



Physical Fitness Assessment

Physician's Release and Release of All Claims

The undersigned, in consideration of his/her application for employment with the City of Miamisburg Police Department, hereby acknowledges that they have reviewed the physical test and standards of the job, understands that the physical fitness assessment is a requirement prior to employment and they voluntarily agree to take this test. Further, that their personal physician has also reviewed the physical fitness requirement standards of the Miamisburg Police Department and has given their consent to the applicant to undertake this assessment.

The undersigned does expressly release and hold harmless the City of Miamisburg from all liability for any injuries resulting from such tests.

Applicant's Signature

Applicant's Printed Name

Physician's Certification

I, _____, M.D./D.O., hereby certify that:

_____, applicant for employment with the City of Miamisburg, Ohio, Police Department, is physically able to take the physical fitness assessment.

Physician's Signature

Physician's Printed Name

Street Address, City, State, Zip

Date



"Committed to the Success of Our Community"

MIAMISBURG POLICE DEPARTMENT

John P. Sedlak, Chief of Police

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