



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**Police Officer Standards and Training Council**  
**Connecticut Police Academy**

**MEDICAL APPROVAL FORM FOR BASIC TRAINING, LATERAL TRANSFERS AND/OR COMPARATIVE CERTIFICATION**

*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
- Flexibility / sit and reach
- 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 PARTIPATING IN THE POST FITNESS TEST.**

Physician's Signature: \_\_\_\_\_

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

(Rev. 3/12)