

WILLINGBORO POLICE / FIRE / EMS

MUNICIPAL COMPLEX

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



WILLINGBORO YOUTH POLICE / FIRE / EMS 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

Print Name of Applicant

qualified to participate in a POLICE / FIRE / EMS physical fitness program. The program includes running up to twenty minutes and other basic exercises (pushups, sit-ups and stretching).

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

Physician's Signature: _____ Date _____

Participation Restrictions:
