

Town of Charlestown

POLICE DEPARTMENT

4901 Old Post Road, Charlestown, R.I. 02813

MICHAEL J. PALIOTTA, CHIEF OF POLICE

TEL. 401-364-1212

FAX 401-364-1232

Hearing/Speech Impaired
401-364-7101

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

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

Candidate Name: _____ Date of Birth: _____

Address: _____ Town/City: _____ State: _____

The Charlestown Police Department requires each candidate to bring a completed Physical Fitness Test 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)

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 Charlestown Police Department Fitness Test.

Comments (if any): _____

Physician's Signature

(Please type or print:)

Physician's Name: _____

Address: _____

Telephone Number: _____