



*Police Department  
Westborough, Massachusetts*



*Alan R. Gordon  
Police Chief  
508-366-3060*

*Robert T. Fryer  
Lieutenant / Executive Officer  
508-366-3058*

*Todd C. Minardi  
Lieutenant  
508-366-3068*

## "Medical Clearance Form"

Applicants Printed Name / D.O.B

Signature

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 in Westborough Massachusetts. 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) 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.

The Female push-up column lists the modified and full body positions respectively.

### Male

AGE	RUN	SIT-UPS	PUSH-UPS
18-29	12:53	37	27
30-39	13:25	33	21
40-49	14:10	28	16
50-59	15:53	22	11
60 +	17:49	18	9

### Female

AGE	RUN	SIT-UPS	PUSH-UPS
18-29	15:32	31	22 / 14
30-39	16:43	24	17 / 10
40-49	17:38	19	11 / 8
50-59	19:43	12	10 / -
60 +	22:03	5	4 / -

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 below. Thank you for your cooperation in this matter.

I have examined the above captioned applicant on the following date \_\_\_\_\_ and based on my finding:

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I recommend that the applicant **NOT PARTICIPATE**.

Health Care Provider: \_\_\_\_\_  
Signature of examining health care provider

Health Care Provider Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_