



CROMWELL POLICE DEPARTMENT

Denise Lamontagne
Chief of Police

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

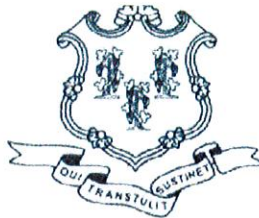
**(You must sign this waiver before being allowed to take the Cromwell
Police Department Physical Fitness Test).**

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 COOPER 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 (Cooper 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)