

**Medical Practitioner's Certification of  
Applicant Ability to Perform  
Kent County Sheriff's Office  
Physical Fitness Assessment**

Applicant Name: \_\_\_\_\_

Dear Medical Practitioner.

The above referenced applicant will be required to participate in the Kent County Sheriff's Office pre-employment Physical Fitness Assessment (PFA). The PFA will be performed under the guidance of Kent County Sheriff's Office personnel and consist of the following elements. The Practitioner need only certify that the applicant may safely participate in:

- \***Push-Ups** (muscular endurance) – Maximum number of reps performed in one minute.
- \***Sit-ups** (muscular endurance) – Maximum number of reps performed in one minute.
- \***1.5 Mile run** (cardiovascular endurance) – Scored in minutes and seconds.

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**TO BE COMPLETED BY APPLICANT'S MEDICAL PRACTITIONER**

Can perform at this time: YES \_\_\_\_\_ NO \_\_\_\_\_ (Must be checked)

The Section below must be completed **in its entirety and personally signed** by the applicant's medical Practitioner. **Please ensure that EACH LINE is completed. Illegible or incomplete forms will not be accepted, and you will not be allowed to complete the assessment. Stamped signatures will not be accepted.**

I hereby certify that I am a licensed medical Practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. I further certify that I have reviewed this applicant's condition in a manner consistent with the prohibitions contained in regulations adopted by the State Board of Quality Assurance or its equivalent. My opinions are based on my personal review of the applicant's examination, and the conclusions reached are based on a reasonable degree of medical certainty.

**\*\*NO STAMPS FOR THE PRACTITIONER'S SIGNATURE ALLOWED\*\***

Practitioner's Signature \_\_\_\_\_ Date of Examination \_\_\_\_\_

Printed Last Name \_\_\_\_\_ Specialty \_\_\_\_\_

License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Kent County Sheriff's Office  
Pre-Employment Physical Fitness Assessment**

Name: \_\_\_\_\_  
                    (Last)                            (First)                            (M.I.)

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Assessment Date \_\_\_\_\_

**Waiver of Liability**

In consideration of my being permitted to participate in the Physical Fitness Assessment for the Kent County Sheriff's Office, I agree that I shall not hold the Kent County Sheriff's Office or the Kent County Government or any of its employees and any public or private facility building or organization at which the Physical Fitness Assessment is held responsible for any injury or damage that I may receive during or as a result of this Physical Fitness Assessment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness (print) \_\_\_\_\_

(sign) \_\_\_\_\_

## Physical Fitness Assessment

The **Medical Practitioner's Certification of Applicant's Ability to Perform the Kent County Sheriff's Office Physical Fitness Assessment** must be completed and brought with you to the Physical Fitness Assessment.

All Kent County Sheriff's Office applicants for Entry-Level Deputy Sheriff positions will complete the Physical Fitness Assessment.

This is not a "Pass/Fail" portion of the application process; however your results will be considered as you proceed through the application process

Should you be successful in the application process and enter the Police Academy, the chart shown below depicts the physical fitness standards required to pass the Police Academy.

Cooper's Physical Fitness Norms				
Age Group				
1.5 Mile Run				
40th Percentile	20-29	30-39	40-49	50-59
Male	12:51	13:36	14:29	15:26
Female	15:26	15:57	16:58	17:55
Sit-ups in One Minute				
40th Percentile	20-29	30-39	40-49	50-59
Male	38	35	29	24
Female	32	25	20	14
Push-ups in One Minute				
40th Percentile	20-29	30-39	40-49	50-59
Male	29	24	18	13
Female	15	11	9	

The following exercises will be completed for the Kent County Sheriff's Office Physical Fitness Assessment;

**Push-up** – muscular endurance

Hands must be shoulder width apart. Start in the up position. For the rep to count, the chest must touch a cushion (rolled towel) that is three inches in height. Resting must be done in the up position and time will not stop during rests. The test will last one minute.

**Sit-up** – muscular endurance

Lie on flat surface. Knees will be flexed, with the feet 12-18 inches from the buttocks. Hands on the side of the head (over ears), not interlaced or behind the head. When coming up, the elbows must touch the inner thighs, this will count as one rep. When going down, the shoulder blades must touch the mat/flat surface. Resting must be done in the up position, and the time will not stop during rests. The test will last one minute.

**1.5 Mile Run** – Tests Cardiovascular endurance

Applicants will complete a timed, 1.5 mile run on a suitable surface.

Following the Physical Fitness Assessment, your results will be recorded and be placed with your records for consideration in the application process.