

# NEW HAMPSHIRE POLICE STANDARDS AND TRAINING MEDICAL CLEARANCE REPORT FORM

(SUBMIT FOR INDIVIDUAL OFFICER)

PRINT APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

LAW ENFORCEMENT AGENCY \_\_\_\_\_

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.

### MALES

### FEMALES

AGE	RUN	SIT-UPS	PUSH-UPS	AGE	RUN	SIT-UPS	PUSH-UPS	
							Modified	Full Body
18-29	12:53	37	27	18-29	15:14	31	22	14
30-39	13:24	33	21	30-39	15:58	24	17	10
40-49	14:07	28	16	40-49	16:46	19	11	8
50-59	15:20	22	11	50-59	18:37	12	10	---
60-69	17:11	18	9	60-69	20:46	5	4	---
70-79	19:39	18	9	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 findings:

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

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

Signature of Health Care Provider: \_\_\_\_\_

Name and Address of Health Care Provider: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider's Phone Number: \_\_\_\_\_

Date & Signature of Certified Instructor of the Ongoing Three-Year Test \_\_\_\_\_

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