

**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.