



IN REPLY REFER TO:

# United States Department of the Interior

## NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters  
1100 Ohio Drive, S.W.  
Washington, D.C. 2002

# PHYSICIAN'S CONSENT FORM

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

\_\_\_\_\_ is a candidate for employment with the United States Park Police. Prior to and 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 four measures of physical fitness including: 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:

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\_\_\_\_\_  
Physician's Printed Name/Stamp

\_\_\_\_\_  
Physician's Authorized Signature

\_\_\_\_\_  
Date

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

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