

Frederick J. Heise

Chief of Police

60 Wood Street • Coventry, Rhode Island 02816-1690

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FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the Coventry Police Department.

Coventry Police Depar	tment.			
Candidate Name: _		D	ate of Birth:	
Address:		Town/City:		State:
The Coventry Police Dep Academy (RIDPS/MPTA Physical Fitness Test befor a licensed physician that The Fitness Test Medical date.	.) requires each candida ore he/she will be allow the candidate is of suff	ate to bring a complete ved to participate in the icient physical condition	d Physical Fitness Te e test. A statement m oning to undergo a F	est Certificate to the nust be obtained from Physical Fitness test.
Attached to this form is a your ev	listing of the minimum	1 0		
	PHYSIC	CIAN'S STATEME	NT	
I have examin	ed the above-named	individual on		(Date)
After reviewing each o allow the candidate to RIDPS/MPTA Physica	participate in the			
Comments (if any):				
Physician's Signature				
(Please type or print:)	Physician's Name:			
		::		



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	