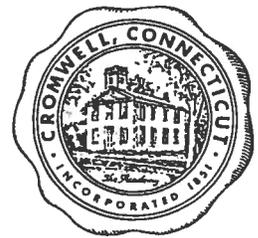




CROMWELL POLICE DEPARTMENT

5 WEST STREET
CROMWELL, CT 06416



ANTHONY J. SALVATORE, SR.
CHIEF OF POLICE

PHONE: (860) 635-2256
FAX: (860) 635-8248

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

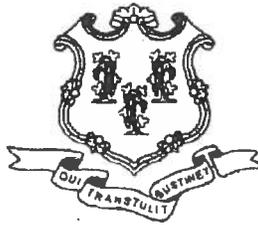
**(You must sign this waiver before being allowed to take the Cromwell
Police Department Physical Fitness Test).**

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, LATERAL
TRANSFERS AND/OR COMPARATIVE CERTIFICATION**

*PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE
OFFICER STANDARDS & TRAINING COUNCIL'S PHYSICAL FITNESS TEST*

This is to certify that I have reviewed the below listed activities conducted by the POST Council during physical fitness testing.

The "Fitness Test" will include the following physical fitness activities:

- One minute of sit ups
- Flexibility / sit and reach
- One minute of push ups
- Run of one and one-half miles (1.5)

It is my professional opinion that the candidate named below:

Candidate's Name: _____

Candidate's Employing Agency: _____

Date of this Physician's Exam: _____

IS MEDICALLY CAPABLE OF PARTIPATING IN THE POST FITNESS TEST.

Physician's Signature: _____

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

(Rev. 3/12)