

(TO BE PLACED ON DEPARTMENT LETTERHEAD)

**FITNESS TEST MEDICAL CERTIFICATE**

Dear Physician:

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

(name of department)

**Candidate Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_

The \_\_\_\_\_ 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.

**PHYSICIAN'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 \_\_\_\_\_ Police Department and RIDPS/MPTA Physical Fitness Test.  
(name of department)

Comments (if any): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

(Please type or print:)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_