



CITY OF CENTRAL FALLS



Physical Examination Test Medical Examination Form (Patrol Officer Candidate)

I find _____ medically certified to engage in the PHYSICAL FITNESS TESTING procedures for the POSITION of _____.

Date: _____

Name: _____, MD
Physician's Name (Please Print)

Address: _____

Phone: _____

_____, MD
Physician's Signature

PHYSICAL FITNESS TESTING CONSISTS OF:

1. Swim Test
2. 1 Minute Push-Ups
3. 1 Minute Sit-Ups
4. 1.5 mile run
5. 300 Meter Run

** Mandatory: White T-Shirt and Black shorts are required at the time of the Physical Fitness Test as well as wearing a swim suit/swim trunks under clothing.