



## 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), 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 Female push-up column lists the modified and full body positions respectively.

### Male

Age	Run	Sit-ups	Push-Ups
18-29	12:53	37	27
30-39	13:24	33	21
40-49	14:07	28	16
50-59	15:20	22	11
60-69	17:11	18	9
70-79	19:39	18	9

### Female

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