



**Colonel John MacDonald**  
*Chief of Police*

**1075 Main Street • Coventry, Rhode Island 02816-1690**  
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## FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

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

**Candidate Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_

The Coventry 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 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 \_\_\_\_\_ Police Department and RIDPS/MPTA Physical Fitness Test.

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

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

(Please type or print:) Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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