MONROE TOWNSHIP POLICE YOUTH ACADEMY

MEDICAL CLEARANCE FORM

Please type and sign:

Applicant's Name: _____

Name of Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

BASED UPON A MEDICAL EXAMINATION AND A REVIEW OF THE APPLICANT' S HEALTH HISTORY, I CERTIFY THAT THE APPLICANT IS MEDICALLY FIT TO PARTICIPATE IN THE MONROE TOWNSHIP YOUTH ACADEMY. I UNDERSTAND THE COURSE INVOLVES BUT IS NOT LIMITED TO: RUNNING, STRENGTH TRAINING, PUSH-UPS, SIT-UPS, AND PULL-UPS, MEDIUM PHYSICAL EXERTION AND BASIC PHYSICAL CONDITIONING.

Physician's Signature: _____

License#:_____

Parent/Guardian Signature:_____ Date: _____