



**LITCHFIELD POLICE DEPARTMENT**

TOWN OF LITCHFIELD  
2 LIBERTY WAY, SUITE 2  
LITCHFIELD, NH 03052  
Phone: (603)424-4047 Fax: (603)424-3423



Joseph E. O’Brion Jr.  
Chief of Police

Dear Doctor:

Please print:

Your patient’s name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

is planning to participate in the fitness assessment test given to Litchfield Police Officer applicants. The test involves a single bench press, sit-ups, push-ups, and a 1 ½ mile run.

Applicants must have this form completed prior to participating in the test.

**EACH SECTION MUST BE COMPLETED IN FULL.**

**VISUAL ACUITY (If applicant wears corrective lenses, test and record with and without lenses)**

a. Without corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Depth perception
b. With corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Depth perception
c. Pupils: Equal?	Reaction?		
d. Form fields of vision (temporal)			
(Record degrees of fields obtained by instrumentation or confrontation above)			
Right eye:	Left eye:	Each eye on zero line:	
e. Note evidence of disease or injury:			

**CARDIOVASCULAR SYSTEM (Complete each block)**

Type of Activity:	Blood Pressure	Pulse Rate	Sounds	Rhythm
a. At rest				
b. Immediately following moderate exercise				
<b>***Moderate exercise may include jumping jacks and/or running in place for 3 minutes.***</b>				
c. Three minutes after exercise				
d. Note circulation to extremities:				
e. Note any abnormalities:				

\_\_\_\_\_ I know of no reason why this applicant may not participate in the physical fitness test.

\_\_\_\_\_ I recommend the applicant NOT participate in the physical fitness test.

Doctor’s Name (Please print): \_\_\_\_\_ Tel. No. : ( ) \_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Address: \_\_\_\_\_