

## **Rockland County Police & Public Safety Academy**

## Office of the Basic School Coordinator

50 Sanitorium Road, Building G, Room 136 Pomona, New York 10970 845-364-8700

## **Physician Certification Form**

Dear Examining Physician:				
	/ie	acet candidata'a n	nama) is a sandidata for	antmilinta tha Basia
(insert candidate's name) is a candidate for entry into the Basic				
Course for Police Officers at the Rockland County Police and Public Safety Academy. The candidate will be required to page a Physical Fitness Test (described below) and will also be required to conduct require				
be required to pass a Physical Fitness Test (described below) and will also be required to conduct regular rigorous physical activity including but not limited to running long distances, upper and lower body strength				
and agility exercises. The Academy requires that a physician examine the candidate to determine that the				
overall fitness level of the candidate is sufficient to safely attempt any tests or training that the candidate				
will be expected participate.				
will be expected participate.				
Physical Fitness Cooper Standard				
Gender & Age	Sit Ups	Push Ups	1.5 Mile Run	
Male 20-29	40	33	11:58	
Male 30-39	36	27	12:24	
Male 40-49	31	21	13:12	
Female 20-29	35	18	14:04	
Female 30-39	27	14	14:34	
Female 40-49	22	11	15:34	
The score for push-ups is the number to be performed continuously without a time limit. The score for sit- ups is the number to be performed in one minute. The score for the 1.5-mile run is calculated in minutes: seconds.  After reviewing the Cooper Standard and examining the candidate, if you find the candidate suitable, please complete the Physician's Certification along with your office stamp (signature alone is inadequate) and				
return it to the candidate for presentation to the Rockland County Police and Public Safety Academy.				
Physician's Certification				
I, have examined , a candidate				
for Police Training in the Rockland County Police Academy and believe that he/she can safely participate in physical training or any rigorous training that may be conducted at the academy.				
Physician's Signature Date*				
*This form may not be completed earlier than (90 days before the start of training)				
Affix Office Stamp Here				