



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



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BASIC TRAINING PHYSICAL ASSESSMENT FORM

School Name: _____ School #: _____

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

Previous Name(s) or Alias: _____

Sex: _____ M _____ F DOB: _____ Age: _____

Initial Assessment Date: _____ Final Assessment Date: _____ Retest Date: _____

Status at Final Assessment: _____ Appointed _____ Open Enrollment

Age and Gender Minimum Scores					Initial Assessment	Final Assessment (Score/P-F)	Retest (Score/P-F)
	Males (<29)		Females (<29)				
	15%	50%	15%	50%			
Sit-ups (1 min.)	32	40	23	35			
Push-ups (1 min.)	19	33	9	18			
1.5 Mile Run	14:33	11:58	17:53	14:15			
	Males (30-39)		Females (30-39)				
	15%	50%	15%	50%			
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	15:14	12:25	19:01	15:14			
	Males (40-49)		Females (40-49)				
	15%	50%	15%	50%			
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	16:09	13:05	20:49	16:13			
	Males (50-59)		Females (50-59)				
	15%	50%	15%	50%			
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	18:22	14:33	22:53	18:05			
	Males (60+)		Females (60+)				
	15%	50%	15%	50%			
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	21:34	16:19	25:02	20:08	15% (Y/N)		

Students must pass each event, at the minimum 50th percentile of the Cooper Institute 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 07/01/2015

Commander Signature _____ Date _____