FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the Brown University Department of Public Safety.

Candidate Name: ___________________________________________ Date of Birth: _______________________
Address: ______________________________________ Town/City: __________________ State: __________

The Brown University Department of Public Safety and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before they will be allowed to participate in the test.

A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate must be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHYSICIAN’S STATEMENT

I have examined the above-named individual on ___________________________.

(Date)

After reviewing each of the four (4) events, I find them to be of sufficient physical conditioning to allow the candidate to participate in the Brown University Department of Public Safety RIDPS/MPTA Physical Fitness Test.

Comments (if any): ________________________________________________

____________________________________________________________________

Print Physician’s Name

Address: ___________________________________________ Physician’s Signature

Tele Number: ____________________

PSB: BUPD 090:07/2022