



# CROMWELL POLICE DEPARTMENT

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*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**

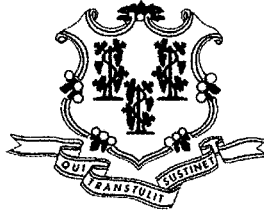
**(You must sign this waiver before being allowed to take the Cromwell Police Department Physical Fitness Test).**

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 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)