

**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS  
PHYSICAL FITNESS TEST**

**DIAGNOSTIC: FEMALE 18-29**

AUTHORITY: P.A. 203 of 1965  
COMPLIANCE: Mandatory  
PENALTY: No Training Completion

CANDIDATE SIGNATURE: \_\_\_\_\_  
SIGNING THIS FORM AUTHORIZES RELEASE OF TEST SCORES.

DATE OF BIRTH\*  
Mo. Day Yr.  
| | | | | |

AGE\*  
| |

TODAY'S DATE  
Mo. Day Yr.  
| | | | | |

TEST SITE  
| |

LAST NAME  
| | | | | | | | | |

FIRST NAME  
| | | | | | | | | |

SOCIAL SECURITY NUMBER†  
| | | - | | - | | | | |

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protected by the Federal Privacy Act.

\* For Equal Employment Opportunity  
compliance and reporting only; will not be  
used for making employment decisions.

PROCTOR TEAM  
1.  
2.

RUN PROCTOR  
| | | | |

RUN LAPS  
PERFORMED  
| | | | | | | | | |  
RETEST  
| | | | |

VERTICAL JUMP RAW SCORES

REACH HEIGHT	JUMP 1	JUMP 2	JUMP 3
_____	_____	_____	_____
RETEST	_____	_____	_____

VERTICAL JUMP  
REQUIRED  
**11.0**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 5  
2 2  
3 3  
4 4  
5 5  
6  
7  
8  
9  
RETEST  
P F  
| | . | |

SIT-UPS  
REQUIRED  
**28**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

PUSH-UPS  
REQUIRED  
**7**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

1/2 MILE SHUTTLE  
REQUIRED  
**5:35.4**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| | . | |

TEST SITE ADMINISTRATOR: \_\_\_\_\_  
PASS P  
FAIL F

EVENT(S) WITH NO SCORE (Specify): \_\_\_\_\_  
Did not attempt (due to injury, illness, etc.) ○  
Did not complete (e.g. stopped before finishing run) ○

**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS  
PHYSICAL FITNESS TEST**

**DIAGNOSTIC: FEMALE 30-39**

AUTHORITY: P.A. 203 of 1965  
COMPLIANCE: Mandatory  
PENALTY: No Training Completion

CANDIDATE SIGNATURE: \_\_\_\_\_  
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DATE OF BIRTH\*  
Mo. Day Yr.  
| | | | | |

AGE\*  
| |

TODAY'S DATE  
Mo. Day Yr.  
| | | | | |

TEST SITE  
| |

LAST NAME  
| | | | | | | | | |

FIRST NAME  
| | | | | | | | | |

SOCIAL SECURITY NUMBER†  
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PROCTOR TEAM  
1.  
2.

RUN PROCTOR  
| | | | |

RUN LAPS  
PERFORMED  
| | | | | | | | | |  
RETEST  
| | | | |

VERTICAL JUMP RAW SCORES

REACH HEIGHT	JUMP 1	JUMP 2	JUMP 3
_____	_____	_____	_____
RETEST	_____	_____	_____

VERTICAL JUMP  
REQUIRED **9.0**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 5  
2 2  
3 3  
4 4  
5 5  
6  
7  
8  
9  
RETEST  
P F  
| | . | |

SIT-UPS  
REQUIRED **19**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

PUSH-UPS  
REQUIRED **7**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

1/2 MILE SHUTTLE  
REQUIRED **5:59.1**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| | . | |

TEST SITE ADMINISTRATOR: \_\_\_\_\_  
PASS P  
FAIL F

EVENT(S) WITH NO SCORE (Specify): \_\_\_\_\_  
Did not attempt (due to injury, illness, etc.) ○  
Did not complete (e.g. stopped before finishing run) ○

**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS  
PHYSICAL FITNESS TEST**

**DIAGNOSTIC: FEMALE 40 +**

AUTHORITY: P.A. 203 of 1965  
COMPLIANCE: Mandatory  
PENALTY: No Training Completion

CANDIDATE SIGNATURE: \_\_\_\_\_  
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DATE OF BIRTH\*  
Mo. Day Yr.  
| | | | | |

AGE\*  
| |

TODAY'S DATE  
Mo. Day Yr.  
| | | | | |

TEST SITE  
| |

LAST NAME  
| | | | | | | | | |

FIRST NAME  
| | | | | | | | | |

SOCIAL SECURITY NUMBER†  
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PROCTOR TEAM  
1.  
2.

RUN PROCTOR  
| | | | |

RUN LAPS PERFORMED  
| | | | | | | | | |  
RETEST  
| | | | |

VERTICAL JUMP RAW SCORES  
REACH HEIGHT JUMP 1 JUMP 2 JUMP 3  
\_\_\_\_\_  
RETEST  
\_\_\_\_\_

VERTICAL JUMP  
REQUIRED **8.0**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 5  
2 2  
3 3  
4 4  
5 5  
6  
7  
8  
9  
RETEST  
P F  
| | . | |

SIT-UPS  
REQUIRED **18**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

PUSH-UPS  
REQUIRED **7**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

1/2 MILE SHUTTLE  
REQUIRED **6:13.3**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| | . | |

TEST SITE ADMINISTRATOR: \_\_\_\_\_  
PASS P  
FAIL F

EVENT(S) WITH NO SCORE (Specify): \_\_\_\_\_  
Did not attempt (due to injury, illness, etc.) ○  
Did not complete (e.g. stopped before finishing run) ○

**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS  
PHYSICAL FITNESS TEST**

**DIAGNOSTIC: MALE 18-29**

AUTHORITY: P.A. 203 of 1965  
COMPLIANCE: Mandatory  
PENALTY: No Training Completion

CANDIDATE SIGNATURE: \_\_\_\_\_  
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DATE OF BIRTH\*  
Mo. Day Yr.  
| | | | | |

AGE\*  
| |

TODAY'S DATE  
Mo. Day Yr.  
| | | | | |

TEST SITE  
| |

LAST NAME  
| | | | | | | | | |

FIRST NAME  
| | | | | | | | | |

SOCIAL SECURITY NUMBER†  
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PROCTOR TEAM  
1.  
2.

