PHYSICIAN'S MEDICAL CONSENT FORM
TO PARTICIPATE IN BASIC PHYSICAL ABILITY TEST

Dear Physician:

RE:

Last Name: _____ First Name: _____ Mi.: ____

Social Security: # _____ Agency: _____

This letter is to inform you of the above named applicant's intention to participate in the Pre-Academy Physical Ability Test. The primary goal of this test is to determine if the applicant is capable of performing MINIMUM standards appropriate for Law Enforcement/ Corrections.

The test will consist of a series of job-related physical performance tests that are designed to measure balance, flexibility, muscular endurance and strength, anaerobic capacity, and fine motor skills. These tests will require MAXIMUM effort and will include the following activities:

A. Exit vehicle
B. 220 yard run
C. Obstacle course
(40 inch Police barricade,
Hurdles 24/12/18 inches,
Pylon zig-zag, low crawl)
D. Dummy drag (150 lbs.) 100 ft. distance
E. Obstacle course (repeat)
F. 220 yard run (repeat)
G. Revolver trigger pull (6 each hand)
H. Re-enter vehicle

PHYSICIAN PLEASE COMPLETE THE FOLLOWING SECTION

I have examined the above named applicant and evaluated his/her medical history. On the basic of my evaluation, I recommend that:

_____ Subject can participate without restrictions.

_____ Participation is not advisable at this time.

Signature of Physician: _____ Date: _____

Office Address: _____ Telephone #: _____

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If you have any further questions please contact me at (305) 237- 8292
Training Advisor Lloyd Mitchell
Physical Fitness Coordinator
Room # 8202-6