

Judiciary of Guam

Medical Evaluation Physical Fitness Exemption Form

PRIVACY ACT: “The information herein is **FOR OFFICIAL USE ONLY (FOUO)** information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this **PERSONAL INFORMATION** may result in disciplinary action, criminal and/or civil penalties.”

Name of Employee: _____ Date: _____

Division/Section: _____ Title: _____

Contact No: _____

Physicians Medical Evaluation Determination

I have medically evaluated the above named employee and have determined that he/she is exempt from performing the following physical fitness activities for the period of time specified below.

FITNESS COMPONENT

(Check All That Apply)

Maximal Effort 1.5 MILE RUN

Maximal Effort 2.0 KILOMETER WALK

PUSH-UPS

SIT-UPS

EXEMPTION PERIOD

(Indicate Length of Exemption)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Physicians Certification

Name of Physician: _____
(Print)

Date: _____

Signature of Physician: _____

License No: _____

Name of Hospital/Client: _____