

**Frederick Police Department**  
**Physical Fitness Test Waiver**  
**for Police Officer Candidates**

Candidates competing for the position of entry-level police officer must successfully complete a physical fitness test (physical agility). The standard for the test is that the candidate must put forth maximum effort and properly perform each component of the test battery. Any candidate who does not properly complete a component of the test will be eliminated from further consideration for the position.

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**The test battery consists of the following:**

- Vertical Jump – you will have three attempts to reach your maximum
  - One-minute Sit up test – the number of sit-ups you can properly perform in one-minute
  - 300 Meter Sprint – you may not walk during this event
  - One – minute maximum pushup test – the maximum number of pushups you can perform without stopping
  - 1.5 Mile Run – you may not walk during this event
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**NOTE TO CANDIDATE: You must bring this completed form and a photo I.D. that bears your signature (i.e. Driver’s License) to the test and present them to the test administrator. The Test Administrator will not administer the test to you without an acceptable form of ID and this completed form.**

**INDEMNIFICATION WAIVER**

I, (print your full name)\_\_\_\_\_ understand that as part of the examination for the position of Police Officer with the Frederick Police Department, I am required to complete a physical fitness test. I have knowledge of the requirements of this physical fitness test and have prepared myself to complete this test. I understand there are inherent dangers and risks associated with physical activity and that I should not complete this test unless I am physically able to do so. I assume all risks associated with this activity, including but not limited to, bodily injury, sprains, fractures, dislocations, cardiac events, or death. I, for myself, my heirs, executors, administrators, or assigns, hereby release, indemnify, and hold harmless The City of Frederick, its officials, officers, agents and employees from any and all liability, damage or claim of any nature arising out of or in any way related to my participation in the physical fitness testing, except those things caused by the sole negligence of the City of Frederick.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Legal Address)

\_\_\_\_\_  
(Telephone number)

**Doctor's certification of fitness to perform physical fitness test**

I have reviewed the elements of the Frederick Police Department Physical Fitness Test for the position of Entry-Level Police Officer and certify that the candidate listed below is under my care and is able to perform the elements of the test safely.

Candidate's Name: \_\_\_\_\_

Agency to which application is made: \_\_\_\_\_

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

Doctor's signature: \_\_\_\_\_

Doctor's name printed/typed: \_\_\_\_\_

Doctor's address and phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form will expire six months from the date of examination. Upon expiration, a new certification form must be completed before any additional testing can be completed.

**Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_