

CITY OF WARWICK

Colonel Bradford E. Connor
Chief of Police

Frank Picozzi
Mayor



Police Department
99 Veterans Memorial Drive
Warwick, Rhode Island 02886-4617
Telephone: (401) 468-4200

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the
Warwick Police Department.

(Name of department)

Candidate Name: _____ Date of Birth: _____

Address: _____ Town/City: _____ State: _____

The Warwick Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Medical Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness Test. **The Fitness Test Medical Certificate must be completed within six (6) months of the Physical Fitness testing date.**

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHYSICIAN'S STATEMENT

I have examined the above-named individual on _____.

(Date)

(***)Must be dated by the examining physician within 6 months of agility test date. Example: If the test date is 7/1/2021, this letter must state you were examined between 1/1/21 - 7/1/21.***)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the Warwick Police Department and RIDPS/MPTA Physical Fitness Test.

(Name of department)

Comments (if any): _____

Physician's Signature: _____

Physician's Name (Print): _____

Address: _____ Telephone Number: _____