

Physicians Statement of Physical Conditions

TO: Town of Ashland Police Department
601 England Street
Ashland, Virginia 23005
(804) 798-1227

Date: _____

I examined: _____ on _____ and found him/her to be in good health and physically capable of participating in the Physical Agility Test* for the Ashland Police Department.

**Physical Agility Test consists of: LAWFIT®: Run – 25 yards, Jump – 3-foot ditch, Run – 25 yards, Climb – 5 foot wall, Run – 10 yards, Crawl under obstacle – 10 yards, Run – 25 yards, Climb 8 inch step – 12 times, Run – 15 yards, Climb through window, Run – 10 yards, Identify suspect, Run – 15 yards, Drag 150 pound victim – 5 yards, Run – 20 yards, and plug trigger – one-time dominant hand, one-time non-dominant hand*

Signature of examining physician

Date

Printed name of Physician

Physician Address: _____

Statement of Liability

An acceptable level of fitness is necessary in order to engage in the essential job function of a police officer. It is therefore necessary that applicant possess the minimum level of fitness needed to enable him/her to successfully fulfill the job requirements of a police officer without undue health risks. The physical agility test is designed to make this determination.

In consideration for such employment, the undersigned applicant hereby releases the Town of Ashland, the Ashland Police Department and all of their employers and agents, of and from, any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained as a result of participating in the physical agility screening test.

Being fully aware of the physical exertion, risks, hazards involved in taking he physical agility screening test, I hereby elect to voluntarily take it and also voluntarily assume all risks or less, damage or injury, including death, which may be incurred as a result thereof.

I have read the information provided on this form and I sign it voluntarily.

Applicant Signature

Date

Witness Signature