

SHERIFF'S OFFICE

MICHAEL G. MASTRONARDY
SHERIFF

THOMAS J. DELLANE
UNDERSHERIFF

JON G. LOMBARDI
UNDERSHERIFF



OCEAN COUNTY POLICE ACADEMY

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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