



16 Douglas Street  
Jamestown, RI 02835  
401-793-0460

**FITNESS TEST MEDICAL CERTIFICATE**

Dear Physician:

The Rhode Island Department of Public Safety/Municipal Training Academy and Fit to Serve, LLC require each candidate bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allow to participate in the Test.

Please review attached document for testing procedures and fitness standards.

Candidate Name:	Date of Birth:	
Address:	Town/City:	State:

**To be completed by Physician**

Physicians's Name:

Address:

Telephone:

After examining the above named individual, I find him/her to be of sufficient physical conditioning to participate the Physical Fitness Test provided by Fit to Serve, LLC.

(Physician's Signature)

(Date)