

SHERIFF'S OFFICE



MICHAEL G. MASTRONARDY
SHERIFF

BRIAN J. KLIMAKOWSKI
UNDERSHERIFF

TELEPHONE
732-363-8715

FAX NUMBER
732-905-8345

OCEAN COUNTY POLICE ACADEMY
659 Ocean Avenue
Lakewood, New Jersey 08701

STATEMENT OF ATTENDING PHYSICIAN
STRESS TEST

Candidates Name: _____

Social Security Number: _____

Candidates Employing Agency: _____

Agency Address: _____

Physicians Name: _____

Physicians Address: _____

I have afforded the above named individual an EXERCISE STRESS TEST-TREADMILL and find the applicant to be:

- Capable of performing arduous and strenuous physical exertion.
- NOT MEDICALLY FIT to perform arduous and strenuous physical exertion.

(Signature of Examiner)

(Date of Examination)

(Name of Examiner)

(Title of Examiner)

NOTE: Successful completion of this test is required for admission to the Ocean County Police Academy.