



Indian River State College

Physical Ability Test (PAT) Cost \$40.00

If paying with a debit or credit card, candidates interested in taking the PAT may register and pay by choosing either the calendar or "Register Now" at the home page at <http://www.tcpublicsafetytraining.com/>. Payment must be made prior to the testing date. You must have a physician complete the Medical/Physician's Clearance to Test Form before you may participate in the PAT. Space is limited to 30 participants per testing date. You must preregister for the test. No one will be allowed to sign up on the day of the test.

Test Day Procedures

- A Physician's Clearance to Test Form must be completed and either on file in the Selection Center or turned into the instructors on the day of the test before you can take the PAT.
- No shows- Anyone not calling ahead to reschedule their test date will forfeit their testing fees for that test. You will be required to pay for the test.
- Valid picture ID is required. No expired licenses will be accepted.
- If you do not have a picture ID, you will not be allowed to take the PAT.
- A failure of any one of the four events in the PAT is a failure of the PAT test.
- All participants should bring water.

Retesting Policy

- Candidates will be allowed to retake the test at the next available testing session. A testing fee of \$40.00 is required to retake the test. TESTING FEES ARE NON-REFUNDABLE
- Anyone who fails the PAT must meet with our medical trainer to be evaluated before taking the retest. This evaluation will determine whether the candidate is medically and physically able to safely perform the PAT.
- During the PAT, an applicant can be stopped at any time if, in the opinion of an instructor, the applicant's safety and well-being are in question. This cessation is considered a failure of the PAT.

PREADMISSIONS PHYSICAL AGILITY TEST (PAT)

NOTICE: A failure of any one event is a failure of the PAT test.

Male Candidates:

Age	Sit-ups	300 Meter Sprint	Push-ups	1.5 Run
	(1 minute)	(seconds)	(1 minute)	(mile)
18-29	27	81	13	16:46
30-39	23	81	9	17:30
40-49	17	104	5	18:39
50-59	12	112	3	21:40
60-69	7	n/a	2	25:58

Female Candidates:

Age	Sit-ups	300 Meter Sprint	Push-up*	1.5 Run
	(1 minute)	(seconds)	(1 minute)	(mile)
18-29	18	107	6	21:05
30-39	11	114	4	21:57
40-49	7	125	1	23:27
50-59	5	n/a	n/a	26:15
60-69	0	n/a	n/a	29:06

* Modified push ups for Females are allowed.



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 the maximum number of push ups and sit ups in one (1) minute, a 300 meter sprint, and a 1.5 mile run.

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.

Date: _____

Signature of Physician: _____

Printed Name of Physician: _____ License # _____

Address of Clinic: _____

THANK YOU FOR YOUR COOPERATION!