



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