

JOB RELATED PHYSICAL ABILITY TEST
TESTING DATA SHEET

Law Enforcement

Test Date: _____

Corrections

Agency: _____ Independent: _____

Name: _____ Last 4 # of S.S. : _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Height: _____ Weight: _____

Race: _____ Male Female

NOTE: PHOTO I.D. MUST BE PRESENTED UPON REQUEST

I, _____, in consideration of being allowed to take the job related test, do hereby agree and a vow that I shall not hold liable the school of Justice should I incur any injuries or disabilities. I have been orientated to the course, given the opportunity to view a video tape of the course, and have had any questions satisfactorily answered regarding the test.

Date

Signature

Retest

Test

Test Score: _____ / _____ Evaluation: Pass/ Fail

Test administrator's Initials: (1) _____ (2) _____

Comments and Observations: _____

Training Advisor Lloyd Mitchell
Physical Fitness Coordinator