



PRE-PHYSICAL PERFORMANCE ASSESSMENT MEDICAL EXAMINATION

ENTRY LEVEL FIREFIGHTER

PLEASE NOTE: YOU, AS THE PHYSICIAN,
SHOULD READ THE PHYSICAL PERFORMANCE ASSESSMENT
GUIDE PRIOR TO SIGNING THIS FORM.

BASED ON THE RESULTS OF THE PRE-PHYSICAL PERFORMANCE ASSESSMENT

MEDICAL EVALUATION ON _____ , _____
Date Year

I FIND _____ IS MEDICALLY CERTIFIED
Name

TO ENGAGE IN THE PHYSICAL PERFORMANCE ASSESSMENT PROCEDURES.

I have read the Physical Performance Assessment Guide

I have not read the Physical Performance Assessment Guide

PRINT: _____ , MD

SIGNATURE: _____

ADDRESS: _____

PHONE: _____



PHYSICAL PERFORMANCE ASSESSMENT WAIVER AND RELEASE

I, _____ (candidate's name), on behalf of myself and my heirs, executors, administrators, agents, successors and assigns (Releasor) for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, hereby remise, release and forever discharge Rhode Island Association of Fire Chiefs, Inc., and the City/Town/District Fire Departments to whom the undersigned has applied for employment, and all of their respective officers, directors, employees, representatives, agents, attorneys, successors and assigns (hereinafter collectively referred to as Releasees) of and from any and all debts, demands, actions, causes of action, covenants, contracts, controversies, agreements, promises, omissions, damages, executions, claims, rights, liabilities, suits, sums and sums of money, rights to attorneys fees and extents whatsoever both at law and in equity, now existing, or which may result from the existing state of things, including, but not limited to, all claims for injury, damages, personal injury, death, disability, loss of earning capacity, loss of consortium, and conditions incurred during, or as a result of my participation in the Physical Performance Assessment (PPA) in Pawtucket, Rhode Island, for the purpose of demonstrating my abilities to perform certain physical tests, as a prerequisite to employment as a firefighter with any of the participating fire departments.

I acknowledge that I have reviewed and understand each and every separate test comprising the PPA that I will be required to perform, and do hereby state that I am not aware of any physical or medical condition that will be aggravated, worsened or otherwise adversely affected by the strenuous nature of these tests.

The decision of Releasor to make this Waiver and Release has not been induced in any way, directly or indirectly, by any representative or person acting or purporting to act on behalf of Releasee. No promissory inducement which is not herein expressed has been made to Realeasor, and in executing this Waiver and Release, Releasor does not rely upon any statement or representation made by any person, firm or corporation, hereby released, or any agent representing them or any of them.

Signed this _____ day of _____, _____
Month Year

Witness

Candidate's Signature

RI Assoc of Fire Chiefs Representative

ID verified _____