



U.S. Department of Justice  
Federal Bureau of Investigation

Washington, D. C. 20535-0001

**Certificate of Wellness**

Dear Doctor:

Your patient, \_\_\_\_\_, is employed in a physically challenging law enforcement position with the Federal Bureau of Investigation. Screening has recently been conducted for his/her participation in an annual physical fitness test. Medical clarification is needed due to answers given on the Physical Activities Readiness Questionnaire (PAR-Q), namely, (Circle Needed Follow-up Items) - heart disease, - chest pain, - dizziness, - loss of consciousness, - bone or joint problem, - hypertension, or - other. The physical fitness test consists of five events as described below.

- 1) Maximum sit-ups for 1 minute
- 2) A 300-meter sprint
- 3) Maximum push-ups
- 4) A 1.5-mile run
- 5) Maximum pull-ups

This test measures the participant's general level of physical fitness and serves as an indicator of the participant's ability to safely and effectively execute the physically demanding tasks of his/her law enforcement position. Your cooperation is appreciated.

**Physician Statement:**

\_\_\_\_ In my opinion, as a licensed physician, there is no medical contraindication for my patient to safely participate in the above described physical fitness test.

\_\_\_\_ In my opinion, this employee is unable to participate at this time. Further evaluation is needed with anticipated resolution on or about \_\_\_\_\_ (if known).

\_\_\_\_\_  
(Signature of Physician) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Printed Name of Physician)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City and State)

Phone Number (\_\_\_\_) \_\_\_\_\_

State License # \_\_\_\_\_

**Privacy Act Statement:** The collection of information on this form is authorized by 5 U.S.C. § 301, 5 U.S.C. § 3301, and 5 C.F.R. § 339.301, under which the FBI makes rules governing internal matters, the conduct of its employees, and the physical fitness of its Special Agents. The information collected will be used by the FBI to assess your patient's present medical ability to take the Physical Fitness Test (PFT) for Special Agents. Completion of this form is voluntary. The information provided is maintained in the FBI Central Records System, Justice/FBI-002, a description of which can be found at <http://www.justice.gov/opcl/doj-systems-records#FBI>. The information provided may be disclosed in accordance with the routine uses referenced in that notice and as otherwise authorized by law.