



INDIAN RIVER STATE COLLEGE

Criminal Justice Institute

Medical / Physician's Clearance to Test Form

Name of Participant _____

Dear Physician:

The purpose of this communication is to inform you of the above named individual's intentions with regards to participation in the Indian River State College pre-enrollment physical abilities test as established by the Florida Department of Law Enforcement. 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 applicability of testing.

The testing program will consist of a series of physical abilities tests 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 yard runs, dragging a 150 pound object 100 feet, jumping over obstacles (12-24 inches high), climbing over 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, corrections or correctional probation.

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 on 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.

Signature of Physician: _____

Date: _____

THANK YOU FOR YOUR COOPERATION!

Jo Beth Laycock, Selection Center Coordinator