

# WILLINGBORO POLICE/FIRE DEPARTMENT

MUNICIPAL COMPLEX

1 Rev. Dr. M.L. King, Jr. Drive, Willingboro, NJ 08046



*Gregory Rucker*  
*Director of Public Safety*

Phone: (609) 877-2200 Ext.1055  
Fax: (609) 835-0938

---

## **WILLINGBORO YOUTH POLICE/FIRE ACADEMY PHYSICAL WAIVER** **FORM**

Physician's Name; \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that I have examined \_\_\_\_\_ and found him/her medically  
qualified to participate in a police/fire physical fitness program. The program includes  
running up to twenty minutes and other basic exercises (pushups, situps and stretching).  
Print Name of Applicant

I also certify that I am a licensed medical physician, physician's assistant or family nurse practitioner.

**Physician's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Participation Restrictions:

---

---

---

---

---

---

---