NEW HAMPSHIRE POLICE STANDARDS AND TRAINING MEDICAL CLEARANCE REPORT FORM

(SUBMIT FOR INDIVIDUAL OFFICER)

PRINT APPLICANT'S NAME				DATE OF BIRTH					
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								nal measurements of oush-ups), and musc	
								data collected by D	
			obic Institute of Da					•	
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MALES					FEMALES				
AGE	RUN	SIT-UPS	PUSH-UPS	AGE	RUN	SIT-UPS	PUSH		
10.20	10.52	27	27	10.20	15 14	21	Modified	Full Body	
18-29	12:53	37	27	18-29	15:14	31	22	14	
30-39 40-49	13:24 14:07	33 28	21 16	30-39 40-49	15:58 16:46	24 19	17 11	10 8	
50-59	15:20	22	11	50-59	18:37	12	10		
60-69	17:11	18	9	60-69	20:46	5	4		
70-79	19:39	18	9	70-79	22:20	5	4		
I have examined the above captioned applicant on the following date								and based on my findings:	
	I know o	of no reason w	hy the applicant m	ay not partic	cipate.				
	I recomn	nend that the a	applicant NOT	PARTIC	CIPAT	E.			
ignature of	Health C	are Provider:							
ame and A	ddress of	Health Care I	Provider:						
ealth Care	Provider'	s Phone Num	ber:						
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