



NEW YORK STATE UNIFIED COURT SYSTEM
OFFICE OF COURT ADMINISTRATION
DIVISION OF HUMAN RESOURCES
COURT OFFICER STAFFING & SECURITY
COURT OFFICER PROCESSING UNIT
25 Beaver Street, New York, NY 10004
Phone: (212) 428-5511 Fax: (212) 401-5954
Email: co-processing@nycourts.gov

NAME: _____

RANK: _____

MEDICAL RELEASE FORM

TO BE REVIEWED BY CANDIDATE'S LICENSED MEDICAL PRACTITIONER

Candidates for the Court Officer-Trainee position are required to undergo and pass a Physical Ability Test as follows:

Push-Ups Test (Muscular Endurance) - assesses upper body muscular strength. The candidate must perform as many push-ups as possible in one minute.

Illinois Agility Run (Anaerobic Power) - measures anaerobic power. The test requires running approximately 60 yards as fast as possible and making several sharp turns during the run. Two trials are completed with a two-minute rest between trials.

Sit-Ups Test (Muscular Endurance) - assesses abdominal strength. The candidate must perform as many sit-ups as possible in one minute.

Beep Test (Aerobic Capacity) - assesses aerobic capacity. The test involves successfully completing multiple 20 meter run intervals at increasing speed levels (the candidate will have to gradually increase from a slow run to a full sprint).

For more information, visit www.nycourts.gov/courtofficer-recruit

TO BE COMPLETED BY CANDIDATE'S LICENSED MEDICAL PRACTITIONER

The medical professional may be a duly certified doctor, nurse practitioner or physician assistant who has personally examined the candidate and reviewed the candidate's ability to participate in the Physical Ability Test

I, _____, have examined _____
Print Medical Practitioner's Name Print Candidate's Full Name

on _____ and have reviewed the requirements of the Physical Ability Test.
Date of Examination

I hereby certify that I am a licensed medical practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. My opinions are based on my personal review of the candidate's physical examination, and the conclusions reached are based on a reasonable degree of medical certainty.

I certify that the above-mentioned individual is physically able to participate in the Physical Ability Test (described above) for the New York State Court Officer-Trainee position without posing an undue risk of harm to the individual or others. I understand that the Court Officer Staffing & Security Services Office may contact me regarding the information certified herein.

SIGNATURE: _____
Medical Practitioner

DATE: _____
Valid for 90 days only

ADDRESS: _____

TELEPHONE: _____ SPECIALITY: _____

LICENSE NUMBER: _____ LICENSE
EXPIRATION DATE: _____

**SUBMIT THIS COMPLETED FORM ON THE DATE OF YOUR PHYSICAL ABILITY TEST
ALL SECTIONS MUST BE COMPLETED**