



DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES  
DIVISION OF CITYWIDE PERSONNEL SERVICES

One Centre Street, 17<sup>th</sup> Floor  
New York, NY 10007

**Martha K. Hirst**  
*Commissioner*

**M E M O R A N D U M**

TO: Candidates for Sanitation Worker Physical Test  
FROM: NYC Department of Citywide Administrative Services  
  
DATE: October 1, 2007  
SUBJECT: Medical Advisory and Physical Fitness Test Release

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The physical test for Sanitation Worker, Examination No. 6063, simulates the activities that Sanitation Workers perform on the job. These activities are physically demanding and will require considerable physical exertion. If you are not medically and/or physically fit, you could suffer medical complications.

Certain physical or medical conditions may increase the risk of medical complications. Among such conditions are: Muscular Disorders, High Blood Pressure, Heart Disease, Lung Disease, Disc Disorder of the Back, and Pregnancy. This is not a complete list of all conditions, but should give you an idea of the types of conditions that could lead to medical complications.

If you have any of these conditions, or any other type of condition that could lead to medical complications, you should not take the test without a thorough medical examination. It is your obligation to notify the Examiner-in-Charge at the physical test site immediately if you have any condition that could lead to medical complications **prior to your taking the physical test.**

Enclosed is a copy of the Medical Certification. If you have a medical or physical condition that could lead to medical complications, you must take this form to your physician before your scheduled test date. Your physician must complete the Medical Certification attesting to the fact that you are, in the physician's medical opinion, fit to take the test. The Department of Citywide Administrative Services will then review the Medical Certification when you appear at the test site to determine if you can be allowed to take the test. On the reverse side of this page is the Physical Fitness Test Release. All candidates must complete this form and submit it when they arrive at the physical test site.

If you develop a medical condition before you take the physical test, and you do not have a copy of the Medical Certification when you report for the physical test, you should report this to a monitor at the test site, and you will receive a form to take to your physician. If your physician indicates that you are medically fit, you may request to take the test at a later date during the same round of physical testing.

**(TURN OVER)**

**THE CITY OF NEW YORK**  
**DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES**  
**Division of Citywide Personnel Services**  
**1 Centre Street, New York, NY 10007**

**PHYSICAL FITNESS TEST RELEASE**

Rule E. 13.1 of the General Examination Regulations states in part: "To be permitted to participate in any physical test, candidates must sign the prescribed release form."

Print in the spaces below the information requested. Sign your name at the bottom of the release.

Title of Examination <b>Sanitation Worker</b>	Exam. No. <b>6063</b>	Social Security Number:
Name (last name, first, middle initial)		Address

Release:

1. I declare and represent that I have read and understood the Medical Advisory (Attached). I declare and represent that I am now in good health, that I am familiar with and understand the nature of the physical tests to be taken as part of my examination for employment with the City of New York, that I am physically and medically fit to participate in these tests, and that my personal equipment and attire are safe and fit for my participation in these tests.
2. In consideration for being allowed to participate in these tests, I hereby consent and agree to all the following terms and conditions:
  - A. I release and hold harmless the City of New York, the New York City Department of Citywide Administrative Services, the New York City Department of Sanitation and all their respective officers, agents, employees, monitors and examiners from any and all liability, claims, lawsuits, demands, actions and causes of action whatsoever arising out of or related to any illness or injury that may occur during the test, following the test, or as a result of my participation in the test in any manner, and from any medical treatment or emergency care that may be provided for such illness or injury.
  - B. No Trespassing  
  
I understand that I am granted a license to be present upon the premises where the said tests are being conducted only to the extent and for the duration necessary for me to participate in the said tests, and I agree not to trespass upon parts of these premises where my presence is not required for my participation in these tests, and I further agree to leave promptly these premises following my completion of these tests.

I have read the foregoing terms and conditions, and I understand and agree to them.

Signature \_\_\_\_\_ Date \_\_\_\_\_