



New York State University Police  
Physical Agility Medical Waiver



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

Candidate's Driver's License Number/State: \_\_\_\_\_

Candidates are required to successfully complete a physical fitness-screening test prior to appointment. Your physician **must** clear you prior to taking the test. Please have your physician complete the bottom portion of this form. You will not be allowed to participate in the test without a completed waiver form.

The agility test consists of the following elements:

	Male			Female		
Age	20-29	30-39	40-49	20-29	30-39	40-49
Bent-Leg Sit-Up in 1 Min	38	35	29	32	25	20
Push-Up	29	24	18	15	11	9
1.5 Mile Run	12:38	12:58	13:50	14:50	15:43	16:31

TO BE COMPLETED BY THE CANDIDATE'S PHYSICIAN

Candidates Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_

Circle One: ☐ Cleared ☐ Not Cleared

Physician's Name (Print): \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Physician's DEA #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_