Hagerstown Police Department
Physical Qualification Test

Applicant: _________________________________ Age: ________________

**SIT-UPS:** Used to measure MUSCULAR ENDURANCE. The applicant is to perform as many bent-leg-sit-ups as possible in a minute. Acceptable minimum score is shown below.

**PUSH-UPS:** Used to measure DYNAMIC STRENGTH. The applicant is to perform as many push-ups as possible in a minute. Acceptable minimum score is shown below.

**RUN:** Used to measure CARDIOVASCULAR CAPACITY. The maximum acceptable times for the one and a half (1.5) mile run is shown below in minutes and seconds.

This test is the Cooper Institute Absolute Standard Test
This test is on a PASS / FAIL Basis. The minimum standards required to pass the test are as follows:

<table>
<thead>
<tr>
<th>SIT-UPS</th>
<th>PUSH-UPS</th>
<th>1.5 MILE RUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>18</td>
<td>15 min. 20 sec.</td>
</tr>
</tbody>
</table>

Test Results:

<table>
<thead>
<tr>
<th>Test</th>
<th>Score</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIT-UPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUSH-UPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 MILE RUN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator: ___________________________________________ Date & Time: __________________________

---

**Physician's Verification**

I have reviewed the above elements of the Hagerstown Police Department's Physical Qualification Test and certify that the identified applicant may safely perform this test.

Physician's Signature: _________________________________ Date: __________________________

Physician's Printed Name: _______________________________________________________________

Physician's Address: _________________________________________________________________

Physician's Phone Number: ___________________________________________________________

Applicant returns the original form to the Hagerstown Police Department, a copy may be maintained by physician
Applicant returns the original form to the Hagerstown Police Department, a copy may be maintained by physician