RUN LAPS  
PERFORMED  
RETEST

RUN PROCTOR

VERTICAL JUMP RAW SCORES  
REACH HEIGHT JUMP 1 JUMP 2 JUMP 3  
RETEST

VERTICAL JUMP  
REQUIRED 17.5  
PERFORMED  
P F  
0 0 0  
1 1 5  
2 2  
3 3  
4 4  
5 5  
6  
7  
8  
9  
RETEST  
P F

SIT-UPS  
REQUIRED 32  
PERFORMED  
P F  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F

PUSH-UPS  
REQUIRED 30  
PERFORMED  
P F  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F

1/2 MILE SHUTTLE  
REQUIRED 4:29.6  
PERFORMED  
P F  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
RETEST  
P F

TEST SITE ADMINISTRATOR: \_\_\_\_\_  
PASS P  
FAIL F

EVENT(S) WITH NO SCORE (Specify): \_\_\_\_\_  
Did not attempt (due to injury, illness, etc.) ○  
Did not complete (e.g. stopped before finishing run) ○

**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS  
PHYSICAL FITNESS TEST**

**DIAGNOSTIC: MALE 30-39**

AUTHORITY: P.A. 203 of 1965  
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PENALTY: No Training Completion

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DATE OF BIRTH\*  
Mo. Day Yr.  
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AGE\*  
| |

TODAY'S DATE  
Mo. Day Yr.  
| | | | | |

TEST SITE  
| |

LAST NAME  
| | | | | | | | | |

FIRST NAME  
| | | | | | | | | |

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PROCTOR TEAM  
1.  
2.

RUN PROCTOR  
| | | | |

RUN LAPS PERFORMED  
| | | | | | | | | |  
RETEST  
| | | | |

VERTICAL JUMP RAW SCORES

REACH HEIGHT	JUMP 1	JUMP 2	JUMP 3
_____	_____	_____	_____
RETEST	_____	_____	_____

VERTICAL JUMP  
REQUIRED **16.0**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 5  
2 2  
3 3  
4 4  
5 5  
6  
7  
8  
9  
RETEST  
P F  
| | . | |

SIT-UPS  
REQUIRED **30**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

PUSH-UPS  
REQUIRED **30**  
PERFORMED  
P F  
| |  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F  
| |

1/2 MILE SHUTTLE  
REQUIRED **4:38.2**  
PERFORMED  
P F  
| | . | |  
0 0 0  
1 1 1  
2 2 2  
3 3 3  
4 4 4  
5 5 5  
6 6  
7 7 7  
8 8 8  
9 9 9  
RETEST  
P F  
| | . | | . | |

TEST SITE ADMINISTRATOR: \_\_\_\_\_  
PASS P  
FAIL F

EVENT(S) WITH NO SCORE (Specify): \_\_\_\_\_  
Did not attempt (due to injury, illness, etc.) ○  
Did not complete (e.g. stopped before finishing run) ○

**MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS  
PHYSICAL FITNESS TEST**

AUTHORITY: P.A. 203 of 1965  
COMPLIANCE: Mandatory  
PENALTY: No Training Completion

**DIAGNOSTIC: MALE 40 +**

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DATE OF BIRTH\*  
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AGE\*  
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TODAY'S DATE  
Mo. Day Yr.  
| | | | | |

TEST SITE  
| |

LAST NAME  
| | | | | | | | | |

FIRST NAME  
| | | | | | | | | |

SOCIAL SECURITY NUMBER†  
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PROCTOR TEAM  
1.  
2.

RUN LAPS PERFORMED  
RETEST

RUN PROCTOR

VERTICAL JUMP RAW SCORES  
REACH HEIGHT JUMP 1 JUMP 2 JUMP 3  
RETEST

VERTICAL JUMP  
REQUIRED 15.0  
PERFORMED  
P F  
0 0 0  
1 1 5  
2 2  
3 3  
4 4  
5 5  
6  
7  
8  
9  
RETEST  
P F

SIT-UPS  
REQUIRED 30  
PERFORMED  
P F  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F

PUSH-UPS  
REQUIRED 28  
PERFORMED  
P F  
0 0  
1 1  
2 2  
3 3  
4 4  
5 5  
6 6  
7 7  
8 8  
9 9  
RETEST  
P F

1/2 MILE SHUTTLE  
REQUIRED 4:54.7  
PERFORMED  
P F  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
RETEST  
P F

TEST SITE ADMINISTRATOR: \_\_\_\_\_  
PASS (P)  
FAIL (F)

EVENT(S) WITH NO SCORE (Specify): \_\_\_\_\_  
Did not attempt (due to injury, illness, etc.) (O)  
Did not complete (e.g. stopped before finishing run) (O)