



## Medical Clearance Report Form

Applicants Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

The above individual is being asked to take part in a fitness assessment program as part of an overall process to become a Police Officer or to maintain a Police Certification in New Hampshire. The fitness assessment involves sub-maximal measurements of cardio-respiratory fitness (1.5 mile run), muscular endurance and absolute strength of the arms and chest (push-ups & bench press), and muscular endurance of the abdomen (sit-ups). The assessment scores are listed below as determined from normative data collected by Dr. Kenneth Cooper of the Cooper Aerobic Institute of Dallas, Texas. The factor listed in the tables for the bench press is multiplied by the applicant's weight. The Female push-up column lists the modified and full body positions respectively.

### Male

### Female

Age	Run	Bench	Sit-ups	Push-Ups
18-29	12:53	.96	37	27
30-39	13:24	.86	33	21
40-49	14:11	.78	28	16
50-59	15:26	.70	22	11
60-69	17:11	.65	18	9
70-79	19:24	.65	18	9

Age	Run	Bench	Sit-ups	Push-Ups
18-29	15:14	.58	31	22 / 14
30-39	15:58	.52	24	17 / 10
40-49	16:46	.48	19	11 / 8
50-59	18:37	.43	12	10 / -
60-69	20:52	.41	5	4 / -
70-79	22:07	.41	5	4 / -

By completing this form, you are not assuming any responsibility for our assessment program. If, however, you know of any reason why the participant should not undertake a basic assessment of fitness as listed above, we would be most grateful if you could indicate that below. Thank you for your cooperation in this matter.

I have examined the above captioned applicant on the following date \_\_\_\_\_ and based on my finding:

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I recommend that the applicant **NOT PARTICIPATE**.

Health Care Provider: \_\_\_\_\_  
Signature of examining health care provider Date

Health Care Provider Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_