



**PHYSICIAN'S MEDICAL CONSENT
TO PARTICIPATE IN PAT AND BASIC LAW ENFORCEMENT TRAINING**

Last Name: _____ First Name: _____ MI: _____

Last 4 SSN: # _____ D.O.B: _____

The named person desires to participate in a Pre-Academy Physical Ability Test. The primary goal of this test is to assess whether the applicant is capable of participating in a series of job-related exercises designed to measure balance, flexibility, endurance, strength, anaerobic capacity, and fine motor skill. These tests include the following:

- | | |
|---|---|
| A. Exit vehicle | D. Dummy drag (150 lbs.) 100 ft. distance |
| B. 220 yard run | E. Obstacle course (repeat) |
| C. Obstacle course
(40 inch Police barricade,
Hurdles 24/12/18 inches,
Pylon zig-zag, low crawl) | F. 220 yard run (repeat) |
| | G. Revolver trigger pull (6 each hand) |
| | H. Re-enter vehicle |

**PHYSICIAN PLEASE COMPLETE THE FOLLOWING SECTION
AND FDLE FORMS CJSTC 75, 75A, 75B AND DRUG TEST SCREENING**

I have examined the above named applicant and evaluated his/her medical history. Based on my evaluation, I find that:

_____ Subject can participate without restrictions.

_____ Participation is not advisable at this time.

Physician Signature: _____ Date: _____

Office Address: _____ Telephone: _____

For questions, contact:
The Assessment Center
(305) 237- 1476
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