

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).**

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**Elements of the Test Battery**

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 the 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 a candidate does not successfully score to the fortieth (40th) percentile of fitness for each of the elements of the test battery, the candidate shall not be deemed to have successfully completed the physical fitness-screening test. Nothing herein shall preclude an administrator of such screening test from substituting an element of the test battery, which such administrator has determined and validated to accurately assess the candidate's physiological capacity to learn and perform essential job functions. 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	TEST PUSH-UP	1.5 MI RUN
<b>MALE</b>			
20-29	38	29	12:29
30-39	35	24	12:53
40-49	29	18	13:50
50-59	24	13	15:14
60+	19	10	17:19
<b>FEMALE</b>			
20-29	32	15	15:05
30-39	25	11	15:56
40-49	20	9	17:11
50-59	14	9	19:10
60+	6	9	20:55

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**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

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**(SEE REVERSE SIDE OF FORM)**

**CANDIDATE and TEST ADMINISTRATOR NOTE: The “Indemnification Waiver” statement must be reviewed and signed by the candidate or they may NOT participate in the physical agility test.**

**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.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Legal Address)

**Report To:** YMCA **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
340 Montgomery St.  
Syracuse, NY 13202

**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. The Test Administrator cannot administer the test to you without an acceptable form of ID.**

For information regarding the Retest Policy refer to the examination announcement or contact the Personnel Department.

***This Section is for the Test Administrator Only:***

- 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 to:  
Onondaga County Department of Personnel, 421 Montgomery St., 13<sup>th</sup> flr, Syracuse, NY 13202.