



DAVE YOST

OHIO ATTORNEY GENERAL



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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				Pre-entrance Assessment 15 th percentile	Final Assessment (Score/P-F) 50 th percentile	Retest (Score/P-F) 50 th percentile
	Males (<29)		Females (<29)			
Sit-ups (1 min.)	15 th %	50 th %	15 th %	50 th %	# Sit-ups Completed	# Sit-ups Completed
Push-ups (1 min.)	32	40	23	35		
1.5 Mile Run	19	33	9	18		
					# Push-ups Completed	# Push-ups Completed
					1.5 Mile Time	1.5 Mile Time
					OVERALL (P/F)	OVERALL (P/F)

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
SF195bas Effective 07/01/2019

Commander Signature Date