

**Susquehanna Township, Swatara Township and Lower Swatara Township Police Departments**

**Physician Statement Form**

I, \_\_\_\_\_ , as a physician for  
\_\_\_\_\_, a police

applicant wishing to participate in the Police Officer's Physical Fitness Assessment Test sponsored by the Susquehanna Township Police Department Swatara Township Police Department and the Lower Swatara Township Police Department, do hereby state that the aforementioned individual can safely perform the exercises as described in the attached document, which I have reviewed.

\_\_\_\_\_  
Print/Type Name of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature