

Healthcare Provider Statement Form

Harrisburg Bureau of Police

As a healthcare provider for _____ (*Name of Applicant*), a police applicant wishing to participate in the Police Officer's Physical Fitness Assessment Test conducted by the Harrisburg Bureau of Police, I do hereby state that the aforementioned individual can safely perform the events as described below, which I have reviewed with the applicant.

Applicants for the position of Police Officer must demonstrate a fitness level which would allow them to perform the essential job functions of a police officer. Applicants must perform each of the following events in accordance with the indicated standards. Each event will be scored as PASS/FAIL. **If an applicant fails one event, they fail the entire test and will not advance to the written test.** This is a cumulative test. The events must be performed in the following order with a minimum 5-minute rest between events and must be completed within two (2) hours.

MPOETC 30% Standard	Male Standards by Age					Female Standards by Age				
	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
Sit-ups (1 minute - reps)	35	32	27	21	17	30	22	17	12	4
300-meter run (time - sec)	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Push-ups (1 minute - reps)	26	20	15	10	8	13	9	7	7	7
1.5-mile run (time)	13:16	13:46	14:34	15:58	17:38	15:52	16:38	17:22	18:59	21:20

Applicants must pass the MPOETC Entrance Fitness Test with a score at the 30th percentile (chart above) in each event based on their biological (birth) gender and age at the time of testing.

This form can be completed by a state licensed Physician, Physician Assistant or Certified Registered Nurse Practitioner.

Provider Printed Name

Provider License Number

Provider Signature

Date

*This form once completed by the Healthcare Provider must be emailed to:
PoliceBureau-Recruitment@harrisburgpa.gov
no later than Monday, 06 July 2026. Failure to do so by the stated date may
remove you from the testing process.*