

PHYSICIAN'S CLEARANCE TO TEST FORM

AGENCY NAME: **SEMINOLE COUNTY SHERIFF'S OFFICE**

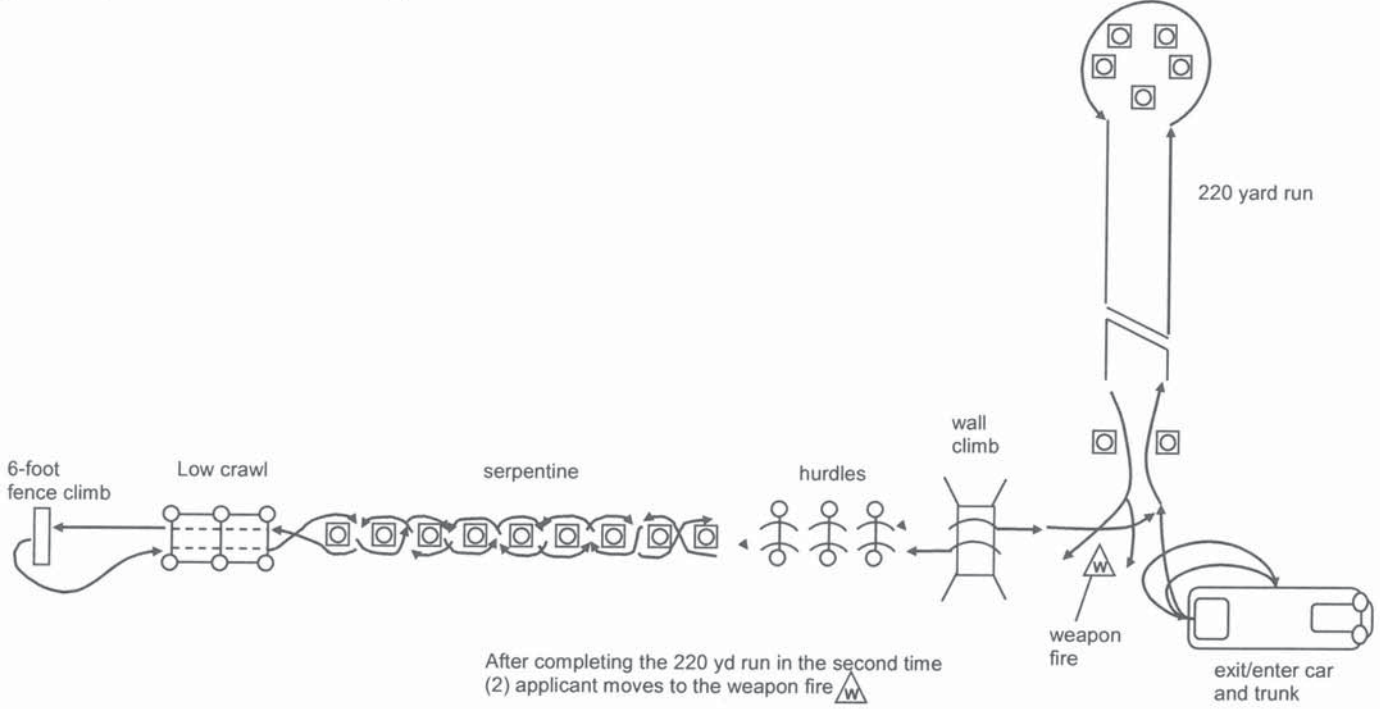
NAME OF APPLICANT: _____

The purpose of this communication is to inform you of the above-named individual's intentions with regards to participation in the pre-employment physical abilities test for the above-named agency. 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 applicant has any medial condition or disorder that would preclude participation. It must be emphasized that we are not asking you to assume responsibility for the applicant 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 applicant. 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, jumping over obstacles (12-24 inches high), climbing over a wall (40 inches high), 50-foot serpentine run followed by a low crawl through a 27-inch high, 8-foot long area, and climbs a 6-foot chain link fence (Detention Deputy applicants will substitute a 10-stair climb and 10-stair descent using 7-inch high 11-inch wide steps.) After climbing the fence, the applicant goes back through the obstacle course beginning with the low crawl and ending climbing through a window.

Ultimately, the primary goal of this testing is to determine whether the applicant is capable of performing minimum standards appropriate to this agency. Should you have any questions, please call Human Resources at (407) 665-6621.

Figure 1. Physical Abilities Test course Design



This form may only be signed by a Medical Doctor, Doctor of Osteopathic Medicine, Nurse Practitioner, or Physician's Assistant.

I have examined this applicant 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 applicant's medical condition on this form.)
- Within a reasonable degree of probability, no medical condition or disorder exists which precludes this applicant from participation in the physical abilities as described.

Signature of Physician _____

Date _____

Physician's Name & Specialty _____

Physician's Phone Number (Required) and Address _____