

Bristol Police Department

BRISTOL POLICE

395 METACOM AVENUE • BRISTOL, RHODE ISLAND 02809 TELEPHONE (401) 253-6900

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

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

Candidate Name:	Date of B	Date of Birth:	
Address:	Town/City:	State:	
The Bristol Police Depart Training Academy (RIDP Test Certificate to the Ph A statement must be obta conditioning to undergo	tment and the Rhode Island Department of I PS/MPTA) requires each candidate to bring a sysical Fitness Test before he/she will be allo ained from a licensed physician that the can a Physical Fitness Test. The Fitness Test Me months of the Physical Fitness testing date.	Public Safety/Municipal Police a completed Physical Fitness owed to participate in the test. didate is of sufficient physical dical Certificate must be	
	a listing of the minimum physical fitness startion be based upon these criteria. Thank you		
	PHYSICIAN'S STATEMEN	<u>T</u>	
I have examined the abov	ve-named individual on	Date)	
	the four (4) events, I find him/her to be of subparticipate in the Bristol Police Departmen		
Comments (if any):			
(Please type or print)		Physician's Signature	
	Physician's Name:		
	Address:		
	Telephone Number:		