

## **Colonel John MacDonald**

Chief of Police

1075 Main Street • Coventry, Rhode Island 02816-1690

**Telephone:** (401) 826-1100 **Fax:** (401) 822-6221

### FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

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

Coventry Police Depar	tment.		
Candidate Name: _		Date of Birth:	
Address:	Town/C	ity:	State:
Academy (RIDPS/MPTA Physical Fitness Test befo a licensed physician that	artment and the Rhode Island Departm ) requires each candidate to bring a co are he/she will be allowed to participate the candidate is of sufficient physical c Certificate <u>must</u> be completed within s	impleted Physical Fitness T te in the test. A statement r conditioning to undergo a l	Test Certificate to the must be obtained from Physical Fitness test.
	listing of the minimum physical fitner valuation be based upon these criteria.		
	PHYSICIAN'S STAT	EMENT	
I have examin	ed the above-named individual on		(Date)
	f the four (4) events, I find him/her participate in the I Fitness Test.		
Comments (if any):			
Physician's Signature			
(Please type or print:)	Physician's Name: Address: Telephone Number:		



# RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY PHYSICAL FITNESS ASSESSMENT 40<sup>TH</sup> PERCENTILE



# 1 Minute Push-Ups

n/d	9.0	11.0	15.0	15.0	Female
13.0	18.0	24.0	29.0	29.0	Male
50-59	40-49	30-39	20-29	Age<20	

## 1.5 Mile Run

# 1 Minute Sit-Ups

	Female	Male	
	32.0	41.0	Age < 20
300 Matar D	32.0	38.0	20-29
	25.0	35.0	30-39
	20.0	29.0	40-49
	14.0	24.0	50-59

## 300 Meter Run

n/d	94.0	79.0	71.0	71.0	Female
83.2	72.0	58.9	59.0	59.0	Male
50-59	40-49	30-39	20-29	Age<20	