



# SHELBYVILLE POLICE DEPARTMENT

105 W. TAYLOR ST. SHELBYVILLE, INDIANA 46176

PHONE 317-392-5106

FAX 317-392-3645

## Physician's Physical Fitness Release Form

I am licensed to practice medicine in the State of Indiana. I have examined the individual listed at the bottom of this form and found him/her to be in good physical health. The individual's basic physical fitness (pulse, standing heart rate, blood pressure, eye sight, hearing, range of motion, etc...) falls within an acceptable medical range.

I further acknowledge there is no physical health limitations that would restrict this individual from being able to move quickly over short distances, change direction and negotiate stairways and low obstacles common to street and yard environments. The individual should also be able to apply and control directional forces, as when controlling resisting adults, who are standing or on the ground. He/she is also capable of lifting heavy weights and performing demanding work longer than three minutes.

Please list any limitations &/or restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals Full Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name Printed