

# WILLINGBORO POLICE/FIRE DEPARTMENT

MUNICIPAL COMPLEX

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



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## 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:

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