**MAINE CRIMINAL JUSTICE ACADEMY**

**PHYSICAL FITNESS TEST APPLICATION / RESULTS**

**\*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please Print) (Last) (First) (Middle)**

**\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street / P.O. Box) (City / Town) (State) (Zip)**

**\*Date of Birth: / / \*Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**A $50.00 fee must accompany this application. Check or money order must be made payable to: “*Treasurer, State of Maine”***

**SAVE A COPY OF THIS FORM – IF YOU REQUIRE A DUPLICATE, THERE WILL BE A $10.00 CHARGE FOR IT.**

|  |
| --- |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the release of my Physical Fitness scores by the**  **Maine Criminal Justice Academy to: List specific agencies or write “ANY” to cover all agencies.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*Applicant’s gender: \_\_\_\_\_\_\_\_\_\_\_ \*Applicant’s age: \_\_\_\_\_\_\_\_\_\_**

**Overall Test Performance (circle one) PASS\_\_\_\_\_ FAIL\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Maximum Push-up Test** | **\_\_\_\_\_Required** | **\_\_\_\_\_\_Result** | **\_\_\_\_\_Pass** | **\_\_\_\_\_Fail** |
| **One Minute Sit-up Test** | **\_\_\_\_\_Required** | **\_\_\_\_\_\_Result** | **\_\_\_\_\_Pass** | **\_\_\_\_\_Fail** |
| **1.5 Mile Run** | **\_\_\_\_\_Required** | **\_\_\_\_\_Result** | **\_\_\_\_\_Pass** | **\_\_\_\_\_Fail** |

**\*Student’s Signature: \_\_\_\_ Date: \_\_\_**

***By signing, the evaluator attests that all information contained in this form is true and accurate.***

**\*Fitness Tester Name: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \*Signed: \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_ Date: \_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FITNESS** | **MALE (40th Percentile)**  **AGE** | | | | **FEMALE (40th Percentile)**  **AGE** | | | |
| **TEST** | **20–29** | **30–39** | **40–49** | **50-59** | **20–29** | **30–39** | **40–49** | **50-59** |
| One Minute Push-up Test | 29 | 24 | 18 | 13 | 15 | 11 | 9 | 3 |
| One Minute Sit-up Test | 38 | 35 | 29 | 24 | 32 | 25 | 20 | 14 |
| 1.5 Mile Run | 12.38 | 13:04 | 13:49 | 15:03 | 14:50 | 15:38 | 16:21 | 18:07 |
| **FITNESS** | **MALE (50th Percentile)**  **AGE** | | | | **FEMALE (50th Percentile)**  **AGE** | | | |
| **TEST** | **20–29** | **30–39** | **40–49** | **50-59** | **20–29** | **30–39** | **40–49** | **50-59** |
| One Minute Push -up Test | 33 | 27 | 21 | 15 | 18 | 14 | 11 | 5 |
| One Minute Sit-up Test | 40 | 36 | 31 | 26 | 35 | 27 | 22 | 17 |
| 1.5 Mile Run | 11.58 | 12:25 | 13:11 | 14:16 | 14:07 | 14:34 | 15:24 | 17:13 |

|  |  |  |  |
| --- | --- | --- | --- |
| **1 :** **Walked** | **8 : Walked** | **15 : Walked** | **22 : Walked** |
| **2 : Walked** | **9 : Walked** | **16 : Walked** | **Mark the lap time on each lap. Please make a notation if the applicant walks.** |
| **3 : Walked** | **10 : Walked** | **17 : Walked** |
| **4 : Walked** | **11 : Walked** | **18 : Walked** |
| **5 : Walked** | **12 : Walked** | **19 : Walked** |
| **6 : Walked** | **13 : Walked** | **20 : Walked** |
| **7 : Walked** | **14 : Walked** | **21 : Walked** |

**To be completed by PFT Protocol Tester**

**Photo ID # \_\_ \_\_\_ Date Processed: \_\_\_\_\_\_ \_\_ Fee Received:\_\_\_\_\_\_\_\_\_\_**

*If billing an agency, please give agency name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Testing Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned Tester (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fitness Test Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***By signing, the evaluator attests that all information contained in this form is true and accurate.***

***{Only submit this form with payment for Phase II or permanent transcript record}.***

*Revised 01/06/2020*

** **

STATE OF MAINE

***Department of Public Safety***

**MAINE CRIMINAL JUSTICE ACADEMY**

15 Oak Grove Road

Vassalboro, ME 04989

**\*Name: \_\_\_\_\_\_**

**(Please Print) (Last) (First) (Middle)**

**\*Address: \_\_\_\_\_\_**

**(Street / P.O. Box) (City / Town) (State) (Zip)**

**\*Date of Birth: / / Gender: M F (Circle one)**

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | Has your Doctor ever said that you have a heart condition **and** that you should only do physical activity recommended by a doctor? |
|  |  | Do you feel pain in your chest when you do physical activity? |
|  |  | In the past month, have you had chest pain when you were not doing physical activity? |
|  |  | Do you lose your balance because of dizziness or do you ever lose consciousness? |
|  |  | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
|  |  | Is your doctor currently prescribing drugs (for example, water pills; beta blockers) for your blood pressure or heart condition? |
|  |  | Do you know of any other reason why you should not do physical activity? |

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: 1. This questionnaire applies to only those 15 to 69 years of age.

1. If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.
2. If you are pregnant, you are advised to consult with your physician before exercising.
3. If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of the staff.

***I am taking this test voluntarily. I understand the physical requirements of this test and know of no reason why I cannot safely complete all portions of the test including the mile and one-half run, one minute sit up test, and the maximum push-up test. I agree to indemnify and hold harmless the State of Maine, the Maine Criminal Justice Academy and their respective officers, employees and agents from any claim, damage, injury or illness, of whatever kind or nature, resulting from the administration of the test and my taking of the test.***

\*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_ \*Staff Signature: \_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_\_