

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS
PHYSICAL FITNESS TEST

EXIT SKILLS TEST: FEMALE 18-29

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

ASSESSMENT 1
ASSESSMENT 2

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†
| | | - | | - | | | | |

† This information is confidential. Disclosure of confidential information is 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 LAPS
PERFORMED
RETEST

RUN PROCTOR

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

VERTICAL JUMP
REQUIRED 12.0
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 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 12
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 5:02.6
PERFORMED
P F
0
1
2
3
4
5
6
7
8
9
RETEST
P F

TEST SITE ADMINISTRATOR: _____
PASS
FAIL

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

TC-27-FE-2 (11/04)

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS PHYSICAL FITNESS TEST

EXIT SKILLS TEST: FEMALE 30-39

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

ASSESSMENT 1
ASSESSMENT 2

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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| 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 | |
| 10.0 | |
| PERFORMED | |
| (P) | (F) |
| | |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| RETEST | |
| (P) | (F) |
| | |

| SIT-UPS | |
|-----------|-----|
| REQUIRED | |
| 23 | |
| 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 | |
| 12 | |
| 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 | |
| 5:19.0 | |
| 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) |
| | |

| | |
|--------------------------------|----------------------------|
| TEST SITE ADMINISTRATOR: _____ | PASS <input type="radio"/> |
| | FAIL <input type="radio"/> |

| |
|--|
| EVENT(S) WITH NO SCORE (Specify): _____ |
| Did not attempt (due to injury, illness, etc.) <input type="radio"/> |
| Did not complete (e.g. stopped before finishing run) <input type="radio"/> |

TC-27-FE-3 (11/04)

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS PHYSICAL FITNESS TEST

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

EXIT SKILLS TEST: FEMALE 40 +

ASSESSMENT 1
ASSESSMENT 2

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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| PROCTOR TEAM | |
|--------------|--|
| 1. | |
| 2. | |

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

| RUN PROCTOR | |
|-------------|--|
| | |

| VERTICAL JUMP | |
|---------------|-----|
| REQUIRED | |
| 9.0 | |
| 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) |
| | |

| SIT-UPS | |
|-----------|-----|
| REQUIRED | |
| 20 | |
| 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 | |
| 11 | |
| 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 | |
| 5:25.5 | |
| 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) |
| | |

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

| | |
|--------------------------------|----------------------------|
| TEST SITE ADMINISTRATOR: _____ | PASS <input type="radio"/> |
| | FAIL <input type="radio"/> |

| |
|--|
| EVENT(S) WITH NO SCORE (Specify): _____ |
| Did not attempt (due to injury, illness, etc.) <input type="radio"/> |
| Did not complete (e.g. stopped before finishing run) <input type="radio"/> |

TC-ME-1 (11/04)

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS PHYSICAL FITNESS TEST

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

EXIT SKILLS TEST: MALE 18-29

ASSESSMENT 1
ASSESSMENT 2

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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| PROCTOR TEAM | |
|--------------|--|
| 1. | |
| 2. | |

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

| RUN PROCTOR | |
|-------------|--|
| | |

| VERTICAL JUMP | |
|---------------|-----|
| REQUIRED | |
| 19.0 | |
| PERFORMED | |
| (P) | (F) |
| | |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| RETEST | |
| (P) | (F) |
| | |

| SIT-UPS | |
|-----------|-----|
| REQUIRED | |
| 36 | |
| 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 | |
| 37 | |
| 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 | |
| 4:11.8 | |
| 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) |
| | |

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

| | |
|--------------------------------|----------------------------|
| TEST SITE ADMINISTRATOR: _____ | PASS <input type="radio"/> |
| | FAIL <input type="radio"/> |

| |
|--|
| EVENT(S) WITH NO SCORE (Specify): _____ |
| Did not attempt (due to injury, illness, etc.) <input type="radio"/> |
| Did not complete (e.g. stopped before finishing run) <input type="radio"/> |

TC-ME-2 (11/04)

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS PHYSICAL FITNESS TEST

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

EXIT SKILLS TEST: MALE 30-39

ASSESSMENT 1
ASSESSMENT 2

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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| 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 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| RETEST | |
| (P) (F) | |

| SIT-UPS | |
|-----------|-----------|
| REQUIRED | 34 |
| 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 | 37 |
| 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 | 4:18.2 |
| 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) | |

| | |
|--------------------------------|----------------------------|
| TEST SITE ADMINISTRATOR: _____ | PASS <input type="radio"/> |
| | FAIL <input type="radio"/> |

| |
|--|
| EVENT(S) WITH NO SCORE (Specify): _____ |
| Did not attempt (due to injury, illness, etc.) <input type="radio"/> |
| Did not complete (e.g. stopped before finishing run) <input type="radio"/> |

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

EXIT SKILLS TEST: MALE 40 +

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

ASSESSMENT 1
 ASSESSMENT 2

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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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 | 16.5 | |
| PERFORMED | | |
| (P) | (F) | |
| | | |
| 0 | 0 | 0 |
| 1 | 1 | 5 |
| 2 | 2 | |
| 3 | 3 | |
| 4 | 4 | |
| 5 | 5 | |
| 6 | 6 | |
| 7 | 7 | |
| 8 | 8 | |
| 9 | 9 | |
| RETEST | | |
| (P) | (F) | |
| | | |

SIT-UPS

| | | |
|-----------|-----|--|
| REQUIRED | 34 | |
| 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 | 35 | |
| 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 | 4:27.8 | |
| PERFORMED | | |
| (P) | (F) | |
| | | |
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 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)