

**PHYSICIAN'S REFERRAL FORM FOR THE HIGHLAND POLICE
DEPARTMENT'S AGILITY TEST**

You may use your own physician or an Urgent Care/Express Clinic for this release.

Dear Doctor or Nurse Practitioner:

Your patient _____, has volunteered to participate in the Highland Police Department's physical agility testing. These tests are designed to evaluate the individual's state of physical readiness prior to possibly embarking on a career in law enforcement.

Applicants must meet the below listed standards in all categories in order to continue the hiring process. The agility testing is designed to assess the following:

| <u>Test</u> | <u>Standards (requirement)</u> |
|----------------------|--------------------------------|
| 1. Vertical Jump | 16 inches |
| 2. One Minute Sit Up | 29 |
| 3. 300 Meter Run | 71 seconds |
| 4. Maximum Push Up | 25 |
| 5. 1.5 Mile Run | 16 minutes, 28 seconds |

Failure to comply with these standards will disqualify the applicant from further processing.

Please identify whether or not the individual is considered by you to be fit to participate in the agility testing.

NOTE: The testing **will not be** administered without this completed form.

I certify that this individual is fit to participate in the Highland Police Department's agility testing.

NURSE PRACTITIONER OR
REFERRING PHYSICIAN (signature) _____

Printed Name _____

Address _____

City _____ State _____ Zip code _____

Office Telephone Number _____

INFORMED CONSENT FOR THE HIGHLAND POLICE DEPARTMENT'S

PHYSICAL AGILITY TESTING

1. Explanation of the Physical Agility Testing Evaluation

This evaluation has been designed to assess your ability to perform certain job tasks specifically related to law enforcement. This evaluation will assess the efficiency of the heart, lungs, circulatory system, and flexibility of the lower back, hamstring musculature, upper body strength, and explosive power.

2. Risks and Discomfort

There exists the possibility of certain changes occurring during the evaluation. These include but are not limited to abnormal blood pressure, fainting, disorders of the heartbeat, and, in rare instances, heart attack. There also exists the possibility of joint sprain and/or tendon strain. Emergency equipment and trained personnel will be available to deal with unusual situations that arise.

3. Benefits to be Expected

The results obtained from the Physical Agility Testing Evaluation will assist the Highland Police Department in determining your state of performance readiness. The results obtained will also benefit you in that you will be consciously aware of your physical health and motor ability.

4. Inquiries

If you have any questions concerning the Physical Agility Testing, please contact Commander John Banasiak at (219) 838-3184, ext. 3304.

5. Freedom of Consent

Your permission to perform the Physical Agility Testing Evaluation is voluntary. (Passing this testing is a requirement for further hiring consideration).

I have read this form and I understand the test procedures that I will perform. I consent to participate in the Highland Police Department's Physical Agility Testing Evaluation.

(Note: The witness to your signature may be your friend or family member.)

Applicant Printed Name

Witness's Printed Name

Applicant Signature

Witness's Signature

Date

Date