St. John Police Department

11033 W. 93rd Avenue | St. John, IN 46373-9701 | Tel: (219) 365-6032 | Fax: (219) 365-5120
www.stjohnin.gov

Steven Flores
Chief of Police

DOCTOR'S RELEASE

Dear Candidate:

Your physician must complete the following form or you will not be permitted to complete the physical agility test.

Dear Doctor,

_____ has applied for the position of police officer with the St. John Police Department. As a prerequisite for continued consideration, all applicants must successfully complete a physical agility test, as described by the attached notice. In compliance with the Americans with Disabilities Act, I am authorized to inquire of you, as this applicant's physician:

Can this applicant safely perform these tests?

YES _____ NO _____

_____ _____
Date Physician's Signature

_____
Physician's Printed Name

_____
Street Address

_____
City, State, Zip Code

THIS DOCTOR'S RELEASE MUST BE RETURNED WITH THE APPLICATION