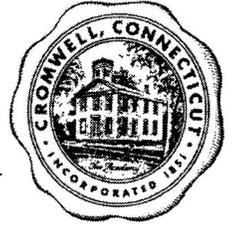




CROMWELL POLICE DEPARTMENT



Steven D Penn
Chief of Police

John G Carlson
Captain

Please review this form and bring it with you on the test day. **DO NOT SIGN!** Liability forms must be signed and witnessed at the check-in desk on the day of the Cromwell Police Department Physical Fitness Test.

WAIVER OF LIABILITY

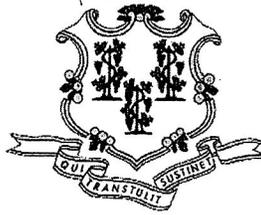
(You must sign this waiver before being allowed to take the Cromwell Police Department Physical Fitness Test).

This is to certify that I have read the candidate instructions for the Cromwell Police Department Physical Fitness Test and that I am in physical condition to take this Physical Fitness Test to be considered for appointment to the Cromwell Police Department for which I am being examined today. I hereby relieve the **Town of Cromwell, the Cromwell Police Department and the Connecticut Police Academy** of all responsibility for any injury, damage or physical disability which I may receive or cause myself during or as a result of this Physical Fitness Test.

Name: _____ Date: _____
(Please Print)

Signature of Applicant: _____

Witness: _____ Date: _____



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Police Officer Standards and Training Council
Connecticut Police Academy

MEDICAL APPROVAL FORM FOR BASIC TRAINING PROGRAM (INCLUDING PHYSICAL FITNESS TEST)

*PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE
OFFICER STANDARDS & TRAINING COUNCIL'S BASIC TRAINING PROGRAM*

This is to certify that I have reviewed the following submitted material describing various aspects of the Police Officer Standards and Training Council's "Basic Recruit Training Program."

- Entry Level Physical Fitness Standards (Physical Fitness Test)
- Defensive Tactics Training Program
- Chemical Agents Training
- Firearms Training Program
- Physical Wellness Program
- Driver Training Program
- Water Safety Program

After reviewing said material, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Candidate's Employing Agency: _____

Date of this Physician's Exam: _____

(Approval only valid for 60 days from date of exam)

IS MEDICALLY CAPABLE OF PARTICIPATING IN THIS BASIC RECRUIT TRAINING PROGRAM.

Physician's Signature: _____

Physician's Name (Typed or Imprinted with Office Stamp)

CALEA Internationally Accredited Public Safety Training Academy

285 Preston Avenue – Meriden, Connecticut 06450-4891

An Affirmative Action/Equal Opportunity Employer

(Rev. 10/21)