



# United States Department of the Interior

## NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters  
1100 Ohio Drive, S.W.  
Washington, D.C. 20024

IN REPLY REFER TO:

### PHYSICIAN CONSENT FORM

Dr. \_\_\_\_\_

\_\_\_\_\_ is a candidate for employment with the United States Park Police. Prior to an offer of employment, all applicants must successfully complete a physician's fitness assessment.

Physical fitness is assessed by using the Physical Efficiency Battery (PEB). The PEB consists of five measures of physical fitness including: body composition, determined through subcutaneous fatfolds; flexibility, determined by sit and reach; agility, measured by negotiating a time obstacle course; muscular strength, determined with one maximal chest press; and cardiovascular endurance, measured by a timed 1.5 mile walk/run.

Please understand that any physical/medical examination that you determine is necessary to complete this form will be at the expense of your patient and not the United States Park Police.

**I have examined the individual named above and determined that he/she:**

\_\_\_\_\_ **Is cleared to participate in all aspects of the Physical Efficiency Battery.**

\_\_\_\_\_ **Is not cleared to participate in all aspects of the Physical Efficiency Battery.**

**Physician Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Physician Printed Name*

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Date of Physician Signature*

\_\_\_\_\_  
*Office Telephone Number (w/ area code)*

\_\_\_\_\_  
*Office Telephone Number (w/ area code)*

\_\_\_\_\_  
*Complete Mailing Address*

- **This Physicians Consent is valid for 6 (six) months from the date of the Physician Signature.**

Revised 10/09

