

Police Chief

## CITY OF GROTON POLICE DEPARTMENT



295 Meridian Street Groton, Connecticut 06340-4040

## PHYSICAL FITNESS ASSESMENT MEDICAL APPROVAL FORM

To be filled in by a licensed health care provider:

This is to certify that I have reviewed the four elements of the Connecticut Police Officer Standards and Training Council's Physical Fitness Assessment listed below. After reviewing the four elements it is my professional opinion that the candidate named below can safely perform the Physical Fitness Assessment.

The "Fitness Test" will include the following physical fitness activities:

- One minute of sit ups
- 300 meter sprint
- One minute of push ups
- Run of one and one-half miles (1.5)

Candidate's Na	me:		
Applying to the City of Groton Police Department, Groton, Connecticut			
Provider's Signature:		Date:	
Physician, Nurse Prac (Type or imprint with	ctitioner or Physician Assistant r office stamp)	name and address	

Note: A licensed health care provider must complete this form.

Voice: (860) 445-2451 FAX: (860) 446-4168 www.cityofgroton.com