agility portion of the Ferry County Civil Service Exam is a prerequisite for the Washington State Law Enforcement Academy. After reviewing the attached description of the Physical Agility Testing criteria please advise whether the applicant is physically capable of fulfilling the requirements of the Physical Agility Test.

Name of Applicant: ____________________________________ DOB: ______________________

I have reviewed the attached description of the Physical Agility portion of the Ferry County Civil Service Exam for the position of Deputy Sheriff or Corrections Officer and find that the Applicant identified above can perform the elements of the test and do so safely.

Date of Physical: _______________________________

Doctor’s Comments: (please print or type)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Doctor’s Signature: ___________________________________________ Date: ______________________

Doctor’s Name (print): _______________________________________

I, the applicant named above, hereby acknowledge that in performing the Physical Agility portion of the Ferry County Civil Service Exam that there may be the potential for injury while performing said test. I hereby release Ferry County, any and all employees, and agents from any liability from any injuries that I may sustain from said Physical Agility test.

Applicant Signature: _________________________________________

Applicant Name (print): _______________________________________

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