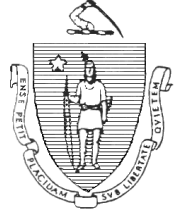




THE COMMONWEALTH OF MASSACHUSETTS

Hampshire Sheriff's Office Jail & House of Correction



P.O. Box 7000
205 Rocky Hill Road
Northampton, Massachusetts 01061-7000

PRE-SCREENING ASSESSMENT

Full Name: _____ Date of Birth: _____
(Print Legibly)

Sex: Male Female S.S.#: XXX-XX- Age: _____

Male Standards 45%										
Age	20-29		30-39		40-49		50-59		60+	
Sit-ups		39		36		30		25		19
Sit & Reach		17		16		15		14		13.0
Push-ups		31		25		19		14		12
1.5 Mile		12:11		12:44		13:25		14:35		16:21

Female Standards 45%										
Age	20-29		30-39		40-49		50-59		60+	
Sit-ups		34		26		21		16		8
Sit & Reach		19.5		18.5		18.0		17.0		16.1
Push-ups		25		20		14		13		6
1.5 Mile		14:33		15:35		16:46		18:39		19:25

Comments: _____

Examiner: _____

Assessment Date: _____

Employee Signature: _____
(Write Legibly)