

Healthcare Provider Statement Form

Cumberland County Police Testing Consortium

As a healthcare provider for _____ (Name of Applicant), a police applicant wishing to participate in the Police Officer's Physical Fitness Assessment Test sponsored by the Cumberland County Police Testing Consortium, do hereby state that the aforementioned individual can safely perform the events as described below, which I have reviewed.

Applicants for the position of Police Officer must demonstrate a fitness level which would allow them to perform the essential job functions of a police officer. Applicants must perform each of the following events in accordance with the indicated standards. Each event will be scored as PASS/FAIL. **If an applicant fails one event, they fail the entire test and will not advance to the written test.** The events must be performed in the following order with a minimum 5-minute rest between events:

30% Standards	Male Standards by Age					Female Standards by Age				
Age Range	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
Sit Ups (1 min rep)	35	32	27	21	17	30	22	17	12	4
300-meter Run (time)	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Push Ups (1 min rep)	26	20	15	10	10	13	9	7	7	7
1.5-mile Run (time)	13:08	13:48	14:33	16:16	16:39	15:46	16:46	18:26	20:17	22:34

Applicants must pass the MPOETC Entrance Fitness Test with a score at the 30th percentile (chart above) in each event based on their biological (birth) gender and age at the time of testing.

This form can be completed by a state licensed Physician, Physician Assistant or Certified Registered Nurse Practitioner.

Provider Printed Name

Provider License Number

Provider Signature

Date