



Metro Transit Police Medical Waiver

_____ (applicant) will be attending a physical fitness assessment with the Metro Transit Police Department on, _____ (date). The above applicant will participate in a battery of tests that will include:

- Vertical Jump of 13 inches
- Completing 12 push-ups in one minute
- Completing 23 sit ups in one minute
- Completing a 300 meter run in 81 seconds
- Completing a 1 ½ mile run in 17:54

These are the minimum standards that the applicant must attain to proceed in the employment process, but the applicants are instructed to do their very best. These tests are completed in a four (4) hour time period.

Based on my personal review of the applicant's examination, I _____ certify that _____ has no medical conditions that would prohibit fitness testing and is is not physically able to participate in this battery of fitness tests.

Doctor's Printed Name

Date

Doctor's Signature

Address

Office Number

It is MANDATORY the Medical Waiver be COMPLETED, SIGNED and STAMPED by your physician PRIOR to your applicant test date. If your doctor does not have a stamp, then you must have a receipt showing that you paid for your doctor's visit.