Dear Physician:

The purpose of this communication is to inform you of the above named individual’s intentions with regards to participation in the Criminal Justice Institute @ Palm Beach State College pre-acceptance physical agility test. We are aware of the fact that strenuous physical activity may be inadvisable for some individuals. As such, we request that you indicate whether the above named participant has any medical condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the participant while participating in this test. Rather, we merely want to have as much information as possible when making decisions concerning advisability of testing.

The testing program will consist of a series of physical abilities test conducted at our training site. The battery of job-related field tests is intended to be completed in the fastest possible time and will require maximum effort by the participant. Tests are designed to measure balance, muscular endurance and strength, flexibility, anaerobic power and capacity, fine motor skill and aerobic power. Tests will include two 220 yards runs, dragging a 150 pound object 100 feet, jumping over obstacles (12-24 inches high), scaling a wall (40 inches high), two 50 foot-sprints and movement around a series of pylons.

Ultimately, the primary goal of this testing is to determine whether the participant is capable of performing minimum standards appropriate to law enforcement and/or corrections.

______________________________
PHYSICIAN’S STATEMENT
______________________________

I have examined this participant and his/her medical history, and based upon my evaluation, I recommend that:

________ Participation is NOT advisable at the present time.
(If you advise against participation, please do not disclose the participant’s medical condition in this form)

________ Within a reasonable degree of probability, no medical condition or disorder exists which precludes this participant from participation in the physical abilities tests as described.

________________________________________  ________________________
Printed Name of Physician                  Physician Phone Number
________________________________________  ________________________
Signature of Physician                      Date
OBSTACLE COURSE

THIS TEST MUST BE COMPLETED IN LESS THAN 6 MINUTES 4 SECONDS. IT IS DESIGNED TO MEASURE BALANCE, MUSCULAR STRENGTH AND ENDURANCE, FLEXIBILITY, AEROBIC AND ANAEROBIC CAPACITY PLUS MOTOR SKILLS.

THE TEST WILL INCLUDE:

- TWO 220 YARDS RUNS
- A LOW CRAWL OF 7 FEET
- JUMPING OVER OBSTACLES OF 12 TO 24 INCHES IN HEIGHT
- SCALING A 40 Inch WALL
- TWO 50 FOOT SPRINTS
- DRAGGING A 150LB DUMMY 100 FEET
- SERPENTINE MOVEMENT AROUND A SERIES OF PYLONS
- FIRING A WEAPON 6 TIMES WITH BOTH DOMINANT AND NON-DOMINANT HANDS

** PLEASE NOTE: the use of drinks such as “Red Bull” which may contain excessive caffeine and/or ephedrine had been found to be very detrimental to blood pressure and heart rate and SHOULD NOT be used before taking this test.