

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

Dear Physician:

RE:

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

Last 4 Digits SSN: _____ 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 distance
- 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.
- 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 basis of my evaluation, I recommend that:

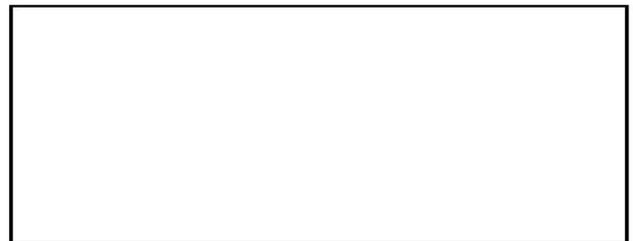
_____ Subject can participate without restrictions.

_____ Participation is not advisable at this time.

Signature of Physician: _____ Date: _____

Office Address: _____ Telephone #: _____

License Number: _____



Physician's Stamp

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

LOCAL PHYSICIAN INFORMATION

Criminal Justice Testing Center for Law Enforcement & Correctional Officers

Notice to Applications: If you do not have your own physician – Medical Doctor (M.D.), or Doctor of Osteopathy (D.O.), licensed in the State of Florida, you may choose to contact one of the physicians listed on this page.

1. Call physician's office for an appointment. The customary charge is \$15 - \$25.
2. When making an appointment, inform the physician that you are an applicant from Miami Dade College, Criminal Justice Testing Center.
3. Request Physician to complete and sign the "PHYSICIAN'S STATEMENT FORM" on the reverse side of this page.

Juan A Enriquez MD
Clinic Center
3800 West 12th Avenue
Hialeah, FL 33012
305-557-7777

Mon-Tues-Thurs 9:00 a.m. – 5:00 p.m.
Friday 9:00 a.m. – 3:00 p.m.

Family Medical Clinic (FMC)

9000 SW 137 Avenue
Miami, Florida 33186
305-603-7824

Mon-Thurs: 9 a.m.- 7p.m
Friday: 9:00 a.m. – 4:00 p.m.
Saturday: 9:00 a.m. – 3:00 p.m.

Urgent Family Care

5673 SW 137th Ave
Miami, FL 33183
(305) 385-3949

Dates: Monday-Friday
Hours: 8:00 a.m.-8:00 p.m.
