

ANNE ARUNDEL COUNTY PRE-EMPLOYMENT
PHYSICAL AGILITY TEST FOR
ENTRY- LEVEL DEPUTY SHERIFF

DOCTOR'S CERTIFICATION OF FITNESS TO PERFORM PHYSICAL AGILITY TEST

I have reviewed the attached three elements of the Anne Arundel County Physical Agility Test for the position of Entry-Level Deputy Sheriff and certify that the candidate listed below is under my care and is able to perform the elements of the test safely.

Candidate's Name: _____

Agency to which Application is made: _____

Date of Examination: _____

Expiration Date is six (6) months from date of exam.

Doctor's Signature: _____

Doctor's Name Printed/Typed: _____

Doctor's Address and Phone #: _____

This form will expire six months from date of examination. Upon expiration, a new certification form must be completed before any further processing can be done.

*****IMPORTANT*****

CANDIDATE, you must bring this form with you when you report for the Physical Agility Test. Without this form, you will not be tested.