



# CITY OF GROTON POLICE DEPARTMENT

295 Meridian Street  
Groton, Connecticut 06340-4040



Thomas Davoren  
Police Chief

## PHYSICAL FITNESS ASSESMENT MEDICAL APPROVAL FORM

To be filled in by a licensed health care provider:

This is to certify that I have reviewed the four elements of the Connecticut Police Officer Standards and Training Council's Physical Fitness Assessment listed below. After reviewing the four elements it is my professional opinion that the candidate named below can safely perform the Physical Fitness Assessment.

The "Fitness Test" will include the following physical fitness activities:

- One minute of sit ups
- 300 meter sprint
- One minute of push ups
- Run of one and one-half miles (1.5)

Candidate's Name: \_\_\_\_\_

Applying to the City of Groton Police Department, Groton, Connecticut

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Physician, Nurse Practitioner or Physician Assistant name and address  
(Type or imprint with office stamp)**

**Note: A licensed health care provider must complete this form.**