

New Jersey PTC Pre-Academy Physical Fitness Assessment Standard

Academy _____ Date: _____

CANDIDATE INFORMATION

Last Name: _____ First Name: _____

Class Type: (Circle) BCPO SLEO II BCI BCSCPO BCCCO BCJCPO HLEO

Assessment Type: (Circle) Initial Reassessment

RESULTS

(Circle One)

Vertical Jump (12.5 Inches, 3 attempts) Score: _____ Pass Fail

Score: _____

Score: _____

Sit-ups (22 repetitions) Score: _____ Pass Fail

300 Meter Run (84 seconds or less) Score: _____ Pass Fail

Push-up (19 repetitions) Score: _____ Pass Fail

1.5 Mile Run (19:00 minutes or less) Score: _____ Pass Fail

Instructor Name _____ Signature _____