STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
JIM PETRO, ATTORNEY GENERAL

OPOTC BASIC TRAINING PHYSICAL ASSESSMENT FORM

School Name & Number__**S A M P L E O N L Y**_____

Student's Name _____
Last First MI

Gender _____ M _____ F DOB _____/_____/_____ Age _____

Initial Assessment Date _____ Final Assessment Date _____

Age and Gender Minimum Scores **50th Percentile**				
	Males (<29)	**Females (<29)**	**Initial Assessment**	**Final Assessment (Score/P-F)**
Sit-ups (1 min.)	**40**	**35**		
Push-ups	**33**	**18**		
1.5 Mile Run	**11:58**	**14:15**		
	Males (30-39)	**Females (30-39)**	_____	_____/____
Sit-ups (1 min.)	**36**	**27**	**# Sit-ups**	**# Sit-ups**
Push-ups	**27**	**14**	**Completed**	**Completed**
1.5 Mile Run	**12:25**	**15:14**		
	Males (40-49)	**Females (40-49)**	_____	_____/____
Sit-ups (1 min.)	**31**	**22**	**# Push-ups**	**# Push-ups**
Push-ups	**21**	**11**	**Completed**	**Completed**
1.5 Mile Run	**13:05**	**16:13**		
	Males (50-59)	**Females (50-59)**	_____	_____/____
Sit-ups (1 min.)	**26**	**17**		
Push-ups	**15**	**13**	**1.5 Mile Time**	**1.5 Mile Time**
1.5 Mile Run	**14:33**	**18:05**		
	Males (60+)	**Females (60+)**	_____	_____/____
Sit-ups (1 min.)	**20**	**8**		
Push-ups	**15**	**8**	**OVERALL**	**OVERALL**
1.5 Mile Run	**16:19**	**20:08**	**(P/F)**	**(P/F)**

_____ _____ _____ _____
Fitness Specialist Signature Date Commander Signature Date
Final Assessment

This form must be completed by the Instructor for each student in the school. Upon completion of the final assessment, it must be returned to the school commander for the closing audit. If, for any reason, a student is unable to complete the entire assessment, that student will not be permitted to test with his/her class.