



Providence Police Department



Physician Certificate

Present this original signed certificate on the day of your scheduled Physical Fitness Assessment.

This form must be properly completed and presented to the testing officials prior to participation in any Physical Fitness Assessment.

This form is to be used for the purpose of applying as an applicant to the Providence Police Department Training Academy and participation in the Physical Fitness Assessment

Patient's Name: _____

Patient's Date of Birth: _____

I certify that I examined the above named patient within One Hundred and Eighty (180) days of this date and find that individual in good physical condition and capable of completing a Physical Fitness Assessment which consists of the following evaluations:

Sit Ups
Push Ups.
1.5 Mile Run
300 Meter Sprint

Physician's Signature: _____

Date: _____

Physician's name and address (printed):

PROVIDENCE POLICE DEPARTMENT

Public Safety Complex | 325 Washington Street, Providence, RI 02903

401 272 3121 | For emergencies, dial 9-1-1

www.providenceri.gov