

Candidate: _____ Appointing Authority: _____



**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
Physical Fitness Test for Police Officer Candidates**

Candidates must successfully complete a physical fitness screening test (physical agility). The standards for this portion of the examination were established by the MPTC (Municipal Police Training Council).

Elements of the test battery to be used for physical fitness screening are described below. Although these elements may not be directly representative of essential job functions to be performed by an entry-level police officer, such elements do measure candidate's physiological capacity to learn and perform the essential job functions. The minimum scores for employment as an entry-level police officer as set forth below represent the fortieth (40th) percentile of fitness. If you do not successfully score to the fortieth (40th) percentile of fitness for each of the elements of the test battery, you shall not be deemed to have successfully completed the physical fitness-screening test (*see Retest Policy on reverse). The 1.5-mile run shall only be administered to such individuals who have successfully completed each of the other two elements of the test battery (sit-up and push-up).

Events

- Sit up** Muscular Endurance (core body) - The score indicated below is the number of bent-leg sit-ups performed in one minute.
- Push-up** Muscular endurance (upper body) – The score below is the number of full body repetitions that a candidate must complete without breaks.
- 1.5 Mile Run** Cardiovascular Capacity - The (time) score indicated below is calculated in minutes:seconds.

AGE/SEX	SIT-UP	PUSH-UP	1.5 MI RUN
MALE			
20-29	38	29	12:38
30-39	35	24	12:58
40-49	29	18	13:50
FEMALE			
20-29	32	15	14:50
30-39	25	11	15:43
40-49	20	9	16:31

Our department strongly recommends that you have your physician review the test elements described above and certify that you are physically capable of participating in the physical fitness screening test.

Candidate's Name _____

(Please Print)

The above named person has been a patient or has made me aware that they are required to compete in a Physical Fitness Test requiring the completion of events described upon this form. It is my medical judgment that the individual is physically fit and capable of undertaking the events described above.

Date

Physician/Practitioner Signature

(SEE REVERSE SIDE OF FORM)

CANDIDATE NOTE: You must bring this form and a picture I.D. that bears your signature (i.e. Driver's License) to the test and present them to the test administrator.

Our department **strongly recommends** that you have your physician review the test elements described on the reverse and certify that you are physically capable of participating in the physical fitness-screening test prior to your scheduled date. _____

Physician to complete:

Candidate's Name _____
(Please Print)

The above named person has been a patient or has made me aware that they are required to compete in a Physical Fitness Test requiring the completion of events described upon this form. It is my medical judgment that the individual is physically fit and capable of undertaking the events described above.

Date Physician/Practitioner Signature

CANDIDATE and TEST ADMINISTRATOR NOTE: The below "Indemnification Waiver" statement **must** be reviewed and signed by the candidate or he/she may NOT participate in the physical agility test.

Candidate to complete:

INDEMNIFICATION WAIVER

I understand that as part of the examination for the position of Police Officer/Deputy Sheriff (Police), it will be necessary for me to complete a physical fitness test. I have knowledge of the requirements of this physical fitness test and have prepared myself to complete this test. I understand there are inherent dangers and risks associated with physical activity and that I should not complete this test unless I am physically able. I assume all the risk associated with this activity, including but not limited to, bodily injury, sprains, fractures, dislocations, cardiac events, or death. I, for myself, my heirs, executors, administrators, or assigns, hereby release, indemnify, and hold harmless the County of Onondaga, its officials, officers, agents and employees, the municipality in which appointment is sought and the assigned test administrators from any and all liability, damage or claim of any nature arising out of or in any way related to my participation in the physical fitness test, except those things caused by the sole negligence of the County of Onondaga, the municipality in which appointment is sought or the assigned test administrator.

(Print name neatly) (Signature)

(Date)

(Legal Address)

TEST ADMINISTRATOR NOTE:

- Candidates may not be tested unless they present this form and have signed the Indemnification Waiver statement.
- Candidates may not be tested unless they present a picture I.D. that bears their signature.
- This form and the Law Enforcement Physical Fitness Test form must be attached and returned promptly to:
Onondaga County Department of Personnel, 421 Montgomery St., 13th fl, Syracuse, NY 13202.

Alternate Test Date Policy: To apply for a temporary excuse from the fitness test due to military, medical or education reasons, please contact the Exam Supervisor at 315-435-3898 prior to your scheduled date. Documentation will be required.

Retest Policy: Candidates who have failed the physical fitness test will be removed from the active eligible list and will be ineligible for further consideration from any current eligible list certification. Candidates may schedule a retest, for a fee, by contacting the Health and Fitness Director at the YMCA of Greater Syracuse, 474-6851. Upon completion of the retest, the YMCA will notify the Onondaga County Personnel Department of the results and successful candidates will be returned to active status on the eligible list for consideration for any future vacancies.