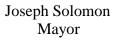
CITY OF WARWICK





Police Department 99 Veterans Memorial Drive Warwick, Rhode Island 02886-4617 Telephone: (401) 468-4200

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the **Warwick Police** Department.

(Name of department)

Candidate Name:	Date of Birth:	
Address:	_Town/City:	State:

The <u>Warwick</u> Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Medical Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness Test. <u>The Fitness Test Medical Certificate must be completed within six</u> (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHYSICIAN'S STATEMENT

I have examined the above-named individual on _____

(Date)

(***Must be dated by the examining physician somewhere between the time frame of May 7, 2020-November 7, 2020. If this form is not dated between that time frame, you will not be allowed to take the Physical Agility Test***)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the <u>Warwick</u> Police Department and RIDPS/MPTA Physical Fitness Test.

Comments (if any):

Physician's Signature:

Physician's Name (Print): _____

Address: _____

_Telephone Number: _____