



## CENTRAL FALLS POLICE DEPARTMENT FITNESS PRE-SCREENING FORM

**DATE OF TEST:**

<b>Name:</b>		<b>Gender:</b>	<b>Sponsoring Agency(s):</b>
<b>DOB:</b>		<b>Age:</b>	<b>Central Falls PD</b>

Assessment Battery	Score			Fitness Assessor <small>(Print Last Name)</small>
<b>1 Minute Push-Ups (#)</b>		<b>Pass</b>	<b>Fail</b>	
<b>Sit Ups (#) :</b>		<b>Pass</b>	<b>Fail</b>	
<b>1.5 Mile Run (min:sec): Laps:</b>		<b>Pass</b>	<b>Fail</b>	
<b>300 Meter Run (sec.tenths):</b>		<b>Pass</b>	<b>Fail</b>	

	Male					Female				
Assessment Battery	Age <20	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age <20	Age 20-29	Age 30-39	Age 40-49	Age 50-59
<b>1 Minute Push-up</b>	29.0	29.0	24.0	18.0	13.0	15.0	15.0	11.0	9.0	n/d
<b>Sit Ups</b>	41	38	35	29	24	32	32	25	20	14
<b>1.5 Mile</b>	12:38	12:38	13:04	13:49	15:03	14:50	14:50	15:38	16:21	18:07
<b>300 Meter</b>	59.0	59.0	58.9	72.0	83.2	71.0	71.0	79.0	94.0	n/d