



Middletown Fire Department

239 Wyatt Road
Middletown, RI 02842

SWIM TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has applied to become a Firefighter with the **Middletown** Fire Department.

Candidate Name: _____ Date of Birth: _____

Address: _____ Town/City: _____ State: _____

The **Middletown** Fire Department requires each candidate to provide a completed Swim Test Certificate. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Swim Test. The Swim Test Medical Certificate **must** be completed and accompany the application.

200-yard swim, swim underwater 30 feet, tread water 10 minutes, and retrieve a 40 lbs. manikin from a depth of 8 feet.

PHYSICIAN'S STATEMENT

I have examined the above-named individual on _____.
(Date)

After reviewing each of the four (4) events, I find him/her to be in sufficient physical condition to allow the candidate to participate in the **Middletown** Fire Department.

Comments (if any) _____

Physician's Signature

(Please type or print)

Physician's Name: _____

Address: _____

Telephone Number: _____