



PHYSICAL FITNESS ASSESSMENT



CJSTC 75B

Florida Department of Law Enforcement

Incorporated by Reference in Rule 11B-35.001(11)(c)12., F.A.C.

- 1. Applicant's Name: Last First MI
2. Applicant's Address:
3. Enter Last Four Digits of Social Security Number:
4. Training School:

5. The Applicant is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines: Law Enforcement Correctional Correctional Probation

- 6. Student Participation in Basic Recruit Training Program Activities. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
A. Defensive tactics and firearms high-liability training...
B. Physical Fitness Conditioning and Physical Fitness Testing:
C. The training center director has attached the training schools physical fitness conditioning program: Yes

\*\*\*\*\*TO BE COMPLETED BY THE APPLICANT\*\*\*\*\*

- 7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation...
8. B RTP Student Certification. I certify that I have reviewed the above information and I do or do not have any medical restrictions...
9. Student's Printed Name:
10. Student's Signature: Date:
11. Prior Exposure to OC or CS. For a student who has had prior chemical agent exposure that includes chemical agent contamination and working through the effects of chemical agent contamination in a training environment, please attach the supporting documentation of prior exposure and check one of the following boxes:

\*\*\*\*\*TO BE COMPLETED BY THE EXAMINING PHYSICIAN\*\*\*\*\*

- 12. Physician Attestment. The above applicant is seeking entry into a law enforcement, correctional, or correctional probation basic recruit training program...
13. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

\*\*\*\*\*TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE\*\*\*\*\*

- 16. Training Center Director or Designee's Printed Name:
Training Center Director or Designee's Signature: Date:

## INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (B RTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the B RTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant's Name.** Enter the applicant's last name, first name, and middle initial.
2. **Applicant's Address.** Enter the applicant's current address, city, state, and zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "P" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
  - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
  - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
    - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
    - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
    - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
    - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
    - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
  - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75B prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician's assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS), and shall attach supporting documentation of such contamination.
12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her attestation to item number 12 of this form.
14. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State.** The physician shall complete this item to verify his or her valid license number and licensing state.
15. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address.** The physician shall print his or her complete professional address.
16. **Training Center Director or Designee's Printed Name, Signature and Date.** The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.