



Co-op City Department of Public Safety
 2049 Bartow Avenue
 Bronx, New York 10475

Medical Waiver

Applicants Name:	Date of Birth:
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Social Security Number:	Age:	Gender:
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This certifies that I have read the physical fitness skills testing criteria described on page 2 and I am not aware of any physical or medical reasons that would prohibit me from participating in these physical fitness skills tests. I am comfortable that I can take part in this strenuous physical fitness skills testing without causing myself injury.

I have discussed my participation in the physical fitness testing with my physician I and have advised him/her of any and all physical or medical conditions that I may know of that may prevent me from participating in the physical fitness skills testing, or may cause me injury or illness if I participate.

Applicant's Signature:	Date:
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This certifies that the above-named person, _____, hereinafter referred to as the applicant, is capable of strenuous physical exercise and is physically capable of attempting and participating in the physical fitness skills testing, detailed in the accompanying documentation, as indicated based upon the applicant's age and gender.

I have asked and been advised by the applicant that there is no physical and/or medical condition that may cause undue injury and illness from the applicant's participation in this physical fitness skills testing described on page 2.

I am placing the following limitations on the applicant's participation. *Must check one of the following:*

- None
- As follows, including allergies and current prescription medicines:

Physician's Printed Name:	Telephone Number:
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Address:	City, State, Zip:
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Signature

Co-op City Department of Public Safety Use Only

Entry Level Test Sate & Site			
Test Proctor			
PUSH-UPS			
SIT-UPS			
1.5 MILE RUN			
	P A S S	F A I L	

NOTICE:

THIS FORM MUST BE COMPLETED IN FULL AND PRESENTED AT THE TIME OF TESTING. FAILURE TO PRESENT THIS FORM AT THE DESIGNATED DATE, TIME AND SITE WILL DISQUALIFY YOU FROM PARTICIPATING.