

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.

Candidate Name: _		Date of	Birth:
Address:	To	wn/City:	State:
Academy (RIDPS/MPTA Physical Fitness Test befo a licensed physician that	e) requires each candidate to bring ore he/she will be allowed to par the candidate is of sufficient phy	g a completed Physticipate in the test. Assical conditioning t	Safety/Municipal Police Training sical Fitness Test Certificate to the A statement must be obtained from o undergo a Physical Fitness test. ths of the Physical Fitness testing
	listing of the minimum physical valuation be based upon these cri		candidate must attain. We ask that ryour assistance.
	PHYSICIAN'S S	STATEMENT	
I have examin	ed the above-named individu	al on	(Date)
	participate in the		ficient physical conditioning to plice Department and
Comments (if any):			
Physician's Signature			
(Please type or print:)	Physician's Name: Address: Telephone Number:		

Revised 09/19



RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY PHYSICAL FITNESS ASSESSMENT 40TH 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

	Female	Male	
	14:50	12:38	Age<20
	14:50	12:38	20-29
Minuto Cit IInc	15:38	13:04	30-39
	16:21	13:49	40-49
	18:07	15:03	50-59

1 Minute Sit-Ups

	Female	Male	
	32.0	41.0	Age<20
200 1	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	