



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Police Officer Standards and Training Council
Connecticut Police Academy

MEDICAL APPROVAL FORM FOR BASIC TRAINING PROGRAM (INCLUDING PHYSICAL FITNESS TEST)

*PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE
OFFICER STANDARDS & TRAINING COUNCIL'S BASIC TRAINING PROGRAM*

This is to certify that I have reviewed the following submitted material describing various aspects of the Police Officer Standards and Training Council's "Basic Recruit Training Program."

- Entry Level Physical Fitness Standards (Physical Fitness Test)
- Defensive Tactics Training Program
- Chemical Agents Training
- Firearms Training Program
- Physical Wellness Program
- Driver Training Program
- Water Safety Program

After reviewing said material, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Candidate's Employing Agency: _____

Date of this Physician's Exam: _____

(Approval only valid for 60 days from date of exam)

IS MEDICALLY CAPABLE OF PARTICIPATING IN THIS BASIC RECRUIT TRAINING PROGRAM.

Physician's Signature: _____

Physician's Name (Typed or Imprinted with Office Stamp)

CALEA Internationally Accredited Public Safety Training Academy

285 Preston Avenue – Meriden, Connecticut 06450-4891
An Affirmative Action/Equal Opportunity Employer
(Rev. 10/21)



State of Connecticut

Police Officer Standards and Training Council Connecticut Police Academy



PHYSICAL PERFORMANCE EXAMINATION – 40%

NAME: _____ DEPARTMENT/AGENCY: _____ DATE: _____
 DATE OF BIRTH: _____ GENDER: Male Female Age: _____ Photo ID#: _____

| Time Start | EVENT | 40% TARGET | TRIAL SCORE | INITIALS | P/F | Time End |
|------------|-----------------|------------|-------------|----------|-----|----------|
| | 1. Sit-ups | | | | | |
| | 2. 300 Meter | | | | | |
| | 3. Push ups | | | | | |
| | 4. 1.5 Mile Run | | | | | |

Acceptance of Scores; I certify that to the best of my knowledge the above scores are correct.

FITNESS SPECIALIST NAME: _____ DEPARTMENT: _____
 (Please Print)

 FITNESS SPECIALIST SIGNATURE

 CANDIDATE SIGNATURE

Male Candidate

| Age | 1 Minute of Sit-ups | 300 Meter Sprint | 1 Minute of Push-ups | 1.5 Mile Run 40% |
|-------|---------------------|-------------------|----------------------|------------------|
| 20-29 | 38 | 59 Seconds | 29 | 12:38 |
| 30-39 | 35 | 59 Seconds | 24 | 13:04 |
| 40-49 | 29 | 72 Seconds (1:12) | 18 | 13:49 |
| 50-59 | 24 | 83 Seconds (1:23) | 13 | 15:03 |
| 60-69 | 19 | N/A | 10 | 16:46 |

Female Candidate

| Age | 1 Minute of sit-ups | 300 Meter Sprint | 1 Minute of Push-ups | 1.5 Mile Run 40% |
|-------|---------------------|-------------------|----------------------|------------------|
| 20-29 | 32 | 71 Seconds (1:14) | 15 | 14:50 |
| 30-39 | 25 | 79 Seconds (1:19) | 11 | 15:38 |
| 40-49 | 20 | 94 Seconds (1:34) | 9 | 16:21 |
| 50-59 | 14 | N/A | 7 | 18:07 |
| 60-69 | 06 | N/A | N/A | 20:06 |

PRE-CERTIFICATION DAY ONE MID-TERM FINAL RE-TAKE