

Telephone

City of East Providence Department of Police

2020 Recruitment



Agility Test Medical Release Form

This form must be submitted by November 7th, 2020. 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