

MAINE CRIMINAL JUSTICE ACADEMY

PHYSICAL FITNESS TEST APPLICATION / RESULTS (BLETP CANDIDATE)



*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 TEST	MALE (40 th Percentile) AGE				FEMALE (40 th Percentile) AGE			
	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 TEST	MALE (50 th Percentile) AGE				FEMALE (50 th Percentile) AGE			
	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 : <input type="checkbox"/> Walked	8 : <input type="checkbox"/> Walked	15 : <input type="checkbox"/> Walked	22 : <input type="checkbox"/> Walked
2 : <input type="checkbox"/> Walked	9 : <input type="checkbox"/> Walked	16 : <input type="checkbox"/> Walked	Mark the lap time on each lap. Please make a notation if the applicant walks.
3 : <input type="checkbox"/> Walked	10 : <input type="checkbox"/> Walked	17 : <input type="checkbox"/> Walked	
4 : <input type="checkbox"/> Walked	11 : <input type="checkbox"/> Walked	18 : <input type="checkbox"/> Walked	
5 : <input type="checkbox"/> Walked	12 : <input type="checkbox"/> Walked	19 : <input type="checkbox"/> Walked	
6 : <input type="checkbox"/> Walked	13 : <input type="checkbox"/> Walked	20 : <input type="checkbox"/> Walked	
7 : <input type="checkbox"/> Walked	14 : <input type="checkbox"/> Walked	21 : <input type="checkbox"/> 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}.