



# FRESNO POLICE DEPARTMENT CITIZENS ON PATROL



## MEDICAL WAIVER

I, \_\_\_\_\_ understand that I must be in good physical condition to perform the duties of the Citizens On Patrol program.

These duties may include but are not limited to driving, moderate walking, entering and exiting a vehicle several times and occasionally standing for an extended period of time. By signing this waiver I acknowledge that I am in good physical condition and have no medical limitations that would prohibit my participation in the Citizen On Patrol Program.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

.....  
**TO BE COMPLETED BY PHYSICIAN**

I, \_\_\_\_\_ M.D., am unaware of any conditions or restrictions which would prohibit my patient from participating in any of the activities listed above.

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

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

FRESNO POLICE DEPARTMENT

P.O. Box 1271, Fresno California 93715-1771

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PATROL SUPPORT DIVISION

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C.O.P. Coordinator: 559/621-2346

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