



WILMINGTON POLICE DEPARTMENT
WILMINGTON, DELAWARE



PHYSICIAN AUTHORIZATION FORM

Applicant Name: _____ SS No.: _____ - _____ - _____

Date Examined by Physician: _____

Purpose of Evaluation: **Applicant for Wilmington Department of Police Recruit Officer**

I have reviewed medical information and conducted a physical examination of the aforementioned applicant and I am rendering the following professional opinion:

I have determined that the above applicant is in proper physical condition to engage in ALL of the physical exercises of the Wilmington Department of Police Physical Fitness/Ability Assessments. (Additional comments to be attached to this form.)

Physician's Signature

Physician's Full Name (PRINT)

Physician's Medical Degree

Physician's Specialty

State of License

Physician's Full Address

City/State/Zip Code

Telephone Number, including Area Code

Date of Completion of this Form