

Physician's Form

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|------------------------|
| Applicant's Name _____ |
|------------------------|

Police Academy Physical Fitness Requirements

This examination is to determine the physical fitness for the applicant to be certified as a police officer in Pennsylvania. The applicant, who you are about to examine, intends to apply to the Police Academy located at the Senator John J. Shumaker Public Safety Center of HACC – Central Pennsylvania's Community College. When hired, he/she will be vested with a position of public trust, and may, at some future time, be required to exercise significant physical strength and undergo high emotional stress. A licensed physician, physician's assistant or certified nurse practitioner who are licensed in Pennsylvania must administer this examination.

NOTE: This form must be printed in ink or typewritten: Photocopies will not be accepted.

Tests

| | | |
|-----------|---------------------------|---|
| A. | Aerobic Power Test | The cadet must be able to run a distance of 1.5 miles. |
| B. | Muscular Endurance | The cadet must be able to perform a minimum number of sit-ups in one (1) minute. |
| C. | Absolute Strength | Male cadet, 29 and under, must be able to bench press their weight. This requirement is adjusted for individuals over 29 years of age and for females. |
| D. | 300-Meter Run | Cadet must complete a timed run of 300 meters. |

Physician shall complete the following:

| | | Yes | No |
|---|--|-----|----|
| 1. | Is this applicant free from the addictive or excessive use of alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures? | | |
| 2. | Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? | | |
| 3. | Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes or other neurological conditions, which may affect the applicant's ability to perform as a police officer? | | |
| 4. | Is this applicant free from any other significant physical limitations or disabilities, which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements? | | |
| 5. | Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements? | | |
| Above questions 1 – 4 must be answered "Yes" and question 5 must be answered "No" for the applicant to be found fit. | | | |

| | | | |
|------------------------|----------------|-----------------|------------------|
| Blood Pressure: | Systolic _____ | Diastolic _____ | |
| Heart: | Normal _____ | Abnormal _____ | Please check one |
| Lungs: | Normal _____ | Abnormal _____ | Please check one |

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Hearing: The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

Right Ear: Normal _____ Abnormal _____ Please check one

Left Ear: Normal _____ Abnormal _____ Please check one

Vision: The applicant must have distance vision of at least 20/70 uncorrected in the stronger eye correctable to 20/20; and at least 20/200 uncorrected in the weaker eye correctable to at least 20/40; and must be free of any significant visual abnormality.

ALL OF THE FOLLOWING MUST BE COMPLETED

| | | | |
|-------|----------------------|------|----------------------|
| RIGHT | Uncorrected 20/_____ | LEFT | Uncorrected 20/_____ |
| RIGHT | corrected 20/_____ | LEFT | corrected 20/_____ |

1. Does the applicant have normal depth perception? Yes _____ No _____
2. Does the applicant have normal color perception? Yes _____ No _____
3. Is the applicant free from any other significant visual abnormalities: Yes _____ No _____

IF THE APPLICANT'S HEARING OR VISION DOES NOT MEET THE REQUIREMENTS ABOVE, THE APPLICANT IS UNFIT.

Remarks: _____

A physical examination of Cadet/Applicant _____ was
(print first name, m.i., last name)

conducted on _____, 20___. After reviewing the requirements for training, physical fitness and testing, a physical examination of the individual was conducted.

I have personally examined the above named applicant, and it is my professional opinion that this person is physically fit or unfit for all training, physical conditioning, development and testing and to be certified as police officer in Pennsylvania as indicated below.

Fit

Unfit

_____ Date

_____ Signature of Examining Physician, Physician's Assistant or Nurse Practitioner

Print physician's/physician's assistant/nurse practitioner's name

Office Phone Number

Office address

Note: The physician must examine the applicant and complete this form no longer than six (6) months before the test date. Upon successful completion of the test, the results shall remain valid for six (6) months. After six (6) months, a physical examination and a retest is required.

THE APPLICANT MUST SUBMIT THIS COMPLETED FORM ON THE DATE OF TESTING.