



**TOWN OF MIDDLETOWN
ENTRY LEVEL PATROL OFFICER**

**PHYSICAL FITNESS / WATER RESCUE SWIM ASSESSMENT
MEDICAL EXAMINATION**

FORM MUST BE CERTIFIED BY PHYSICIAN

Based on the results of the Physical Fitness & Water Rescue Swim Assessment Medical Evaluation on

_____ I find _____
Month/Day/Year Name (please print)

Is medically certified to engage in the Physical Fitness and Water Rescue Swim Assessment Procedures

_____ Yes – I have reviewed the Physical Fitness and Water Rescue Swim Test Assessment Standards

_____ No – I have not reviewed the Physical Fitness and Water Rescue Swim Test Assessment Standards

_____, MD
Physician Name (please print)

Signature

Address

Phone

Water Rescue/Swim Assessment Standards

1. 200-yard continuous swim
2. 10 minutes treading water
3. 40-pound weight/dummy retrieval in the deep end
4. 30 foot underwater swim

Physical Fitness Assessment

1. One minute Push-up test
2. One minute Sit-up test
3. 1.5 mile run
4. 300 meter run