



TOWN OF WESTERLY • POLICE DEPARTMENT
60 Airport Road, Westerly, Rhode Island 02891 • 401-596-2022 FAX 401-348-8080

WESTERLY POLICE DEPARTMENT TEST

CANDIDATE WAIVER OF LIABILITY

This is to certify that I am participating voluntarily in the physical fitness assessment being conducted as part of the Westerly Police Department Test. I agree that I will not hold the sponsoring Town or any off its members nor agents responsible for any injuries or illness incurred during or as a result of this physical fitness assessment.

PRINTED NAME _____

SIGNATURE _____

DATE _____

WITNESS _____



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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 Westerly Department.

Candidate Name: _____ **Date of Birth:** _____

Address: _____ **Town/City:** _____ **State:** _____

The Westerly Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate **must** be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHSYCIAN'S STATEMENT

I have examined the above-named individual on _____.
(Date)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the Westerly Police Department and RIDPS/MPTA Physical Fitness Test.

Comments (if any): _____

Physician's Signature _____
(Please type or print:) Physician's stamp not valid without signature

Physician's Name: _____

Address: _____

Telephone Number: _____

Effective January 1, 2013

Physical Fitness Assessment 40th Percentile

1 Minute Push-Up

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	29.0	24.0	18.0	13.0
Female	15.0	15.0	11.0	9.0	n/d

1.5 Mile Run-Aerobic Power

	Age<20	20-29	30-39	40-49	50-59
Male	12:38	12:38	12:58	13:50	15:06
Female	14:50	14:50	15:43	16:31	18:18

1 Minute Sit-up test

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	n/d