



Nazareth Borough Police Department

134 S. Main St. Nazareth, Pa. 18064

Office 610-759-9575 Fax 610-759-9622

PRE / POST PERFORMANCE CHECKLIST AND WAIVER

NAME: _____

D.O.B.: _____ AGE: _____ SEX: _____

PRE TESTING

Describe your physical condition. Circle one below.

EXCELLENT GOOD FAIR POOR INCAPACITATED

Do you have any medical, physical or mental conditions or limitations to prohibit you from performing the required physical agility testing? Circle one below.

NO YES _____

Is there any reason or circumstance why you should **NOT** participate in the NBPD physical agility testing? Circle one below.

NO YES (if yes, why) _____

Prior to engaging in any physical activity you should consult a physician. By signature below you acknowledge you have consulted a physician or knowingly accept the risks involved in participating in a physical fitness test. You understand that a physical fitness test will stress your body physically and that you are willingly and knowingly agree to participate.

Signature: _____ **Date:** _____

POST TESTING (Civil Service or NBPD personnel only)

List any unusual observations or comments made by the candidate after testing. Circle none if none.

NONE YES _____

Examiners Signature: _____ **Date:** _____

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