

PHYSICAL PERFORMANCE EVALUATION

PHYSICIANS STATEMENT OR USE APPLICANT STATEMENT

I, _____, have examined _____
a participant to take the Physical Performance Evaluation of the Fayette County Department of Fire &
Emergency Services. In my opinion, the above applicant may participate in a physical agility test or physical
performance evaluation (attached and incorporated by reference herein) without injury or danger to his/her
health. The intent of this document is not to certify satisfactory completion of all parts of the physical
performance evaluation, but merely to state that this person is medically capable of performing these tests.

Once the patient under your care is cleared to perform the Physical Performance Evaluation, he/she will be
subject to perform the job task evolutions as described in the attached pages.

EXAMINING PHYSICIAN'S SIGNATURE

DATE

COMMENTS:

