

CITY OF WARWICK

Colonel Rick Rathbun  
Chief of Police

Joseph Solomon  
Mayor



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 Warwick 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. **The Fitness Test Medical Certificate must be completed within six (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 Warwick Police Department and RIDPS/MPTA Physical Fitness Test.  
(Name of department)

Comments (if any): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_