

MAHWAH POLICE DEPARTMENT ENTRY LEVEL PATROL OFFICER



Physical Fitness Test Disclaimer

TO BE COMPLETED BY APPLICANT

PHYSICIANS ID NUMBER	DATE OF EXAMINATION
STREET ADDRESS	CITY, STATE, ZIP
PHYSICIAN'S SIGNATURE	PHYSICIANS NAME
	UND THE SUBJECT PHYSICALLY FIT TO PARTICIPATE IN ST AS A PART OF THE SUBJECT'S APPLICATION FOR A
TO BE COMPLETED BY A PHYSIC	CIAN OF THE APPLICANT'S CHOICE
APPLICANT'S SIGNATURE	DATE
test: I hereby for myself, my heirs, executors, a have against the Township of Mahwah and the representatives, successors, or assigns for any physical testing event. I certify that I am in goo understand that it requires a high degree of ph suffering from any physical injuries or medical participation in this the physical test. By participation administrators or assigns do hereby release and	Mahwah Police Department, or their injuries that may be suffered by me in this d physical condition for this event and fully sysical exertion. I also certify that I am not issues that could be complicated by my spating in this physical test, I, my executors, and
l,	, In consideration of my application

Issue Date: June 2024