



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**

**Police Officer Standards and Training Council
Connecticut Police Academy**

MEDICAL APPROVAL FORM FOR COOPER TEST

*PHYSICIAN'S CERTIFICATION OF ABILITY TO PARTICIPATE IN THE POLICE
OFFICER STANDARDS & TRAINING COUNCIL'S PHYSICAL FITNESS TEST*

This is to certify that I have reviewed the below listed activities conducted by the POST Council during physical fitness testing.

The "Fitness Test" will include the following physical fitness activities:

- One minute of sit-ups
- 300 meter sprint
- One minute of push-ups
- Run of one and one-half miles (1.5)

It is my professional opinion that the candidate named below:

Candidate's Name: _____

Candidate's Employing Agency: _____

Date of this Physician's Exam: _____

IS MEDICALLY CAPABLE OF PARTICIPATING IN THE POST FITNESS TEST (Cooper Test)

Physician's Signature: _____

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

POSTC-61