

Cass County Sheriff's Office Regional Training Academy

Physical Examination

This form must be completed by a medical doctor (M.D. or D.O), a nurse practitioner, or a physician's assistant (P.A), licensed to practice medicine in the State of Missouri.

_____ has applied for admissions for the Cass County Sheriff's Office Regional Training Academy. Each recruit attending the Academy participates in and must satisfactorily pass a vigorous intensity physical fitness program and training activities; one hour per day, three or more times per week. This program emphasizes aerobic exercise, strength development, and the increase of flexibility and other training activities.

Specifically, the applicant will be:

1. Achieving the goal of running one and a half miles in less than 15:00 (male) or 16:30 (female) minutes.
2. Completing an obstacle course, consisting of running, jumping, climbing, crawling, and lifting while wearing gear weighing 60 pounds.
3. Carrying other recruits and performing calisthenics, such as: push-ups, pull-ups, sit-ups, and various stretching exercises.
4. Participating in defensive tactics activities such as blocks, kicks, strikes, and ground fighting.

It is imperative that each applicant receives a physical examination designed to ensure his/her ability to perform required exercise and activities. Therefore, the Academy requests that you determine if this applicant is, to the best of your knowledge, physically capable of participation in our program. The individual should be informed about the effects of rhabdomyolysis.

Attached is the **Physician Approval Form**. After your examination, please initial and sign at the appropriate place, along with your printed name, signature, and office address information.

When assessing the recruit for fitness, it is imperative that all previous injuries and illnesses be disclosed and discussed to determine their severity and propensity for exacerbation or reoccurrence.

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Please **initial** the appropriate line:

_____ I have examined _____ and find this applicant physically capable of participating in the Academy physical fitness program.

Comments:

_____ I have examined _____ and I DO NOT FIND this applicant physically capable of participating in the Academy, physical fitness program for the following reasons:

Signature: _____ Date: _____

Name and Address of Examining Physician
