

KNOX COUNTY SHERIFF'S DEPARTMENT

152 S. Kellogg Street, Galesburg IL 61401
knoxcountysheriffil.com



Doctor's Release for Physical Agility Testing Form - E

I, the undersigned, do hereby certify that I have examined _____,
and have found him or her physically capable of participating in the Physical Agility Test
consisting of various strenuous exercises.

Date: _____

Signature: _____, M.D.

Address: _____

Phone: _____

This release is valid for 45 days.

If you are required to participate in the Physical Agility/Power Testing,
DO NOT return this form with your application.
Bring it with you on the day of testing.