RCPD Physical Fitness Assessment

Date of Testing: ____/____/_____

Name/ID#: _____ Age: _____ Gender: M F Weight: _____

M	SitUps	PushUps	1.5M Run	F	SitUps	PushUps	1.5M Run
20-24	40	33	13:15	20-24	35	26	15:15
25-29	40	33	13:45	25-29	35	26	15:45
30-34	36	27	14:15	30-34	27	21	16:15
35-39	36	27	14:45	35-39	27	21	16:38
40-44	31	21	15:15	40-44	22	15	17:00
45-49	31	21	15:45	45-49	22	15	17:08
50-54	26	15	16:15	50-54	17	13	17:15
55-59	26	15	16:51	55-59	17	13	18:18
60+	20	9	18:20	60+	8	8	19:25

Test 1 (Core Fitness):

Sit-Ups: Reps: _____ PASS FAIL

Test 2 (Upper Body Fitness):

Push-Ups Reps: _____ PASS FAIL

Test 3 (Aerobic Fitness):

1.5 Mile Run Time: _____ PASS FAIL

Instructor: _____

Physician's Report Received/Recommendations/Comments: _____

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