

**CONFIDENTIAL**

**SEABROOK POLICE DEPARTMENT**

*7 Liberty Lane*

*Seabrook, New Hampshire 03874*

**MEDICAL CLEARANCE REPORT FORM**

\_\_\_\_\_  
PRINT CANDIDATE'S NAME

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

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. 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/bench press), 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.

**MALE**

**FEMALE**

AGE	BENCH PRESS	SIT-UPS	PUSH-UPS	1.5 MILE RUN	AGE	BENCH PRESS	SIT-UPS	PUSH-UPS	1.5 MILE RUN
18-29	.96 x weight	37	27	12:53	18-29	.58 x weight	31	22-mod; 14-full	15:14
30-39	.86 x weight	33	21	13:24	30-39	.52 x weight	24	17-mod; 10-full	15:58
40-49	.78 x weight	28	16	14:07	40-49	.48 x weight	19	11-mod; 8-full	16:46
50-59	.70 x weight	22	11	15:20	50-59	.43 x weight	12	10-mod; - --	18:37
60+	.65 x weight	18	9	17:11	60+	.41 x weight	5	4-mod; ---	20:46

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: \_\_\_\_\_

*An Equal Opportunity Employer*