

**ITEMS TO BE COMPLETED BY EXAMINING PHYSICIAN**

NAME OF EXAMINEE		DATE OF EXAM (MM/DD/YYYY)	
HEIGHT (inches)	WEIGHT (lbs)	BLOOD PRESSURE (sitting)	PULSE (sitting)
(OPTIONAL) MANTOUS TB SKIN TEST RESULTS                      POSITIVE                      NEGATIVE                      (if positive, chest x-ray required)			
DATE AND RESULTS OF REQUIRED CHEST XRAY:			
RECOMMENDATIONS AND/OR OBSERVATIONS OF THE EXAMINING PHYSICIAN, INCLUDING ANY FURTHER EXAMS OR TESTS			
<b>STRENUOUS PHYSICAL ACTIVITY DURING TESTING SESSION INCLUDES THE FOLLOWING:</b>			
<i>Push-ups (as many as he/she can do in one continuous motion in one minute)</i> <b>Minimum 18 push-ups in one minute for a male and 7 in one minute for a female</b>			
<i>Sit-ups (as many as he/she can do in one continuous motion in one minute)</i> <b>Minimum 26 sit ups in one minute for a male and 17 sit ups in one minute for a female</b>			
<i>Sit and reach (flexibility assessment)</i> <b>Minimum 14.5" for a male and 18" for a female</b>			
<i>1 1/2 mile run on the track (timed)</i> <b>Minimum Running 1 1/2 miles in 14:55 minutes for a male and 17:24 minutes for a female</b>			
IS APPLICANT PHYSICALLY QUALIFIED TO PARTICIPATE IN THE ABOVE LISTED ACTIVITIES OR ANY OTHER PHYSICAL ACTIVITY WHILE PARTICIPATING IN THE PHYSICAL TESTING?                      YES                      NO			
IF THE APPLICANT IS NOT QUALIFIED TO PARTICIPATE IN STRENUOUS PHYSICAL ACTIVITY OR HAS ANY DEFECTS) OR CONDITIONS(S) WHICH MAY LIMIT OR PRECLUDE PARTICIPATION, PROVIDE DETAILS:			
TYPE OR PRINT NAME OF EXAMINER			
ADDRESS OF EXAMINING FACILITY			
SPECIALTY OF EXAMINER (if any)			

\_\_\_\_\_  
Signature of examining physician

\_\_\_\_\_  
Date