

Release to Participate in Physical Fitness Screening Test

As part of your examination for Police Officer, you must complete a physical fitness screening. The following is a brief description of the test battery:

Sit-up Muscular endurance (core body) – The score indicated below is the number of bent-leg sit-ups performed in one minute.

Pushups Muscular Endurance (Upper Body) - The score indicated below is the maximum number of full body repetitions that a candidate must complete without breaks

1.5 Mile Run Cardiovascular Capacity- The score indicated below is calculated in minutes:seconds.

AGE/SEX-40%

<u>MALE</u>	<u>SIT-UP</u>	<u>PUSHUPS</u>	<u>1.5 MI RUN</u>
20-29	38	29	12:38
30-39	35	24	12:58
40-49	29	18	13:50
50-59	24	13	15:06
60+	19	10	16:46

<u>FEMALE</u>	<u>SIT-UP</u>	<u>PUSHUPS</u>	<u>1.5 MI RUN</u>
20-29	32	15	14:50
30-39	25	11	15:43
40-49	20	9	16:31
50-59	14	N/A	18:18
60+	6	N/A	20:16

If a candidate does not successfully score for each of the elements of the test battery, the candidate shall not be deemed to have successfully completed the test.

Candidate's Release Statement: Having read this form, and having understood the test procedures, I consent to participate. I understand that the above test may cause physical and mental stress upon my body and I have consulted with and been approved by my physician before engaging in this activity. I agree and understand the City has no knowledge of any of my current or past medical conditions and the City conducts these tests based upon my representation that I am physically and mentally able to perform these tests. I assume legal responsibility and release the City of liability for any and all possible injury, damages or conditions, whether physical or mental, arising or alleged to arise from my participation in this test.

Candidate's Signature: _____

Physician's Release Statement: I certify that: _____

() is physically capable of performing the physical fitness screening test as described; or

() is not physically capable of performing the physical fitness screening test as described (attach specifics, including anticipated date candidate will be able to participate)

Physician's Name (Print): _____

Signature: _____

Date: _____