

## PHYSICAL FITNESS ASSESSMENT

Each candidate is required to successfully complete a physical fitness assessment prior to being given consideration for employment.

The minimum requirements are located on the back of this page.

To participate in the physical fitness test, the attached **PHYSICIAN AUTHORIZATION FORM** must be completed and signed by your physician, and dated within one year.

*Only those applicants who have been released by a certified medical physician to participate without risk to them will be permitted to perform.* The purpose of the physical fitness assessment is to evaluate an individual's physical fitness. Each applicant's performance will be evaluated according to national fitness standards.

Applicants will be evaluated on the following:

### **AEROBIC CAPACITY: 1.5 Mile Run**

Applicant is timed for 1.5 mile run on a running track or flat, measured surface. Applicants who display physical difficulties through the duration of the timed run will be removed from the exercise.

### **STRENGTH: Push-ups** (As many push-ups as possible in one minute)

Males -- Hands placed shoulder width apart, elbows fully extended and back straight at all times. The applicant must reach full extension to complete one repetition. Pausing in the up position is permitted.

Females -- Will use the modified version with knees on the ground and feet in the air. Again, back must be kept in a straight line; arms fully extended and hands placed shoulder-width apart, slightly ahead of the shoulders. Applicant must come to full extension to complete one repetition. Pausing in the up position is permitted.

### **ENDURANCE: Sit-ups** (As many sit-ups as possible in one minute)

The applicant will begin by lying on his/her back with heels flat on the floor. He/she will bend knees and rise to a sit-up position with his/her hands cupped over or behind the ears. A partner may secure the applicant's feet. A sit-up will be executed by raising the upper body until it is perpendicular to the floor, and lowering the upper back down until the small of the applicant's back touches the floor. The applicant will do many sit-ups as he/she can in one minute.

The Physician Authorization Form must be completed by a doctor and dated within one year of the date you take the physical assessment test. No one will be allowed to take the physical test without a completed Physician Authorization Form.

**Delaware State Police  
PHYSICIAN AUTHORIZATION FORM**

Applicant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

The DSP Physical Fitness Test consists of:

1.5 Mile Run  
Sit-Ups  
Push-Ups

**I have reviewed medical information, and conducted a physical examination, of the aforementioned applicant, and I am rendering the following professional opinion:**

**I find the above applicant to be in proper physical condition to engage in all of the physical exercises of the Delaware State Police Physical Fitness Assessment**

Date \_\_\_\_\_

Physician' Signature \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_

Physician's Medical Degree \_\_\_\_\_

Physician's Specialty \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_