



CUMBERLAND POLICE DEPARTMENT



"Working Together to Build a Safer Community"

John R. Desmarais
Chief of Police

PHYSICIAN'S STATEMENT

THIS DOCUMENT MUST BE COMPLETED BY A LICENSED PHYSICIAN AND
RETURNED AT ORIENTATION.

I AM FAMILIAR WITH THE TESTING REQUIREMENTS OF THE CUMBERLAND
POLICE DEPARTMENT "PHYSICAL FITNESS TEST" AND "SWIM TEST".

I EXAMINED _____
Name of Patient (Please Print or Type)

ON _____, AND FOUND NOTHING TO INDICATE
(Date)

THAT IT WOULD BE MEDICALLY INADVISABLE FOR HIM/HER TO
PARTICIPATE IN THE AFOREMENTIONED TESTS.

PHYSICIAN'S NAME: _____
(Please Print or Type)

PHYSICIAN'S SIGNATURE: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

THIS FORM MUST BE SUBMITTED
PRIOR TO ORIENTATION OR AT THE TIME OF ORIENTATION

"A NATIONALLY ACCREDITED AGENCY"