New Jersey PTC Mid-Term Physical Fitness Assessment Standard

Academy _____ Date: _____

Department _____

CANDIDATE INFORMATION

Last Name: _____ First Name: _____

Gender: _____

Class Type: (Circle) BCPO SLEO II BCI BCSCPO BCCCO BCJCPO HLEO

Assessment Type: (Circle) Initial Reassessment

RESULTS

		(Circle One)
Vertical Jump (15 Inches, 3 attempts)	Score: _____	Pass Fail
	Score: _____	
	Score: _____	
Sit-ups (28 repetitions)	Score: _____	Pass Fail
300 Meter Run (70.1seconds or less)	Score: _____	Pass Fail
Push-up (24 repetitions)	Score: _____	Pass Fail
1.5 Mile Run (15:55 minutes or less)	Score: _____	Pass Fail

Instructor Name _____ Signature _____

TEMPERATURE & WEATHER CONDITIONS: