DAVE YOST
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
Office 800-346-7682

BASIC TRAINING PHYSICAL FITNESS ASSESSMENT FORM

School Name: _____ **School #:** _____

Student's Name: _____ _____ _____
(Last) (First) (Middle)

Previous Name(s) or Alias: _____

Sex: _____M _ _F **DOB:** _____ **Age:** _____

Pre-entrance Assessment Date: _____ **Final Assessment Date:** _____ **Retest Date:** _____

Status at Final Assessment: _____ Appointed _____ Open Enrollment

Age and Sex Minimum Scores

	Males (≤29)		Females (≤29)		Pre-entrance Assessment *15th percentile*	Final Assessment (Score/P-F) *50th percentile*	Retest (Score/P-F) *50th percentile*
	15th%	50th%	15th%	50th%			
Sit-ups (1 min.)	32	40	23	35			
Push-ups (1 min.)	19	33	9	18			
1.5 Mile Run	14:34	11:58	17:49	14:07			
	Males (30-39)		Females (30-39)				
	15th%	50th%	15th%	50th%			
Sit-ups (1 min.)	28	36	18	27	_____ # Sit-ups Completed	_____ # Sit-ups Completed	_____ # Sit-ups Completed
Push-ups (1 min.)	15	27	7	14			
1.5 Mile Run	15:13	12:25	18:37	14:34			
	Males (40-49)		Females (40-49)				
	15th%	50th%	15th%	50th%			
Sit-ups (1 min.)	22	31	13	22	_____ # Push-ups Completed	_____ # Push-ups Completed	_____ # Push-ups Completed
Push-ups (1 min.)	10	21	5	11			
1.5 Mile Run	15:58	13:11	19:32	15:24			
	Males (50-59)		Females (50-59)				
	15th%	50th%	15th%	50th%			
Sit-ups (1 min.)	17	26	7	17	_____ 1.5 Mile Time	_____ 1.5 Mile Time	_____ 1.5 Mile Time
Push-ups (1 min.)	7	15	4 (modified)	13 (modified)			
1.5 Mile Run	17:38	14:16	21:31	17:13			
	Males (60+)		Females (60+)				
	15th%	50th%	15th%	50th%			
Sit-ups (1 min.)	13	20	2	8	_____ OVERALL (P/F)	_____ OVERALL (P/F)	_____ OVERALL (P/F)
Push-ups (1 min.)	5	15	1 (modified)	8 (modified)			
1.5 Mile Run	20:12	15:56	23:32	18:52			

Students must pass each event, at the minimum 50th percentile of the above standards, in order to be eligible for the state certification exam.

_____ _____ _____ _____
Fitness Specialist Signature **Date** **Commander Signature** **Date**

_____ _____ _____ _____
Fitness Specialist Signature **Date** **Commander Signature** **Date**

_____ _____ _____ _____
Fitness Specialist Signature **Date** **Commander Signature** **Date**