

SHERIFF'S OFFICE

MICHAEL G. MASTRONARDY  
SHERIFF

JON G. LOMBARDI  
UNDERSHERIFF

JOHN P. TATE  
ACTING ACADEMY DIRECTOR



OCEAN COUNTY POLICE ACADEMY

659 Ocean Avenue  
Lakewood, New Jersey 08701

TELEPHONE  
732-363-8715

FAX NUMBER  
732-905-8345

WEBSITE  
oceancountypoliceacademy.org

# STATEMENT OF ATTENDING PHYSICIAN STRESS TEST

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Candidate's Employing Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's 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