



Civil Service Commission

Monroe County, New York

Jean Carrozzi
Chairperson

Brayton McK. Connard, SPHR
Executive Director

PHYSICIAN CERTIFICATION FORM

PHYSICAL FITNESS TEST FOR DEPUTY SHERIFF JAILOR OR COURT SECURITY CANDIDATES

Although these elements may not be directly representative of the essential job functions to be performed by an entry-level jailor or court security deputy sheriff, the Monroe County Civil Service Commission, based on New York State Municipal Police Training Council standards, has determined that such elements do measure the candidate's physiological capacity to learn and perform the essential job functions.

NOTE: Candidates who appear at the physical fitness test without fully completed originals of this document will not be permitted to participate and will be subject to removal from the eligible list.

I hereby certify that _____
Name Social Security #

is physically capable of safely participating in the physical fitness screening test described below:

The three components measured are muscular endurance (core body), muscular endurance (upper body) and cardiovascular capacity. The following is a brief description of the test terms used to measure each component:

Sit-up Muscular Endurance (core body) - The score indicated below is the number of bent-leg sit-ups performed in one minute.

Push-ups 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.

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, push-up).

MALE AGE	#1 PUSH-UPS (1:00)	#2 SIT-UPS (1:00)	#3 1.5 MILE RUN
20-29	26	35	13:15
30-39	20	32	13:44
40-49	15	27	14:34
50-59	10	21	15:58
60+	8	17	17:41
FEMALE AGE			
20-29	13	30	15:46
30-39	9	22	16:42
40-49	7	17	17:29
50-59	5	12	19:10
60+	3	4	21:36

Physicians Signature _____ Date _____

Physicians Name _____

Physicians Address _____