

**SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE**

**MEDICAL RELEASE FORM**

I, \_\_\_\_\_, I have examined  
Name of Medical Doctor, Nurse Practitioner or Physician's Assistant

\_\_\_\_\_ on \_\_\_\_\_ and have reviewed the requirements  
Name of applicant and social security number Date

of the Physical Fitness Screening Test. It is my professional opinion \_\_\_\_\_ is  
Applicant's name

in good medical condition and able to participate in the physical activities of the test.

\_\_\_\_\_  
Medical Doctor, Nurse Practitioner or Physician's Assistant Signature and Stamp Date Business Address

If no stamp is available, signed office stationery  
must be attached.

**PHYSICAL FITNESS SCREENING TEST**

**SIT UP** MUSCULAR ENDURANCE (Core Body) - The score indicated below is the number of bent-leg sit-ups performed in one (1) minute.

**PUSH-UP** MUSCULAR ENDURANCE (Upper Body) - The score indicated below is the number of full body repetitions that a candidate must complete without breaks.

**1.5 MILE RUN** CARDIOVASCULAR CAPACITY - The score indicated below is calculated in minutes:seconds. The running surface and conditions may vary and the test may be conducted on either an indoor or outdoor track.

<b>TEST - MALE</b>			
<b>AGE</b>	<b>SIT-UP</b>	<b>PUSH-UP</b>	<b>1.5 MILE RUN</b>
20 - 29	38	29	12:38
30 - 39	35	24	12:58
40 - 49	29	18	13:50
50 - 59	24	13	15:06
60+	19	10	16:46
<b>TEST - FEMALE</b>			
20 - 29	32	15	14:50
30 - 39	25	11	15:43
40 - 49	20	9	16:31
50 - 59	14	0	18:18
60+	6	0	20:16

**THIS FORM MUST BE COMPLETED AND SUBMITTED AT THE TIME OF TEST OR YOU WILL NOT BE PERMITTED TO PARTICIPATE.**