



City of East Providence

DEPARTMENT OF POLICE

750 WATERMAN AVENUE
EAST PROVIDENCE, RHODE ISLAND 02914-1714
TELEPHONE (401) 435-7600



MICHAEL RAPOZA
CHIEF OF POLICE

Agility Test Medical Release Form

This form must be submitted on the day of the Physical Agility Test. No applicant will be allowed to take the agility test without completion of this form.

Applicant Name

Date of medical examination: _____

I have reviewed the provided physical fitness/ agility test standards, and after examining this applicant, I believe that he/she is physically and medically able to perform the physical agility test as described without restrictions. (**Examination must have been completed within the past six months of the end of the application period**).

Examining Doctor's Name (printed)

Doctor's License Number

Signature

Address

Telephone

750 Waterman Avenue East Providence, RI 02914-4505 www.eastprovidenceri.gov
Tel. (401) 435-7600