



**HEALTHCARE PROVIDER CERTIFICATE
FIREFIGHTER PHYSICAL FITNESS EXAMINATION**

Applicants: Please provide this form to your healthcare provider for completion.

IMPORTANT: This form must be signed within 45 days of your scheduled physical fitness examination in order to be considered valid and you will need to submit it during registration at the physical fitness examination.

Applicant Name (Please Print)

TO THE PHYSICIAN:

Mifflin Township, Firefighter Physical Fitness Examination consists of a pull-up, push-ups, sit-ups, and a 1.5 Mile timed run. Please indicate that the applicant's health is such that he/she can attempt to perform these elements within the perimeters listed below:

1- Pull-up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Push-ups	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sit-ups	<input type="checkbox"/>	<input type="checkbox"/>	1.5 Mile Run	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Healthcare Provider Date Healthcare Provider's Printed Name or Stamp

Address of Healthcare Provider

Physical Fitness Examination	Ages - Male		Ages - Female	
	20-29	30-39	20-29	30-39
1-Pull Up in 1-Minute	1	1	1	1
1-Minute Push Up (Minimum)	26	20	20	15
1-Minute Sit Up (Minimum)	35	32	35	32
1.5 Mile Run (Minimum)	13:22	14:08	15.:57	16:35