

Bristol Police Department

395 METACOM AVENUE $^{\diamondsuit}$ BRISTOL, RHODE ISLAND 02809 TELEPHONE (401) 253-6900



KEVIN M. LYNCH Chief of Police

FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

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

Police Department.		
Candidate Name:	Date of Birth:	
Address:	Town/City:	State:
Training Academy (RIDPS/MPTA) red Certificate to the Physical Fitness Te statement must be obtained from a	he Rhode Island Department of Public Saf quires each candidate to bring a complete st before he/she will be allowed to partic licensed physician that the candidate is o itness test. The Fitness Test Medical Cert Fitness testing date.	ed Physical Fitness Test cipate in the test. A of sufficient physical
_	he minimum physical fitness standards a pon these criteria. Thank you for your ass	
	PHYSICIAN'S STATEMENT	
I have examined the ab	ove-named individual on	·
	(Da	te)
	events, I find him/her to be of sufficient particle the Bristol Police Department and RIDPS	•
Comments (if any):		
	Physician's S	ignature
Please type or print:)		
Physician's Name:		
Address:		
Telenhone Number:		