



# City of East Providence Department of Police 2022 Recruitment



ROBERTO L. DASILVA  
MAYOR

CHRISTOPHER FRANCESCONI  
CHIEF OF POLICE

## Agility Test Medical Release Form

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***This form must be submitted on the day of the Physical Agility Test. No applicant will be allowed to take the agility test without completion of this form.***

\_\_\_\_\_  
Applicant Name

Date of medical examination: \_\_\_\_\_

I have reviewed the provided physical fitness/agility test standards, and after examining this applicant, I believe that he/she is physically and medically able to perform the physical agility tests as described without restrictions. (Examination must have been within the past six months of the end of the application period).

\_\_\_\_\_  
Examining Doctor's Name (printed)

\_\_\_\_\_  
Doctor's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Telephone