

### North Smithfield Police Department



### FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:			
The following named individual h North Smithfield Police  (name of department)	50 COM	ation to become a Po	olice Officer with the
Candidate Name:			
Address:	Town/Ci	ty:	State:
The North Smithfield Police Dep Training Academy (RIDPS/MPTA) re Physical Fitness Test before he/she will licensed physician that the candidate Fitness Test Medical Certificate must	equires each candidate to l ill be allowed to participal is of sufficient physical co	oring a completed Phy te in the test. A stater nditioning to undergo	nent must be obtained from a o a Physical Fitness test. The
Attached to this form is a listing of the evaluation be based upon these criteri			ate must attain. We ask that your
	PHYSICIAN'S ST	<u> </u>	
I have examined the abo	ve-named individual o	(Da	ate)
After reviewing each of the four (4 the candidate to participate in the Fitness Test.	4) events, I find him/her North Smithfield (name of department)	r to be of sufficient <sub>]</sub> Police Departm	physical conditioning to allow lent and RIDPS/MPTA Physical
Comments (if any):			
		90	
(Please type or print:)	J	Physician's Signat	ture
Physician's Name:			
Address:			
Telephone Numb	er:		



# RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY PHYSICAL FITNESS ASSESSMENT 40<sup>TH</sup> PERCENTILE



# 1 Minute Push-Ups

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	29.0	24.0	18.0	13.0
Female	15.0	15.0	11.0	0.6	p/u

### 1.5 Mile Run

	Age<20	20-29	30-39	40-49	50-59
Male	12:38	12:38	13:04	13:49	15:03
Female	14:50	14:50	15:38	16:21	18:07
		in the second se	1		

## 1 Minute Sit-Ups

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

### 300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	p/u