

**HEALTHCARE PROVIDER CERTIFICATE  
POLICE OFFICER PHYSICAL FITNESS EXAMINATION  
MIFFLIN TOWNSHIP DIVISION OF POLICE**

**Applicants: Please provide this form to your healthcare provider for completion.**

**IMPORTANT: This form must be signed within 45 days of your scheduled physical fitness examination in order to be considered valid and you will need to submit it during registration at the physical fitness examination.**

\_\_\_\_\_  
**Applicant Name (Please Print)**

**TO THE PHYSICIAN:**

Mifflin Township, Police Officer Physical Fitness Examination consists of push-ups, sit-ups, and a 1.5 Mile timed run. Please indicate that the applicant's health is such that he/she can attempt to perform these elements within the perimeters listed below:

	Yes	No		Yes	No
Push-ups	<input type="checkbox"/>	<input type="checkbox"/>	1.5 Mile Run	<input type="checkbox"/>	<input type="checkbox"/>
Sit-ups	<input type="checkbox"/>	<input type="checkbox"/>			

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Provider's Printed Name or Stamp

\_\_\_\_\_  
Address of Healthcare Provider

Physical Fitness Examination	Ages - Male		Ages - Female	
	20-29	30-39	20-29	30-39
<b>1-Minute Push Up (Minimum)</b>	26	20	20	15
<b>1-Minute Sit Up (Minimum)</b>	35	32	35	32
<b>1.5 Mile Run (Minimum)</b>	13:22	14:08	15.:57	16:35

